

Title: Examining the Relationship between Suicidal Ideation and Treatment Outcome for Young Adults with ASD and Other Social Challenges, Following the UCLA PEERS® Intervention

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Introduction: Previous research suggests that individuals with autism spectrum disorder (ASD) are at higher risk for suicidal ideation compared to typically developing individuals (Hedley et. al. 2017). According to a study conducted by Cassidy and colleagues (2014), 66% of adults with ASD reported suicidal ideation and 33% reported suicide attempts. Though research on the increased risk of suicidal ideation in individuals with ASD has been cited in the literature, there is a dearth of research examining the relationship between suicidal ideation and treatment outcome in social skills interventions. The current study explores the relationship between suicidal ideation and treatment gains in young adults with ASD and other social challenges, following the UCLA PEERS® intervention. We hypothesized that participants who presented with high suicidal ideation at baseline would have lower treatment gains in comparison to participants with low suicidal ideation.

Methods: Participants included 89 young adults (71.9% males) between the ages of 17 and 37 ($M = 23.30$, $SD = 4.195$) who were either experiencing low suicidal ideation (low SI; $n = 65$) or high suicidal ideation (high SI; $n = 22$). All participants completed treatment through the UCLA Program for the Educational and Enrichment of Relational Skills (PEERS®; Laugeson 2017), a 16-week, evidence-based, caregiver-assisted social skills intervention for young adults with ASD and other social challenges (Laugeson et. al. 2015). Suicidal ideation was assessed at baseline using young adult self-reported scores on the Major Depression Inventory (MDI; Olsen et al. 2003). In particular, scores from item 6 of the MDI (“Have you felt that life wasn’t worth living?”) were calculated to assess suicidal ideation. Participants were instructed to indicate how true the item 6 statement was for them on a 6-point Likert scale. Scores ranging from 0-1 were categorized in the low SI group, which included the responses “At no time” (0) and “Some of the time” (1). Scores ranging from 2-5 were categorized in the high SI group, which included responses ranging from “Slightly less than half of the time” (2) to “All the time” (5). Participants who self-reported any suicidal ideation were assessed for suicide risk by a licensed clinical psychologist, and those who were considered at significant risk for suicidal actions and were found to be inappropriate for treatment through the UCLA PEERS® Clinic were excluded from this study and were given appropriate referrals. Ultimately, the high SI group only included participants who experienced suicidal ideation but who were not deemed to be at high risk for suicide attempts. In order to assess treatment outcome, caregiver-reported change in social responsiveness on the Social Responsiveness Scale – 2nd Edition (SRS-2; Constantino 2012) was measured pre- and post-intervention.

Results: Paired sample t-tests were conducted in the low SI and high SI groups in order to assess differences in treatment gains across the two groups. In the low SI group, significant improvement was found on the SRS-2 pre to post-treatment ($M = 7.848$, $SD = 8.789$, $t(65) = 7.255$, $p < .001$), while in the high SI group, improvement on the SRS-2 was only found at a trend-level ($M = 2.870$, $SD = 7.485$, $t(22) = 1.839$, $p = .08$).

Discussion: Results indicate that participants who self-reported low suicidal ideation at baseline did show significant improvement on the SRS-2 following social skills treatment, while participants who self-reported high suicidal ideation at baseline did not demonstrate significant treatment gains. These findings support our original hypothesis that young adults with higher levels of suicidal ideation would not show as much improvement following the PEERS® intervention as young adults with minimal or no suicidal ideation. Although the participants in the current study were not found to be in imminent danger for acting on suicidal thoughts, as determined by baseline risk assessments, having moderate to high levels of suicidal ideation does appear to impact treatment outcome in social skills training and may limit treatment benefit. Thus, other treatment priorities might be considered prior to receiving social skills treatment when participants endorse higher levels of suicidal ideation, which would include those experiencing suicidal thoughts slightly less than half the time or more. Understanding the relationship between suicidal ideation and treatment outcome is important when determining treatment priorities for those with ASD or other

social challenges who are experiencing suicidal thoughts. Future studies might examine the relationship between suicidal ideation and treatment outcome in other types of treatment.

References:

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