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Supplemental Materials

Table S1.

Description of self-harm assessment tools that were presented to focus groups.

Measure	Authors	Report	Items	Description	Response format
ISAS	Klonsky & Glenn (2009)	Self	8	2 subscales ISAS I: lifetime frequency of 12 NSSI behaviours, age of onset, physical pain, whether alone, time between the urge and act, and desire to stop. ISAS II: 13 potential intra- and interpersonal functions of NSSI across 39 statements (3 per function)	ISAS I: dichotomous (yes/no), multiple choice, open-ended, ISAS II: 3-point scale (not relevant to very relevant)
NSSI-AT	Whitlock et al. (2014)	Self	39	12 modules (a) NSSI behaviours; (b) functions; (c) recency and frequency (and age of cessation); (d) age of onset; (e) wound locations; (f) initial motivations; (g) severity; (h) practice patterns; (i) habituation and perceived life interference; (j) NSSI disclosure; (k) NSSI treatment experiences; and (l) personal reflections and advice	Dichotomous (yes/no, true/false), multiple choice, open-ended, 4- or 5-point scales (strongly disagree to strongly agree)
QNSSI	Turner et al. (2012)	Self	26	Frequency, NSSI behaviours, time between the urge and act, pain, severity, functions, expectations, emotions before and after, antecedents, and consequences. Functions: 39 statements (17 + 22 SASII) across emotion relief, feeling generation, interpersonal communication, interpersonal influence and self-punishment.	Dichotomous (yes/no), multiple choice, open-ended, 4- or 5-point scales (never to always); ranking

Inventory of Statements about Self-Injury (ISAS); Non-Suicidal Self-Injury (NSSI) Non-Suicidal Self-Injury - Assessment Tool (NSSI-AT); Questionnaire for Non-Suicidal Self-Injury (QNSSI); Suicide Attempt Self-Injury Interview (SASII)

S2. Focus Group Agenda.

What is the aim of the focus group?

We would like you to identify any issues that autistic adults with or without mild co-occurring intellectual disability might have with the three existing self-harm assessment tools that we have shared with you.

This is the first stage in a wider research project to design a better self-harm assessment tool with and for autistic adults with or without mild co-occurring intellectual disability.

Specifically, your feedback within this focus group will help the researchers decide which existing self-harm assessment tool we should adapt in the next stage of the research, and to understand question and response issues with the existing tools.

What will happen before the focus group?

Before the meeting, we would like you to read through the self-harm assessment tools that have been sent to you and think about how you might answer the questions below:

Autistic adults

1. Are the questions for the following self-harm assessment tools **relevant**?
2. Are there any questions **missing** from the following self-harm assessment tools?
3. Are the instructions, questions, and response options **clear and understandable** for the following self-harm assessment tools?
4. Which assessment tool would you be **most** likely to recommend for assessing self-harm in autistic people with or without mild co-occurring intellectual disability?
 - [probe] Why?
5. Which assessment tool would you be **least** likely to recommend for assessing self-harm in autistic people with or without mild co-occurring intellectual disability?
 - [probe] Why?

Professionals

1. Which assessment tool includes items most **relevant** for assessing self-harm in autistic adults with or without mild-co-occurring intellectual disability?
 - [probe] Which assessment tool includes items most relevant for use in research or clinical contexts?
2. Are there any autism-specific items **missing** from these assessment tools?

3. Would the instructions, items and response options of these assessment tools be **clear and understandable** for autistic adults with or without mild-co-occurring intellectual disability?
4. Which assessment tool would you be **most** likely to recommend for assessing self-harm in autistic adults with or without mild co-occurring intellectual disability?
 - [probe] Why?
5. Which assessment tool would you be **least** likely to recommend for assessing self-harm in autistic adults with or without mild co-occurring intellectual disability?
 - [probe] Why?

What will happen during the focus group?

We have put together the following schedule:

[INSERT SCHEDULE]

The focus group will be recorded for the purposes of transcribing and analysing the ideas discussed at the meeting. All identifiable information will be anonymised. Once transcription is complete, we will delete the recording.

Please let us know if you would like further information about any of the activities.

What will happen after the focus group?

We will send you the debrief information, details of relevant support services, and an inconvenience allowance as a thank you for your time.

What wellbeing and accessibility considerations have been made for the focus group?

- You are not required to actually answer the questions on the assessment tools, only to give feedback on them. Feel free to provide as much or as little information as you would like to share, and to not answer any questions if you do not wish to.
- Please be respectful of the other participants when talking and sharing opinions, there are no right or wrong answers. We also ask that everyone gets a chance to speak or type.
- It is fine to both join in the discussion verbally or use the chat function. We will post the corresponding question in the chat at the beginning of each session so that typed responses can be given throughout.
- You are welcome to email any additional thoughts after the focus group has ended.

As this meeting involves talking about tricky topics, we have put several things in place to make sure you are safe.

- We request that all participants keep their cameras on where possible. This is so we can be aware if yourself or anyone else is becoming visibly distressed and provide appropriate support.
- We will ask you to complete a brief mood assessment before and after the focus group. If you show a substantial decrease in mood, we will provide additional support, which includes the option to complete a safety plan. If you tell us that yourself or someone else is at risk of harm, we will need to break confidentiality and let a trusted person know we are concerned for your safety.
- If you need to take a break during the meeting, we have a virtual breakout room available that will be monitored by the assistant. You can also step away from your computer/ mobile, but we request that you leave your call open so we know you are safe.
- After the focus group has ended, the researchers will stay online for an extra 15 minutes for anyone who needs further support.
- You can still choose to stop taking part in the focus group at any point, and you do not have to give us a reason.



Participant Wellbeing Plan



This plan was originally developed by Dr Sarah Cassidy and Dr Emma Nielsen at the University of Nottingham, and Professor Jacqui Rodgers, Dr Jane Goodwin and Lucy Isard at Newcastle University.

The purpose of the plan is to help autistic people and those who support them when taking part in research discussing difficult topics, such as mental health problems and self-harm. This specific plan has been adapted by the current research team to support participants developing an assessment tool for self-harm.

This research will require you to think about questions that relate to self-harm. Your wellbeing is our priority. We remind participants to prioritise their own wellbeing and only contribute to the research in ways that feel safe. We will password-protect this plan and store it on a secure computer for two weeks after participation.

Your details:

- Name:
- Email address:
- Address where you plan to be when you undertake the task
(**ONLINE ONLY**):

The language that we use to talk about autism:

Do you prefer identity first (e.g., autistic adult) or person-first (e.g., person with autism) language?

Are there any adjustments that we can make to make so that participating in the study is easier for you?

For example, do you prefer to speak or type? Would you like to see a copy of the questions in advance? Is there anything else you would like us to know?

What support do you have?

For example, do you have friends, relatives, or professional support? Would you like details of professional support organisations?

Please share the details of a trusted person with us. We will only use this information in the case of an emergency.

- Name:
- Relationship to you:
- Phone number:
- Email address:

Would you like to share a copy of this plan with them? Would you like us to let them know the date and time of your research meeting?

Yes / No (delete as appropriate)

How would we know if you are becoming distressed or finding it difficult to participate in the study?

For example, some people might become mute or might become fidgety.
How is this for you?

How can we best support you if you become distressed or find it difficult to participate in the research?

For example, would you like me to talk or stay quiet?

What sort of calming activities do you enjoy?

For example, some people like to listen to music or watch a favourite video.

What do you like to do to relax?

What do you plan to do after taking part in our study?

What do you enjoy doing? We suggest that you plan something positive, relaxing or distracting after the research.

Table S4.

A tool for evaluating thematic analysis (TA) manuscripts for publication: Twenty questions to guide assessment of TA research quality (Braun & Clarke, 2021).

Adequate choice and explanation of methods and methodology

1. Do the authors explain why they are using TA, even if only briefly?
2. Do the authors clearly specify and justify which type of TA they are using?
3. Is the use and justification of the specific type of TA consistent with the research questions or aims?
4. Is there a good 'fit' between the theoretical and conceptual underpinnings of the research and the specific type of TA (i.e. is there conceptual coherence)?
5. Is there a good 'fit' between the methods of data collection and the specific type of TA?
6. Is the specified type of TA consistently enacted throughout the paper?
7. Is there evidence of problematic assumptions about, and practices around, TA?
These commonly include:
 - Treating TA as one, homogenous, entity, with one set of – widely agreed on – procedures.
 - Combining philosophically and procedurally incompatible approaches to TA without any acknowledgement explanation.
 - Confusing summaries of data topics with thematic patterns of shared meaning underpinned by a core concept.
 - Assuming grounded theory concepts and procedures (e.g. saturation, constant comparative analysis, line-by-line coding) apply to TA without any explanation or justification.
 - Assuming TA is essentialist or realist, or atheoretical.
 - Assuming TA is only a data reduction or descriptive approach and therefore must be supplemented with other methods and procedures to achieve other ends.
8. Are any supplementary procedures or methods justified and necessary, or could the same results have been achieved simply by using TA more effectively?
9. Are the theoretical underpinnings of the use of TA clearly specified (e.g. ontological, epistemological assumptions, guiding theoretical framework(s)), even when using TA inductively (inductive TA does not equate to analysis in a theoretical vacuum)?

10. Do the researchers strive to 'own their perspectives' (even if only very briefly), their personal and social standpoint and positioning? (This is especially important when the researchers are engaged in social justice-oriented research and when representing the 'voices' of marginal and vulnerable groups, and groups to which the researcher does not belong.)
 11. Are the analytic procedures used clearly outlined, and described in terms of what the authors actually did, rather than generic procedures?
 12. Is there evidence of conceptual and procedural confusion? For example, reflexive TA (e.g. Braun and Clarke, 2006) is the claimed approach but different procedures are outlined such as the use of a codebook or coding frame, multiple independent coders and consensus coding, inter-rater reliability measures, and/or themes are conceptualised as analytic inputs rather than outputs and therefore the analysis progresses from theme identification to coding (rather than coding to theme development).
 13. Do the authors demonstrate full and coherent understanding of their claimed approach to TA?
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A well-developed and justified analysis

14. Is it clear what and where the themes are in the report? Would the manuscript benefit from some kind of overview of the analysis: listing of themes, narrative overview, table of themes, thematic map?
15. Are the reported themes topic summaries, rather than 'fully realised themes' – patterns of shared meaning underpinned by a central organising concept?
 - If so, are topic summaries appropriate to the purpose of the research?○ If the authors are using reflexive TA, is this modification in the conceptualisation of themes explained and justified?
 - Have the data collection questions been used as themes?
 - Would the manuscript benefit from further analysis being undertaken, with the reporting of fully realised themes?
 - Or, if the authors are claiming to use reflexive TA, would the manuscript benefit from claiming to use a different type of TA (e.g. coding reliability or codebook)?
16. Is non-thematic contextualising information presented as a theme? (e.g. the first 'theme' is a topic summary providing contextualising information, but the rest of the

themes reported are fully realised themes). If so, would the manuscript benefit from this being presented as non-thematic contextualising information?

17. In applied research, do the reported themes have the potential to give rise to actionable outcomes?
 18. Are there conceptual clashes and confusion in the paper? (e.g. claiming a social constructionist approach while also expressing concern for positivist notions of coding reliability, or claiming a constructionist approach while treating participants' language as a transparent reflection of their experiences and behaviours)
 19. Is there evidence of weak or unconvincing analysis, such as:
 - Too many or too few themes?
 - Too many theme levels?
 - Confusion between codes and themes?
 - Mismatch between data extracts and analytic claims?
 - Too few or too many data extracts?
 - Overlap between themes?
 20. Do authors make problematic statements about the lack of generalisability of their results and or implicitly conceptualise generalisability as statistical probabilistic generalisability (see Smith 2017)?
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