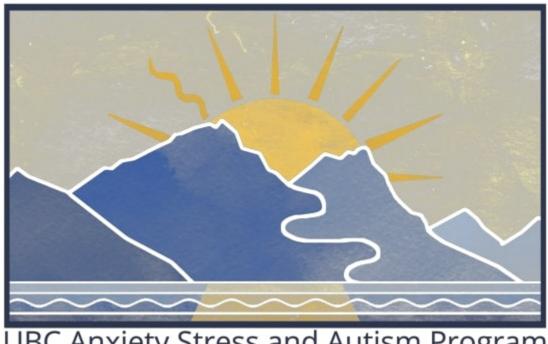
UBC Anxiety Stress and Autism Program

A Suicide and Non-Suicidal Self Injury Resource Guide for **Autistic Youth and their Caregivers**



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Using This Resource Guide

This guide is meant to help autistic youth and their caregivers learn more about and manage suicide and self-harm related thoughts and behaviours. Although the focus of this guide is primarily suicide and non-suicidal self-injury (NSSI), there are also providers and resources recommended that may be helpful for other behavioural, emotional, social, and environmental concerns that can co-occur with these difficulties. The first portion of this guide (pages 1-2) provides some background information about suicide risk and NSSI, risk/protective factors and warning signs of suicidal thoughts and behaviours in your child, and approaches to supporting someone with suicidal thoughts and behaviours and/or NSSI. The second portion (pages 3-8) contains resources to help your child deal with suicide and self-harm related thoughts and behaviours or related difficulties.

What are Suicidal Thoughts/Behaviours and NSSI?

Intense feelings of psychological pain—caused by anxiety, sadness/depression, traumatic stress, etc.—can give rise to suicidal thoughts and behaviours. Suicidal thoughts can be more "passive" (e.g., thoughts about wanting to die without intent to follow through on those thoughts) or more "active" (e.g., thoughts about wanting to die/kill oneself and having or thinking about a specific plan). Research has shown that autistic people are more likely to experience suicidal thoughts, and more likely to act on those thoughts, than the general population.

People who are experiencing intense psychological pain might also engage in non-suicidal self-injury (NSSI), or intentionally causing physical harm to oneself without the intention of killing oneself. NSSI can occur with or without accompanying suicidal thoughts and behaviours. Often NSSI serves the function of calming or numbing emotions, self-punishment, or communicating distress to others. Note that NSSI differs from self-injurious behaviours in autism, which may serve a sensory-seeking function and/or help to regulate arousal, express frustration, communicate needs, or escape/avoid an aversive situation.

Risk and Protective Factors for Suicide & NSSI in Autism

Researchers are working to understand why autistic youth are at higher risk of suicidal thoughts/behaviours and NSSI than non-autistic youth. There are several possible factors that contribute to increased risk, and some factors that may decrease risk (some of which may be unique to autistic people):

Risk factors (factors that increase risk):

- Previous suicide attempts
- Misuse and abuse of alcohol or other drugs
- Anxiety, depression and other mood disorders
- Knowing someone who died by suicide
- Feeling lonely, being alone a lot, feeling a lack of belonging
- Having a life-long disease and/or disability
- Lack of ability to receive mental health care
- History of trauma or abuse
- History of being bullied
- Difficulty with social communication*
- Having unmet needs (examples: housing, education, employment, relationships, etc.)
- Masking/Camouflaging*
- Late autism diagnosis*
- Female*
- Experiencing autism burnout*

Protective factors (factors that decrease risk):

- Receiving mental health care, particularly from professionals trained to support autistic individuals
- Strong connections to family, caregivers, friends and other resources close by
- Life skills (including problem solving skills and coping skills, ability to be flexible)
- Feeling good about yourself, good self-esteem
- Beliefs that killing yourself is wrong

^{*} Factors that are more common among autistic people. <u>Source</u>: Be Well, Think Well: Suicide Resources developed by the Autism Services, Education, Resources, and Training Collaborative (<u>ASERT</u>)

Warning Signs of Suicide Risk

Signs of acute risk:

- Threatening/talking about wanting to hurt or kill themselves;
- Looking for ways to hurt or kill themselves (e.g., seeking access to firearms, pills, razor blades, rope, other means);
- Talking or writing about death, dying or suicide, when these actions are out of the ordinary.

Other warning signs:

- Increased substance (alcohol or drug) use
- Anxiety, agitation, unable to sleep or sleeping all the time
- Feeling hopeless or trapped in their situation
- Withdrawal from friends, family, and society
- Recklessness or impulsivity, engaging in risky activities
- Dramatic mood changes
- Giving away prized possessions or seeking long-term care for pets

See this toolkit developed by the Association of Suicidology's Autism and Suicide Committee for more information about warning signs.

Supporting Autistic Individuals in Coping with Suicide & NSSI

If you are worried that someone is having **suicidal thoughts**, the first step is to **ask questions**. It can be scary or uncomfortable to ask about suicidal thoughts, but asking can help people get the support they need. See **this guide** developed by the Philadelphia Autism ASERT initiative.

- Ask if the person has thoughts about hurting or killing themselves. If they say yes, ask them how
 often they think about hurting or killing themselves.
- Ask **if they have a plan** for how they would complete the act of suicide. Persons who have a plan are at a higher risk for completing suicide.

If the person has a plan, **remove access** to items that would allow them to carry out their plan. Secure all dangerous objects including: sharps, medications, firearms, or items that could be used for hanging.

- Create a plan to reduce or remove access to lethal means in your home
 - Lock and Protect: Complete this assessment tool developed by researchers at the University
 of California: Los Angeles to help you identify and secure lethal means in your home.

Create a safety plan, or a step-by-step list of activities, coping strategies, and people to reach out to when in crisis. Start at step one and continue through the steps until you/they feel safe.

Mental Health Autism safety plan

Brainstorm calming activities that might help to distract from or reduce the intensity of distressing thoughts and feelings (e.g., playing with pets, doing a favourite activity; see this link for other ideas).

Lower Mainland Psychology Clinics and Clinicians: Autism and Suicide/NSSI

The listed clinicians have specialised experience treating mood and emotion regulation difficulties, including suicide and NSSI, in youth on the spectrum

Cornerstone Child & Family Psychology

212-3195 Granville Street, Vancouver - (604) 808-5559

Intake: Call or <u>send an email</u>.

Fee: \$225 per 50-minute session.

North Shore Stress and Anxiety Clinic

145 Chadwick Court, North Vancouver - (604) 985-3939

Intake: Call or send an email.

Fee: \$225 per 50-minute session.

Mode: In-person or via telehealth.

ABLE Developmental Clinic

110-585 16th St, West Vancouver - (604) 922-3450

→ <u>Send an email</u> or call.

12-15243 91st Ave, Surrey - (604) 584-3450

 \rightarrow Send an email or call.

3688 Cessna Drive, Richmond - (604) 207-1984

→ <u>Send an email</u> or call.

West Coast Child Development Group

100-1300 West 8th Ave, Vancouver - (604) 732-3222

Intake: Call or send an email.

Fee: \$225 per 50-minute session (R. Psych) \$150 per 50-minute session (RCC) **Mode:** In-person or via telehealth

Harbourside Family Counseling

1727 Fir Street, Vancouver - (604) 689-9116

Intake: Book online, call, or email.

Fee: Varies by clinician

Mode: In-person or via telehealth

Three Story Clinic

301-601 W Broadway, Vancouver - (604) 563-3093

Intake: fill out the New Patient form or email.

Fee: Varies by clinician

Mode: In-person or via telehealth

Wait times range from 6-12 months.

Dr. Carla Elfers, R. Psych

<u>Dr. Alex DiGiacomo</u>, Post-Doctoral Fellow (undergoing registration with the BC College of Psychologists)

Waitlist times are approx. 6-10 months.

Dr. Michael Papsdorf, R. Psych.

Dr. Randall Gillis, R. Psych.

Dr. Lindsay Mathieson, R. Psych

Ms. Sharon Hou, Therapist

Currently accepting new referrals.

ABLE clinic offers a multidisciplinary team with several psychologists at each location. See website for list of specialists.

Richmond ABLE clinic offers MSP-covered paediatric medicine and psychiatry through the AIMS program.

Wait times are specific to each clinician; contact clinic.

Dr. David Worling, R. Psych

Dr. Aaron Jacobsen, R. Psych

Dr. Kimberly Armstrong, R. Psych

Dr. Katia Jitlina, R. Psych

Dr. Anisha Varghese, R. Psych

Leah Marks, Registered Clinical Counsellor (RCC)

Currently accepting new clients.

Steve Dolson, RCC - \$199.50

Shanthi Jayarajah, RCC - \$178.50

Nimni Weerasekara, RCC - \$178.50

Movin Adefisavo, RCC - \$178.50

Psychologist wait times vary, inquire by phone.

Dr. Antanina Firer, R. Psych. - \$225

Dr. Neeti Sachdeva, R. Psych. - \$225

<u>Justine Thomson</u>, RCC - \$160 individual; \$180 family <u>Imogen McIntyre</u>, RSW - \$160 individual; \$200 family

Low- or No-Cost Mental Health Support Services

The following are a list of youth mental health services that are free or sliding-scale.

Low- or no-cost therapy

Foundry BC Centres

Foundry BC Centres are drop-in mental health and social services centres. These services are appropriate for youth who do not require intensive, ongoing care.

Foundry BC App: An interactive mobile app and web portal designed to help youth aged 12-24 connect directly with **FREE** virtual counselling, peer support groups, and personalised recommendations for health services. Walk-in virtual counselling is available Monday to Thursday from 2pm-6pm, and pre-booked appointments can be made at any time that works for you.

BC Child and Youth Mental Health Services (CYMH)

CYMH clinics across the lower mainland serve children with complex mental health needs and their families. CYMH teams can provide the following: psychiatric assessment, psychotherapy, case management, DBT and CBT skills groups, parenting skills sessions, medication management, referral to other programs.

Intake: call your closest clinic to book an intake appointment with a CYMH clinician, who will then direct you to appropriate services for your child. If the intake clinician determines that a CYMH team is not appropriate for your child, they may offer options such as a youth DBT skills group, or direct you to Foundry's virtual counselling services.

Mood Disorders Association of BC (MDABC)

While MDABC psychiatry services are only available to adults, children can be seen at the MDABC Counselling and Wellness Centre by a registered clinical counsellor. A 50-minute individual session is \$95. Many forms of therapy are offered, and you can see the counselling team here.

Moving Forward Family Services

MFFS connects low-income individuals who don't have extended healthcare benefits with registered or practicum counsellors; the fees and available clinicians depend on client income.

Services:

For medium-income clients without extended health insurance: Registered Clinical Counsellor (> 12 sessions, \$50) For low-income clients: Practicum student (< 12 sessions, \$20) For unemployed clients: Practicum student (<4 sessions, FREE)

Quick reference

Location: use the <u>Find a Centre</u> tool to locate your local Foundry Centre.

Online: www.foundrybc.ca

Get Connected:

Download the Foundry App <u>from the Itunes App Store</u>, access it <u>through the Web Portal</u>, or call 1-833-308-6379.

Location: check to see which <u>CYMH</u> <u>clinic</u> is closest to you.

Get Connected:

Contact your local clinic

Learn more: The Child and Youth Mental Health Toolkit explains the CYMH service model. HereTo Help BC's info sheet on CYMH lets you know what to expect from BC Child and Youth Mental Health Services.

Online: www.mdabc.net

Intake: you can self-refer or refer your child using <u>this intake form</u>. Wait times are very minimal.

Online: www.mffs.ca

Intake:

- Send an email to <u>counsellor@movingforwardf</u> amilyservices.com
- OR complete this self-referral form
- OR call (877) 485-5025.

Self-Help Mental Health Support Resources

For people who prefer to receive anonymous treatment, or for those who are waiting to access virtual or in-person support services, you may be interested in some of the following self-help resources.

Self-help	Quick Reference
Walkalong Walkalong was developed by UBC researchers as a free tool for young adults to self-monitor and manage their mental health. It includes a Life Chart for wellness tracking, Self-Help exercises, an Encyclopedia of reliable treatment options, and stories of others' lived experiences.	Online: www.walkalong.ca/abou t-us/general
Dealing with Depression A downloadable resource intended for: teens with depressed moods, concerned adults who want to help a depressed teen or other teens who want to help a friend or family member. This resource has very accessible worksheets and some great information about depression.	Access it: Dealing with Depression Workbook
Kelty's Keys Kelty's Keys is a free online therapy program for adolescents and adults offered by Vancouver Coastal Health. There are "self-help" online modules and a "guided" option where online tools are supplemented with email counselling from a virtual therapist. Note that both options require independence and self-initiation and are not suitable for children.	Online: www.keltyskey.com/ Currently only the "self-help" option is available until further notice; all therapist spots are filled.

Webinars and Books: Suicide and NSSI

Webinars and **books** that autistic young adults and their caregivers may find helpful.

Webinars

Social Thinking Methodology Webinars.

By Social Thinking.

→ Free evidence-based webinars on the basics of social-emotional learning.

Learn how your child can build social awareness and self-regulation skills.

Also, see Social Thinking Methodology Articles.

<u>Suicide Prevention and Intervention for</u> <u>Individuals on the Autism Spectrum (Dr. Brenna</u> Maddox).

By Seattle Children's Hospital.

→ This talk by Dr. Brenna Maddox, a researcher with expertise in suicide and autism, reviews current research evidence about suicide risk amongst autistic individuals and supports/ resources, as well as barriers to effective care and possible solutions.

ACT Mental Health and Autism Project.

By Autism Training Community and the UBC Faculty of Medicine.

→ This webinar series discusses mental health challenges experienced by children on the spectrum. The intended audience is clinicians, but parents may find the discussions of lived expertise, coping strategies, and treatment options very helpful as well.

Books

Loving Someone with Suicidal Thoughts: What Family, Friends, and Partners Can Say and Do. By Stacey Freedenthal.

- → Though not specific to ASD, this compassionate guide offers essential communication techniques you can use to help your loved one, as well as strategies for navigating your own stress, worry, fear, and anxiety.
- → Drawn from cognitive behavioural therapy (CBT), acceptance and commitment therapy (ACT), and mindful self-compassion, the tools in this book will help you recognize warning signs, improve communication, create a safety plan, know when to seek professional help, and support a loved one in crisis.

The Neurodivergent Friendly Book of DBT Skills.

By Sonny Jane Wise.

→ This is a self-paced workbook of Dialectical Behavioural Therapy (DBT) strategies that has been adapted for neurodivergent individuals, including people on the autism spectrum. These strategies are meant to help you and your child learn how to identify and manage their emotions, respond to distress, and manage their sensory and other needs.

Resource Guides and Templates on Suicide and Autism - For Caregivers

Be Well, Think Well. By the Autism Services, Education, Resources, and Training Collaborative (ASERT).

→ An accessible collection of resources that provide information about what are suicidal thoughts and how to manage those thoughts, the risk and protective factors for suicide, and information to help loved ones and professionals know what to do if they are working with a suicidal autistic individual.

AAS Autism Resources. By the American Association of Suicidology.

→ This website features information, research articles and toolkits to help autistic individuals, families and practitioners understand the links between autism, suicide and NSSI.

<u>Safety Planning Template.</u> By MHAutism.

→ For youth who experience mental health challenges or suicide ideation, safety planning is critical to mitigating and managing acute emotional crises. This template is tailored specifically to autistic individuals and can be filled out and shared with your child's support team and family members.

Resources for Clinicians

Resources to Share: Below are some resources you may wish to share with your children's care team, describing evidence-based practices to address anxiety in autistic children.

- → A Guide for GPs about Mental Health and Autism
- → Crisis supports for the autistic community
- → <u>Supporting autistic young people through crisis</u>: Includes information about suicidality in autistic youth (prevalence, risk factors) and suggestions for how to support autistic youth and their families during crises
- → <u>Assessing for Suicidal Thoughts</u>: This resource from Autism Services, Education, Resources, and Training Collaborative (ASERT) will help professionals know what to do if they are working with an autistic person who has thoughts of suicide.
- → <u>Tools from the Mental Health in Autism Project at the University of Nottingham</u>: For assessing suicidal thoughts and behaviours and developing a safety plan for autistic individuals

Treatment Recommendations: Research on evidence-based treatments for suicidality and NSSI in autism is still in its early stages. As of yet, there is no evidence-based treatment for suicidality and NSSI in autistic individuals. Here are some recommendations for how to adapt evidence-based interventions for suicidality and NSSI for use with autistic individuals:

- → Bemmouna et al. (2021) Feasibility, Acceptability and Preliminary Efficacy of Dialectical Behavior Therapy for Autistic Adults without Intellectual Disability: A Mixed Methods Study (PDF)
- → Cornwall et al. (2020) Evaluation of radically open dialectical behaviour therapy in an adult community mental health team: effectiveness in people with autism spectrum disorders (PDF)
- → Hartmann & Manser (2012) Modified dialectical behaviour therapy to improve emotion regulation in autistic individuals (PDF)

Phone Apps

You can find a clinician-approved list of mental health mobile apps at **ReachOut! - Tools and Apps**; we describe a few below. Keep in mind that mental health phone apps are not appropriate for everyone, but they can be useful for providing daily reminders to practise certain skills, keep track of medications or mood, and "game-ify" activities that individuals might otherwise see as boring or anxiety-provoking. For skills-based apps, you might consider learning alongside your child so that you can practise the suggested strategies together. If your loved one's care team thinks that keeping a mood diary, worry journal, or self-care log would be beneficial, consider encouraging them to incorporate a tracking app into their daily routine.

Emotion Regulation

Calm Harm: Calm Harm is a tool for self-regulation that is most helpful for youth who struggle with self-harm urges. It provides alternatives to self-injury. It can suggest distractors or remind you of personal strategies that you've logged in the past.

<u>Mindshift CBT</u>: Developed by researchers at Anxiety Canada to teach evidence-based anxiety and stress management skills.

Youper: Builds skills using exercises based on CBT, DBT and ACT. Includes daily guided therapy exercises, medication management, and progress checks.

Mood-Tracking

<u>Daylio:</u> Daylio helps keep a record of fluctuations in mood and anxiety. By self-reporting their feelings on a consistent basis, the app can offer your child personalised insight into healthy and harmful behaviours.

Booster Buddy: Game-ifies and logs wellness and self-care activities through daily "quests".

<u>WoeBot:</u> A chat-based service that helps track mood and suggests coping strategies informed by evidence-based interventions like CBT.