

Autism Resource for Warning Signs of Suicide: Considerations for the Autism Community

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Purpose of this Toolkit:

This toolkit examines the warning signs for the general public listed on the American Association of Suicidology (AAS)'s website and explains important considerations to be aware of while working with autistic people.

A diagnosis of autism is a risk factor of suicide.¹ Also, there are aspects of autism that can be misconstrued to be warning signs of suicide. A deeper investigation, with direct questions and intentional communication, is needed while assessing a person with autism for suicide.

Autism Spectrum Disorder (ASD) is a lifelong neurodevelopmental condition that impacts how a person perceives and socializes with others, causing problems in social interaction and communication. The condition also includes limited and repetitive patterns of behavior. The term "spectrum" in ASD refers to the wide range of symptoms and severity.

Autistic people in crisis need additional considerations when being assessed for suicide due to inherent autistic characteristics and behaviors, which may skew the results of an assessment designed for neurotypical people.

The purpose of this resource is to inform professionals, first responders, family, and friends about autistic people, their culture, and how they might think in regards to warning signs, which may indicate an immediate risk of suicide. Our overarching recommendation is to take these potential warning signs seriously, while also taking the time to investigate more. Ask additional follow-up questions and make sure you understand what the autistic person means before immediately moving to intervention.

Autistic people are all individually unique with different strengths and struggles along the autism spectrum and must be regarded as such. Missing a suicide warning sign in an autistic individual can have devastating consequences; reacting and intervening without fully understanding what the autistic person is experiencing can also be traumatic and harmful. It takes careful consideration, which inspired this toolkit.



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Warning Signs of Acute Suicide Risk:

- Threatening to hurt or kill him or herself or talking of wanting to hurt or kill him/herself; and/or
- Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means; and/or
- Talking or writing about death, dying or suicide, when these actions are out of the ordinary.

As stated on the AAS website, these warning signs of acute suicide risk are not always communicated directly or outwardly. The following ten warning signs have additional considerations to investigate when assessing autistic people.

Additional Warning Signs:

- Increased substance (alcohol or drug) use
- No reason for living; no sense of purpose in life
- Anxiety, agitation, unable to sleep or sleeping all the time
- Feeling trapped - like there's no way out
- Hopelessness
- Withdrawal from friends, family, and society
- Rage, uncontrolled anger, seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Dramatic mood changes
- Giving away prized possessions or seeking long-term care for pets

Warning Signs of Suicide - for the general public from the AAS website (accessed on 11/8/2020) : <https://suicidology.org/resources/warning-signs/>

The explanations listed below are considerations to pay attention to when assessing an autistic person for suicidal ideation and/or behavior.

****Do not make any important, life-altering decisions based on the information below.****

Increased substance (alcohol or drug) use

- There are not many studies about substance use in autistic people. In most of the studies that have been done, substance use has been minimal in the autistic community when compared with the general population. It is still to be determined if this is because of the sparsity of research or not.

No reason for living; no sense of purpose in life

- An autistic person may interpret this differently due to social isolation and may even be suicidal because of this, but the assessor of each individual autistic person must take into consideration comments such as: "I don't belong to this world," "I've never fit into this world," "I wish I were anywhere but here," "I wish I could leave here and be in a place I belong, and it's not on this earth," knowing there may be more meaning behind what is being said.
- These statements could be the reality of an autistic person who feels no sense of cultural and/or social belonging. Many autistic people have lived a life of

feeling different and not fitting in. They can get to a place where they voice wishing they were elsewhere.

Anxiety, agitation, unable to sleep or sleeping all of the time

- Many autistic people struggle with anxiety their whole lives.
- Autistic people struggle with sleep issues regularly.
- Changes in anxiety or sleep need to be investigated further.

Feeling trapped - like there's no way out

- Autistic people typically have some cognitive inflexibility, which narrows the options when feeling stuck in a negative thinking pattern or in negative circumstances.
- A crisis situation may cause a regression of skills in autistic people. Skills such as problem-solving and flexible thinking can deteriorate, diminishing autistic people's ability to regulate their emotions and manage their sensory difficulties.

Hopelessness

- An autistic person can feel hopeless and say they feel hopeless, but that may simply be an expression of their truth.
- For autistic people, hopelessness might be a word choice, not an emotion.
- This statement deserves more investigation into what the autistic person really means.

Withdrawal from friends, family, and society

- Withdrawal from friends, family, and society can be a coping mechanism for autistic people. It is needed by the majority of autistic people for self-care in staying regulated and feeling well.
- Withdrawing can also be a warning sign for autistic people.
- The best way to differentiate is to find out what the changes are in an individual you are working with. In other words, is the behavior new or typical, and what are the reasons behind the withdrawal?

Rage, uncontrolled anger, seeking revenge

- Autistic meltdowns happen. While most meltdowns happen during childhood, adults can get very overwhelmed and experience them as well. A meltdown is an overloaded sympathetic nervous system.
- The best way to deal with a meltdown is to keep the person safe until it subsides. Very few, if any, autistic people can stop a meltdown from pure will or want.
- A true meltdown must run its course.

Acting reckless or engaging in risky activities, seemingly without thinking

- It's important to remember, what may look like or even be reckless, risky behavior seemingly without thinking - may be over-thinking, perseverating, deep thinking, or just not understanding the circumstances or the risks.
- It would be best to look further into the reasons behind the behavior to determine if the autistic person is in a suicidal crisis.

Dramatic mood changes

- Autistic people can have dramatic mood changes due to overwhelming emotions, sensory difficulties, and/or change. The autistic person would most likely be able to reason with someone who is helping them.

- Reframing the situation or helping them perceive what happened in a different way could help a mood change.
- These mood changes may be the start of a meltdown, which is an intense response to overwhelming situations.²

Giving away prized possessions or seeking long-term care for pets

- Autistic people can become emotionally connected to their possessions or pets. Giving them away may be a warning sign.

References

1. Chen, M. H., Pan, T. L., Lan, W. H., Hsu, J. W., Huang, K. L., Su, T. P., . . . Bai, Y. M. (2017). Risk of suicide attempts among adolescents and young adults with autism spectrum disorder: A nationwide longitudinal follow-up study. *The Journal of Clinical Psychiatry, 78*(9), e1174-e1179. doi:10.4088/JCP.16m11100
2. Ryan, S. (2010). 'Meltdowns', surveillance and managing emotions; going out with children with autism. *Health & Place, 16*(5), 868-875. doi:10.1016/j.healthplace.2010.04.012