Suicidality and Non-Suicidal Self-Injury in High-Functioning Adolescents with Autism Spectrum Disorder

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ABSTRACT
This study investigated the prevalence and correlates of suicidality and non-suicidal self-injury (NSSI) in a sample of clinically referred, outpatient adolescents with Autism Spectrum Disorder (ASD) and comorbid anxiety (n = 30; 12-17 years old). Suicidality and NSSI were fairly common and associated with self-reported and parent-reported depressive symptoms. Qualitative accounts from the adolescents are also summarized, which highlight the impulsivity and peer rejection associated with many of these behaviors.

INTRODUCTION
Recent studies have explored possible triggers and correlates of youth suicidality and NSSI, but a specific focus on adolescents with ASD has been largely neglected. It may be assumed that suicidal ideation and suicide attempts are uncommon in individuals with ASD, relative to typically developing individuals. However, cognitively unimpaired teens with ASD tend to have many of the risk factors associated with suicidality, including depression, anxiety, impulsivity, poor interpersonal problem-solving skills, low self-esteem, and experiences of being bullied. Thus, suicide is an important issue to consider clinically for individuals with ASD, with a risk that has previously been recognized.

NSSI is defined as direct, deliberate destruction of one’s own body tissue, without the intent to die. Self-injurious behavior (SIB), often found in individuals with ASD, is typically conceptualized as a restricted, repetitive behavior. An important question is whether NSSI and SIB are distinct.

The purpose of this study was to investigate the prevalence and correlates of suicidality and NSSI in a sample of clinically referred adolescents with ASD and comorbid anxiety. A related purpose was to qualitatively explore the adolescents’ accounts of their suicidality and NSSI.

METHODS
Participants and Procedure
- Data were collected from 30 adolescents (7 females; age 12-17) who participated in an experimental trial of a cognitive-behavioral treatment program (White, K01MH079945). All participants had diagnosed ASD, confirmed by the ADOS and ADI-R; met diagnostic criteria for at least one anxiety disorder, based on the ADIS-C/P; and were cognitively unimpaired, based on verbal IQ ≥ 70 on the WASI.
- Data on suicidality and NSSI were collected from clinical interviews with the adolescent and parent, individual therapy session notes taken during the treatment trial, and clinical case summaries. Questionnaire data from the adolescents and parent, individual therapy session notes taken during the treatment program, and clinical case summaries. Questionnaire data from the adolescents and parent, individual therapy session notes taken during the treatment program.

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RESULTS
As reported in the initial clinical interview by parent and/or teen, 3 teens had been hospitalized for suicidal ideation within the past year, 6 teens had made suicidal statements within the past two years, 6 teens had engaged in NSSI behaviors, and 2 teens had wanted to cut themselves within the past year.
- During the treatment program, one teen reported thoughts of hurting herself, without a specific plan, while another admitted frequent suicidal thoughts, with a specific plan. Two teens (one in the program and one in withdrawal) engaged in self-cutting. Another teen overdosed on medication in response to a difficult situation with his girlfriend and was hospitalized.

CONCLUSIONS
Based on these results, the incidence of suicidality and/or self-harm is quite common among a cognitively unimpaired, outpatient sample of adolescents with ASD and comorbid anxiety. Notably, the adolescents were not seeking treatment for suicidality, self-harm, or depression.
- In this sample, suicidality and NSSI were associated with self-reported and parent-reported depressive symptoms. The NSSI behaviors were not accurately captured by the repetitive/restricted behaviors domain of ASD.
- The qualitative data revealed themes of impulsivity and social difficulties with peers related to the teens’ suicidality and NSSI. In addition, some of the methods considered for self-harm were unusual (e.g., freezing to death), or not endorsed typically by adolescents without ASD (e.g., self-cutting).
- Through better understanding of the clinical presentation and underlying reasons for suicidality and NSSI in teens with ASD, families and clinicians can be vigilant for indications of these potentially life-threatening behaviors and offer support to struggling youth on the spectrum.

LIMITATIONS/FUTURE DIRECTIONS
- Given the small size and clinical composition of this treatment-seeking sample, further study is needed with larger, community-based samples to generalize these findings.
- Rater agreement between teens with ASD and their parents about suicidality and NSSI has not yet been examined, and it is unclear if the trend of underreporting by parents (i.e., as seen in studies with typically developing youth reporting suicidality) or the trend of underreporting by youth (i.e., as seen in studies with children and teens with ASD reporting depression and anxiety) would be found.

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