

START Therapeutic Coaching As A Suicide Prevention Tool for Individuals with IDD In The Era of COVID-19

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Overview

Given the global COVID-19 crisis impacting all communities, the NC START Central region has noted an increase in expression of suicidal ideation for the individuals served utilizing our crisis line. The limited amount of published literature on suicide in the IDD population does not address prevention, but rather focuses on risk factors and best practices for screening until a measure is developed specifically for this population. Even in the burgeoning field of research on suicidality and autism, which has established that individuals with autism are significantly more at risk for suicide and suicidal ideation than the general population (Cassidy et al., 2014), prevention techniques have not yet been established.

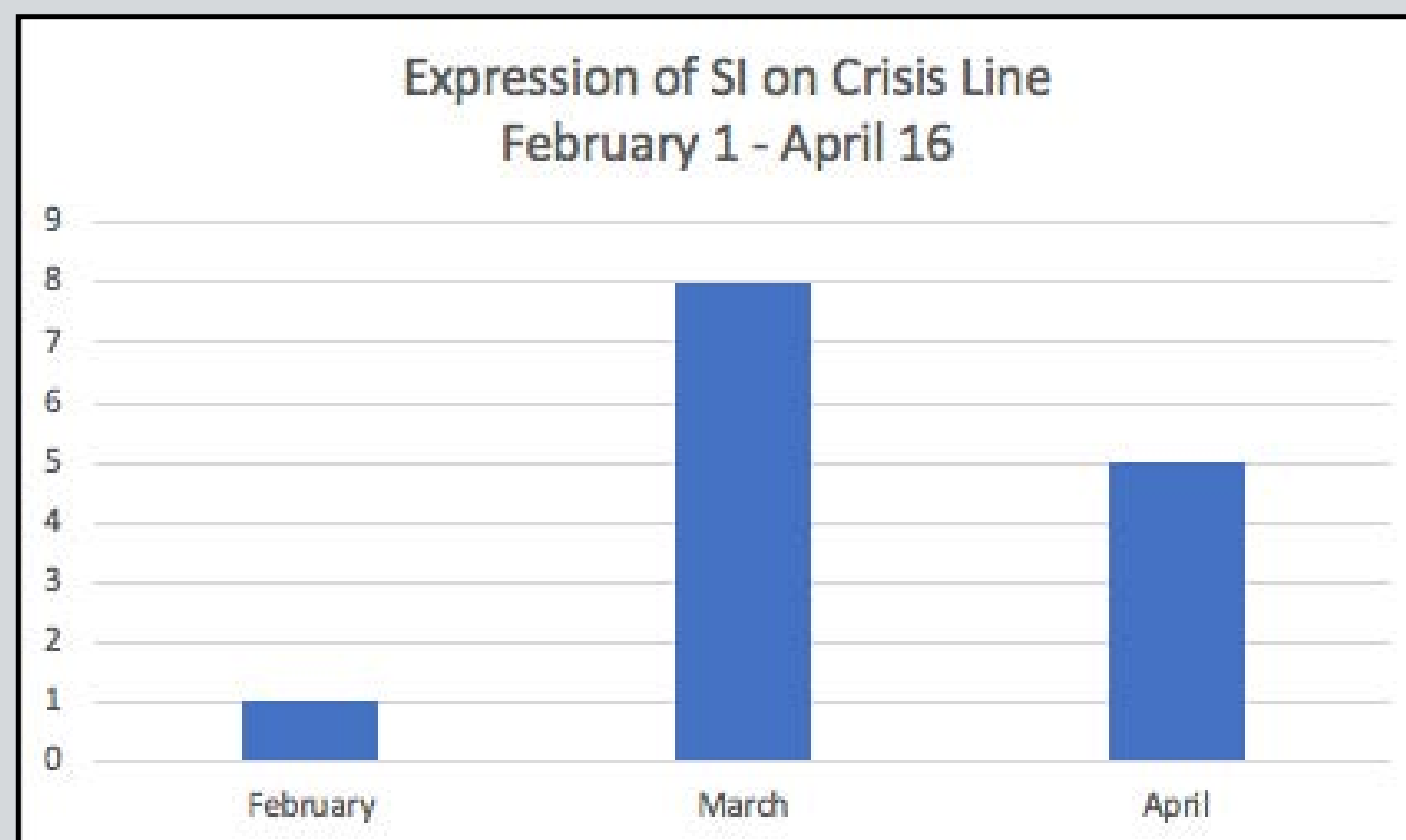
A 2020 webinar presentation on research regarding suicide and IDD by the Centre for Research and Intervention on Suicide, Ethical Issues, and End-of-Life Practices at the Université du Québec à Montréal, provides useful strategies for both assessment and intervention. Based on those tips, as well as the current knowledge of risk factors for suicide in this population, NC START can assume best practices for intervention and prevention:

- Address associated conditions: feelings of hopelessness or feeling burdensome, lack of autonomy and mood disorders
- Incorporate both open and closed questions
- Meet individuals where they are
- Provide visual supports
- Adapt to the individual's level of emotional understanding
- Allow "sitting in silence" or processing time
- Provide opportunities for communication through a variety of modalities: art, movement, AAC, visuals and writing
- **MOST IMPORTANTLY: VALIDATE!**
- **AVOID:** too many questions, interpreting and interrupting, giving contingencies or consequences

STC as Prevention of Suicidal Ideation for Individuals with IDD

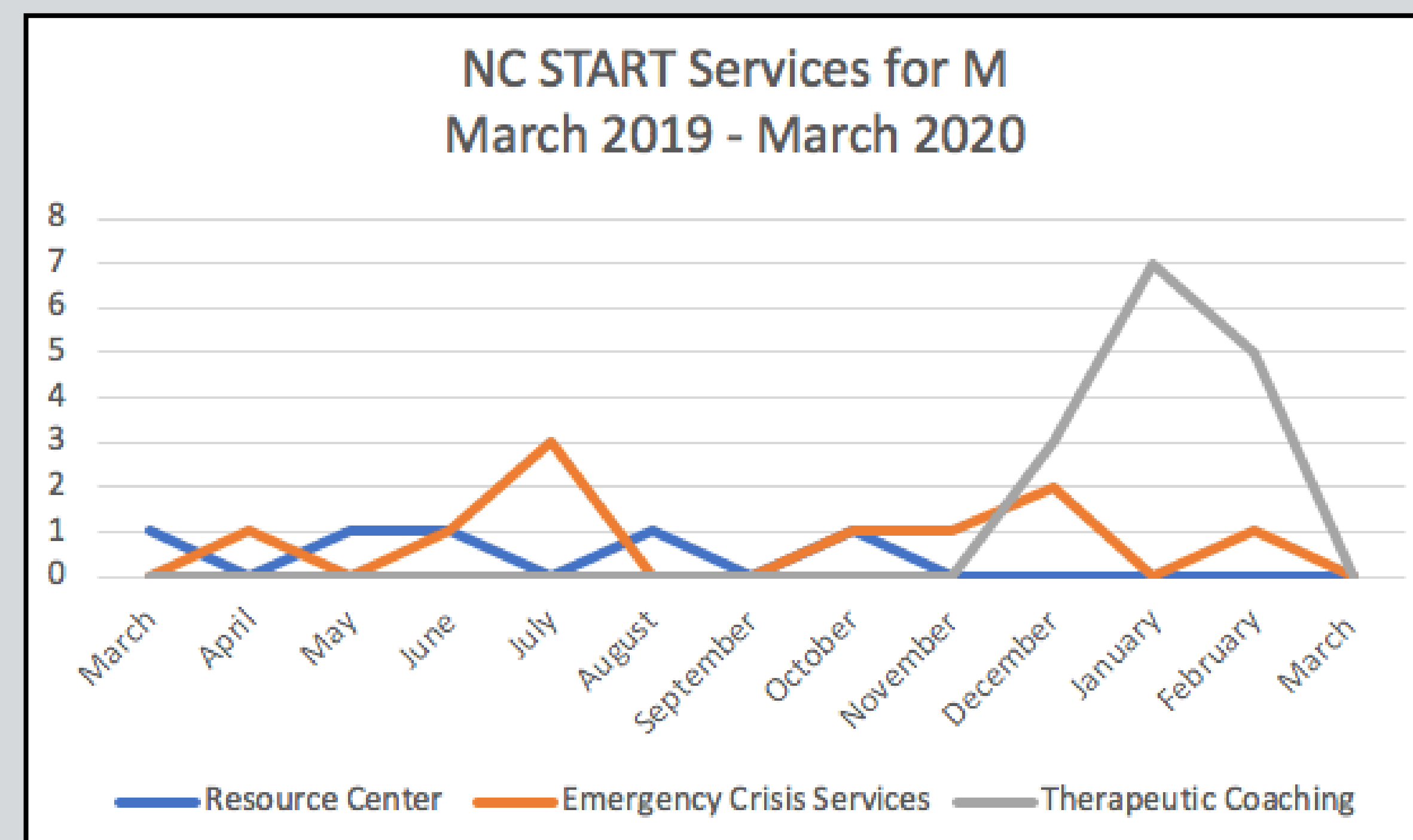
NC START Central has implemented Therapeutic Coaching strategies to decrease SI by:

- Increasing expression of feelings and correlating corresponding coping strategies
- Allowing space/time for processing that is consistent with the individuals processing times
- Implementation of trauma informed approaches that validate past experience as it relates to present emotional expression
- Utilizing best practices in support of individuals with IDD in combination with adapted DBT practices for cognitive recognition and restructuring
- Implementation of PERMA as framework for resilience and self-esteem building



Case Example "M"

- 41 Year Old Female
- Diagnoses: Mild ID, Major Depressive Disorder, Borderline Personality Disorder
- At Referral for coaching – M was experiencing an increase in SI, crises and utilization of the NC START Central Crisis Line for SI prevention and support
- START Hypothesis – M experiences depression due to complicated and traumatic grief following years of loss of all her family members. Due to executive functioning deficits her ability to process stress, sadness and grief often escalates to crisis involving extensive intervention and support
- Goals of STC included:
 - Assist M in identifying and utilizing positive coping strategies that will assist in time of challenging thoughts, feelings and actions
 - M will learn ways to reframe negative thoughts and turn them into positive thoughts
 - Support M's emotion recognition through executive functioning support



Further Considerations

- Gather more data on START recipients experiencing SI and outcomes of therapeutic supports
- STC utilizes best practices in support of individuals with IDD experiencing SI and can be utilized as a proactive SI prevention technique
- There is a needed increase in access to therapeutic modalities to support individuals with IDD in the community
- Provide outreach to community providers to create awareness that IDD is not a protective factor against suicide.
- Provide systems with psychoeducation on suicide risk factors in IDD:
 - Mood disorders
 - Disordered eating
 - Abuse
 - Familial loss
 - Isolation, loneliness
 - Lack of support
 - Unemployment
 - Rejection
 - Comorbid physical disabilities

Outcomes and Recommendations

- A significant decrease in crisis calls following coaching:
 - 1 Crisis Call with mention of SI; 3 Non-Crisis calls where On Call Coordinator reminded M of coping strategies
- Implementation of strength spotting and PERMA for resilience and self-esteem building
- Utilization of adapted DBT strategies to promote reframing of challenging situations and recognition of M's ability to change her thoughts and actions
- Reframing "attention seeking" as "connection seeking"
- Timed approach to emotion processing in order to practice transition back to supportive daily schedule
- Provided agreed upon choices for emotion support to reduce anxiety during times of stress as M struggles to identify strategies independently due to executive functioning
- Ultimately STC was effective as it built capacity for M in her home environment, allowing M to utilize strategies with caregivers, rather than learning them in an alternative environment and translating them upon returning home

References

Bardon, C. (2020). Understand and prevent suicide in persons with an I/DD: Lessons learned from a collaborative research program [Webinar]. In *AAIDD Webinar Series*. Retrieved from aaid.org.

Cassidy, S., Bradley, P., Robinson, J., Allison, C., McHugh, M., & Baron-Cohen, S. (2014). Suicidal ideation and suicide plans or attempts in adults with Asperger's syndrome attending a specialist diagnostic clinic: a clinical cohort study. *The Lancet Psychiatry*, 1(2), 142–147. [https://doi.org/10.1016/S2215-0366\(14\)70248-2](https://doi.org/10.1016/S2215-0366(14)70248-2)