

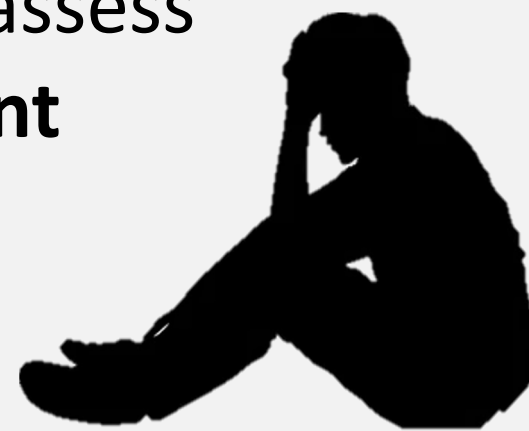
Identifying and Addressing Suicidality among Individuals with Autism: A Training for Physicians

Naomi Cruz, PhD Candidate, Rutgers School of Public Health

John S. Palatucci, PhD, MPA, CPH, Rutgers Center for State Health Policy & Elizabeth M. Boggs Center on Developmental Disabilities

Background

- People with Autism Spectrum Disorder (ASD) are at **increased risk of suicide and suicidality**¹
 - **Up to 72%** report lifetime suicidal ideation
 - **Up to 47%** report a prior suicide attempt
 - **4- to 9-fold** higher risk of suicide death vs. people without ASD
- **Healthcare visits in the time leading up to suicide death are common.** Among individuals who die from suicide...²
 - **>25%** have a visit within 1 week of death
 - **>50%** have a visit within 1 month of death
 - **>90%** have a visit within 1 year of death
- Medical providers often report a **lack of knowledge and confidence** with regard to suicide risk identification and management, **especially for patients with ASD**³⁻⁵
- Improving clinicians' capacity to assess and address such risks can **prevent suicide deaths and improve outcomes** for people with ASD



Objectives

- 1 **Increase clinician awareness** of suicide risk in ASD populations
- 2 **Improve clinicians' suicide risk identification skills** when working with ASD populations
- 3 **Empower and enable clinicians to effectively intervene** when positive screenings or other warning signs occur



Key Points

Select Barriers to Screening in Clinical Settings^{3,6,7}



Recommendations for Clinical Practice

Ask about suicidal thoughts and behaviors



- It is commonly believed that asking about suicide increases suicide risk – this is NOT supported by research⁸
- Studies suggest that asking about suicide may reduce suicidal ideation and behaviors⁸
- Research shows widespread patient support for screenings^{9,10}

Tailor healthcare settings/care to meet the needs of people with ASD



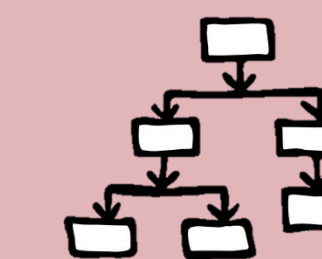
- Risk disclosure is often dependent on patients' level of comfort
- Factors which may increase comfort for patients with ASD include designated quiet areas, adequate time to express their concerns, and feeling as though their concerns are taken seriously^{11,12}

Adapt current screening tools and strategies^{13,14}



- Learn how patients best communicate
- Take time to build rapport
- Use direct (non-abstract) language
- Assess patients' understanding of death
- Recognize that risk may be present even if screening tools cannot be completed

Have a plan in place for positive screenings and warning signs^{13,14}



- Be prepared for both imminent & non-imminent risk
- Know who to call when risk is imminent (e.g., psychiatric ER, ambulance)
- Have resources/referrals ready
- Understand how to engage in safety planning & risk management

Process

- Literature review on suicidality and ASD
- Consultation with START Services developers
- Discussion with faculty on need/feasibility

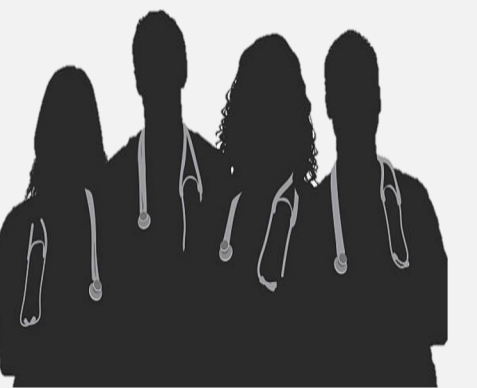
Next Steps

Goal:

- Grand Rounds presentation at RWJMS (2024)
- Develop a pre-/post-training assessment
- Explore opportunities for additional lectures

Intended Audience:

- All medical students/faculty
- Potential focus on primary care



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