

Autism Spectrum Disorder: NETWORK NEWS

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TERRITORIAL ACKNOWLEDGEMENT

We would like to acknowledge that Lester B. Pearson School Board (LBPSB) is located on the unceded territory of the Kanien'keha:ka People. Lester B. Pearson School Board honours, recognizes, and respects the Kanien'keha:ka people as the traditional stewards of the lands and waters on which we meet today.

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Autism & Suicidality

****Disclosure/warning before reading/disclaimer: This article addresses issues such as suicidal ideation, suicidal attempts, death by suicide, non-suicidal self injury (NSSI) and self injurious behaviors (SIBs) that may be uncomfortable/distressing/triggering for some readers.****

Suicide is one of the leading causes of death among teenagers and adults in North America and the rate of preteen suicide (age 8-12 years) has been increasing by approximately 8% annually in the US since 2008 (National Institute of Mental Health, 2024). In Canada, suicide is the second most common cause of death among individuals aged 15-34 years. More specifically, in 2023 within the general population, 2.6% of individuals reported suicidal ideation in the last year and 0.3% acknowledged making a suicide attempt (Statistics Canada, 2024). In addition to specifying prevalence, research reveals that certain subgroups within the Canadian population are at greater risk for suicidality. These subgroups include males, individuals who have been incarcerated for criminal offenses, individuals from First Nations and Métis communities, as well as those who reside in Inuit territory (Statistics Canada, 2024). Perhaps unexpectedly to many of us, a fifth subgroup that has also been shown to be more likely to think about and demonstrate suicidal behavior are individuals with autism (Cassidy, et al., 2020; Veenstra-VanderWeele, 2018). The greater risk among autistic individuals has recently been called a '*hidden crisis*' by the International Society for Autism Research (INSAR, 2021).

Population-wide studies in the US, Sweden, and Taiwan show that autistic people are up to seven times more likely to die by suicide and six times more likely to attempt suicide than individuals in the general population (Cassidy,

2020; Chen, et al., 2017; Hirvikoski, et al., 2016; Kirby, et al., 2019). Autistic people make up 1-2% of the population but represent 10% of completed suicides in the England according to research completed by Sara Cassidy and her colleagues (e.g. 2018, 2019, 2020). The highest prevalence of suicidality among individuals with ASD is among youth between 6 to 21 years of age (O'Halloran, Coey, & Wilson, 2022). In contrast to the general population, the risk of death by suicide is greater among autistic women than men, and autistic women are 13 times more likely than non-autistic women to die by suicide (Cassidy, 2020). The risk of death by suicide is even greater for autistic people without intellectual limitations or learning disabilities (Brown, 2023; Hirvikoski, et al., 2016).

It is not entirely clear why autistic people are disproportionately at-risk for dying by suicide. However, review of international suicide prevention policies indicate that few countries identify autistic people as a high-risk group in their suicide prevention policies or guidelines (INSAR, 2021). This lack of international attention may be due, in large part, to the fact that autistic individuals do not share the same risk factors for suicide as neurotypical individuals (Cassidy, 2014; INSAR, 2021) and neither clinical practice nor research offer assessment tools that have been validated to reliably identify suicidal risk or risk magnitude among individuals with ASD (Camm-Crosbie, et al., 2019; Howe, et al., 2020). Moreover, even if such tools existed, they might not reach those with ASD who report both that they have difficulties accessing mental health services and that, when they do connect with mental health services, they are often referred to clinicians who lack confidence and expertise in supporting them (Camm-Crosbie, et al., 2019; Jager-Hyman, et al., 2020). As many individuals with ASD *camouflage* their autistic behaviors to fit-in, it can be difficult for practitioners to interpret their thoughts and feelings accurately or to recognize the full extent of their distress (Sheppard, et al., 2018).

Review of available literature by INSAR (2021) reveals that no single facet of suicidality among individuals with ASD was extensively investigated. Without such research, it is difficult to understand why individuals with ASD are more likely than others to die by suicide or how to best identify, support, or treat them. INSAR's (2021) review also indicated that individuals with ASD and their supporters report being excluded from services, not being believed or having their distress minimized by professionals, and receiving assessments and interventions designed for neurotypical individuals that were not appropriate for them.

According to research completed by INSAR (2021), removing barriers to mental health services is the most important issue identified by individuals with autism themselves. Breaking down barriers includes such things as: (a) explicitly identifying those with ASD as a high-risk group for suicidality, (b) improving systems of identification and diagnosis of ASD for older children, adolescents, and adults; including screening for comorbid conditions (e.g., depression, developmental trauma, suicidality), and post-diagnosis mental health follow-up and treatment, and (c) developing guidelines to ensure that

service providers both recognize the high risk for suicide among autistic people and have the necessary knowledge and skills to assess and treat them appropriately. In addition, INSAR (2021) has identified eight ways to help improve the experiences of individuals with ASD when they seek assessment or treatment for suicidality:



NOTE: These eight ways for service providers to be more effective in responding to autistic individuals who seek support for suicidality listed below, do not constitute a suicide risk assessment and should not be used as such. Suicide risk assessment should be conducted by a trained clinician (e.g., psychologist, social worker, nurse practitioner, physician, psychiatrist, or mental health clinician).

- 1 Believe** them when they tell you that they feel suicidal, even if such information is revealed in a different or unexpected manner.
- 2 Listen** to what the autistic person is saying.
- 3 Ask** specific and clear questions. Individuals with ASD can have difficulty identifying and describing their feelings, understanding metaphor, or reading between the lines (i.e. inferencing).
- 4 Give** time for the individual with ASD to process what you are asking. Response latency and processing speeds can vary widely among autistic people particularly if their distressed or in crisis.
- 5 Check** that the individual with ASD has understood and responded to questions in the way that they were intended. Autistic people can interpret standardized questions and assessment tools differently than how they were intended.
- 6 Utilize** available guidelines and tools both to support individuals with ASD and to monitor and report on their mental health. An example of such a tool is a safety plan – which is a brief, flexible, and individualized suicide prevention intervention that has proven helpful with neurotypical individuals. See Cassidy (2019) for example.
- 7 Provide** support that is flexible, individualized, and tailored to meet an individual with ASD's unique needs.
- 8 Promote** feelings of belonging, connectedness, and self-worth that can counter or prevent suicidality in individuals with ASD. Social support has been found to be associated with a reduced risk of suicidal thoughts in this population. Those ASD individuals who report feeling that they do not belong in the world or that they are a burden to others are more likely than others to feel suicidal and, as such, the presence of such feelings represent important warning signs.

Additional Free Clickable Resources:



- https://drive.google.com/file/d/1K77Mk_aY5MMC_5irYTOuqDu5BkqNlrBN/view
- <https://www.autistica.org.uk/downloads/files/Crisis-resource-2020.pdf>
- <https://www.yorku.ca/health/lab/ddmh/wp-content/uploads/sites/407/2021/04/Mental-Health-Literacy-Guide-for-Autism.pdf>
- <https://sites.google.com/view/mentalhealthinautism/resources/safety-plan>

THANK YOU

For Your Generous Grant

We are deeply grateful to the Amelia and Lino Saputo Foundation (<https://www.alfoundation.ca/>) for the generous grant awarded to our LBPSB Center of Excellence for Autism team. This funding has enabled us to provide specialized training in ACT (Acceptance and Commitment Training) to our team, ensuring that we can better serve our students and school teams.

The Saputo Foundation's support plays a crucial role in helping us pursue our mission of sharing the most up-to-date best practices in the field of autism with our school teams and directly supporting them in building their capacity to serve their autistic students. Thanks to the Saputo Foundation's commitment, our team will be better equipped to meet the evolving needs of our schools.

On behalf of everyone at the Center of Excellence for Autism, we would like to sincerely thank the Amelia & Lino Saputo Foundation for their investment in our future and for making a lasting impact on the lives of our students and school team members.

With heartfelt appreciation,
Center of Excellence for Autism
Lester B. Pearson School Board



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TEACHER TIP: GIVING AUTISTIC STUDENTS A SENSE OF BELONGING



An important element in helping our autistic students feel less isolated and therefore perhaps less prone to suicidal ideation is to provide them with a sense of belonging and community within their classrooms and schools as a whole. Given their difficulties with interpersonal interaction, communication, and sometimes social motivation, we need to think of creative ways to encourage and scaffold them in engaging with others and, building secure relationships with peers and adults.

Here are some ideas:

1. ASSIGN THEM AS A HELPER IN CLASS OR SCHOOL

Students can be designated as the teacher's assistant during circle time; distributing notebooks or sheets in class; delivering messages to another teacher or to the main office; helping with taking attendance; helping with recycling; returning library books, or any other specific jobs/chores around the school. Whether they are in elementary or high school, they can always be encouraged and coached to help with something!

2. ENGAGE THEM IN A SPECIAL PROJECT

Discover what your student's special interests or strengths are and use these to get them involved in a class or school-wide special project. If they are artistic and love to draw, they can participate in creating a mural. If they love trees, shrubs, and flowers, they can get involved in watering the plants around the school, growing plants in the classroom, or have a role in the school garden. If they are interested in photography, they can be assigned to take pictures with a tablet or camera around the school. If they love to cook, they can be responsible for making some goodies for their classmates, etc.

3. PAIR THEM UP WITH A PEER

If your student has a special interest in common with another student in class, or even from another grade level, try to pair them up together. For example, they can work on a common special project or perform a specific chore together. If your autistic student is particularly good in math or science, this could lead to pairing them with a student who is weaker in these subjects. The autistic student can then serve in a helping/tutoring role, and hopefully build a connection with the peer.

4. GET THEM INVOLVED IN EXTRACURRICULAR ACTIVITIES OR CLUBS

Many of our schools, especially high schools, run special activities or clubs during lunch period, or sometimes after school hours. Tap into your student's interests and encourage them to join a particular club (e.g., chess, movies, creative arts, video games or board games).

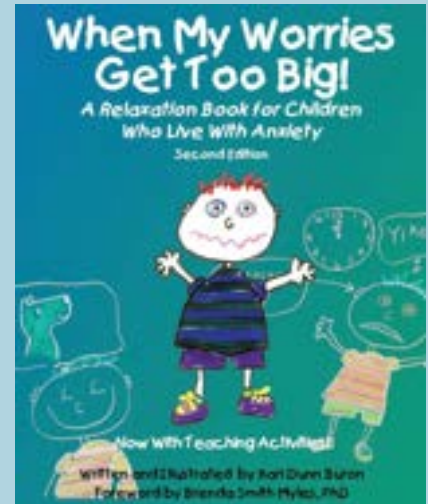
5. ASSIGN A SAFE PERSON IN THE SCHOOL

One strategy that has worked very well with our autistic students at LBPSB is the assignment of a “safe person” or “key adult” in the school who they can access at all times. This can be any staff member in the building who the student can go to in times of distress or agitation. This supportive and coregulating adult can be very important for the student in managing their mental health on a daily basis. Moreover, having a bond with an adult they trust leads the way for the student to confide in them and share their worries and concerns.

READ ALL ABOUT IT

Anxiety can have a very negative impact on overall physical health and emotional well-being. There is some variability within the research, but numerous studies situate the percentage of autistic individuals who struggle with anxiety as being somewhere between 40 - 50% (Kent & Simonoff, 2017). Addressing signs of worry and stress at an early age and providing children with skills to cope with anxiety can be helpful. *When My Worries Get Too Big!: A Relaxation Book for Children Who Live With Anxiety* written by Kari Dunn Buron, is an excellent book for

educators and parents to use with elementary-aged children. It helps children to notice, understand, and put words to anxious feelings and thoughts. It also provides children with an opportunity to learn and to practice relaxation techniques. It is a great resource for whole class teaching.



This book is available in the ASD Resource Library and can be borrowed by contacting Lisa Mancini at ldavis@lbpsb.qc.ca.

Kent, R., & Simonoff, E. (2017). Prevalence of Anxiety in Autism Spectrum Disorders. In C.M. Kerns, P. Renno, E.A. Storch, P.C. Kendall & J.J. Wood (Eds), *Anxiety in children and adults with autism spectrum disorders* (pp 5-32). Elsevier Inc.



LISTEN TO THIS



Uniquely Human: The Podcast

Suicide Risk and Prevention for Autistic Individuals: A Discussion with Lisa Morgan

In this podcast hosted by Barry Prizant, Ph.D, available on the Uniquely Human site, Lisa Morgan discusses suicide prevention tools for professionals and families supporting vulnerable autistic individuals. Risk factors and the benefits of shifting to a strength-based approach are explored.

FUNDAMENTALS OF STRUCTURED TEACCHING TRAINING



Overview:

- It is a 3 day in-person training
- It provides participants with an overview of both learning styles of autism and Structured TEACCHing
- It teaches antecedent-based behavior management strategies using Structured TEACCHing principles
- It includes presentations, videos, interactive discussions based on case studies and small group activities
- It is a strong foundational training, but does not meet the prerequisites for TEACCH Professional Certification

Objectives:

Upon completion of this training, the participants will be able to:

- Identify learning styles of individuals on the autism spectrum
- Design the physical organization of learning spaces
- Develop individualized schedules and work systems
- Develop meaningful visual structures that promote independence with educational, leisure and daily living activities
- Implement an antecedent-based behavior problem solving approach to engage students in the expected behavior

Target Audience:

This course is designed for educators, psychologists, speech language pathologists, as well as others interested in educational strategies for school-aged children on the autism spectrum.

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**November
2024**

CHECK THIS OUT

As professionals supporting individuals with Autism, we may encounter those who express suicidal ideation or discuss similar topics. There are numerous websites focused on understanding or addressing suicide risk, but few specific to neurodivergent individuals. Here are some sites that could be helpful not only for those supporting autistic individuals, but also for those individuals themselves.



<https://paautism.org/resource/be-well-think-well-suicide/>

<https://988lifeline.org/help-yourself/individuals-with-neurodivergence/>

<https://www.autism.org.uk/advice-and-guidance/topics/mental-health/suicide>



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