Trauma or Autism? understanding how the effects of trauma and disrupted attachment can be mistaken for autism

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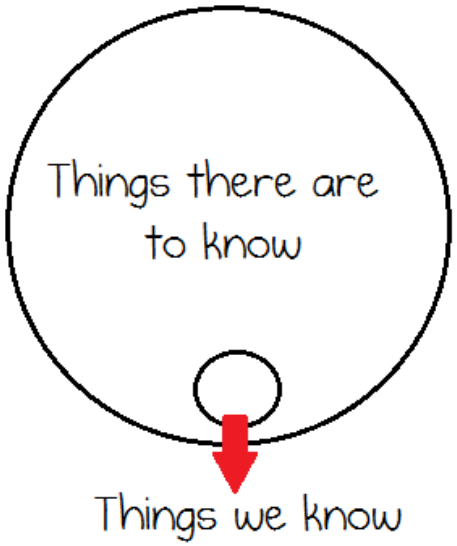
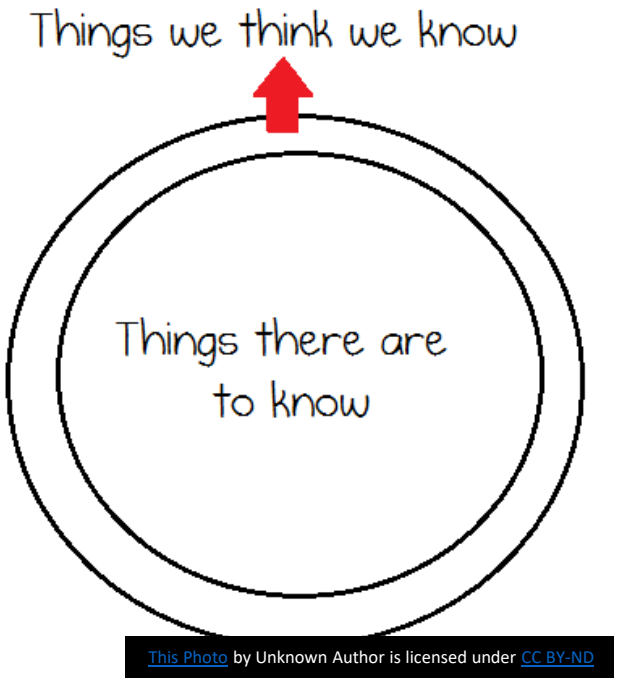
What is autism?

A neurodevelopmental disorder characterized by differences in social communication and social interaction and the presence of stereotyped or repetitive interests or behaviour (American Psychiatric Association [APA], 2013)

What is trauma?





- Part of the normal human survival instinct
- Does not always constitute a mental disorder
- In extreme cases can lead to more complex responses including:

'intrusive memories, re-experiencing, avoidance, heightened threat perceptions, disturbances in self-organisation, emotional dysregulation, a negative self-view, a loss of social resources and disturbances in relationships' (ICD-11)

Types of Trauma

- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- PTSD

Autism and Trauma

- People with autism may be at an increased risk of exposure to trauma and subsequent PTSD or Complex Trauma (CT)

Why?

- increased vulnerability to traumatic exposure (Haruvi-Lamdan et al., 2018)
- reduced social networks which act as protective factors when exposed to trauma (Estell et al., 2009)

Trauma and Autism

Children with autism are not more likely than other children to be abused or maltreated by their caregivers

2–3 times more likely to be victims of bullying

More likely than their typically developing peers to experience adverse childhood experiences such as household mental illness and substance abuse, income insufficiency, parental divorce, and neighborhood violence (Berg et al. 2016; Kerns et al. 2017).

Following traumatic events, identifiable symptoms of anxiety, depression, PTSD, regression in adaptive behavior, and suicidality are evidenced in youth with ASD (Bleil Walters et al. 2013; Mayes et al. 2013; Mehtar and Mukaddes 2011; Valenti et al. 2012)

So how are autism and trauma different?

Social Communication and Interaction Styles

	Autism	Trauma
Social Withdrawal	√	√
Preference for Solitude	√	√
Inappropriate social interactions	√	√
Poor socialisation with peers	√	√
Social Hyper-vigilance	√	√
Difficulties mentalising, social imagination and responding to social cues	√	√
Misperceive others intentions	√	√
Rigidity in preference for adults	√	√
Poor eye contact	√	√
Double empathy problem	√	√
Misinterpreting social cues	√	√
Systemizing – people as good or bad	√	√

Pre-occupations, obsessionally, restricted focus and repetitive behaviour

	Autism	Trauma
Over-sensitivity to changes in routine	√	√
Preference for familiar environments	√	√
Preference for familiar people	√	√
Rigidity in daily routines	√	√
Attachment to familiar objects	√	√

Sensory Sensitivity

	Autism	Trauma
Sensory hyper-vigilance (radar)	√	√
Sensory hyper-sensitivity (over-react)	√	√
Sensory hypo-sensitivity (under-react)	√	√
Sensory seeking	√	√
Sensory shut down	√	√
Sensory meltdown	√	√
Interoception (eating)	√	√

Neurocognitive Styles

	Autism	Trauma
ToM	√	√
Rigidity	√	√
Concrete thinking	√	√
Narrow focus (tunnel vision)	√	√
Rumination	√	√

Implications

False positives – thinking they have autism when they have trauma

False positives – thinking they have trauma when they have autism

It can be both


So how do we tell the difference?

Adult Red Herrings…

- Memory accounts of childhood history
- Self-report – what lens?
- Autism symptoms can be subtle and masked
- Information and Misinformation

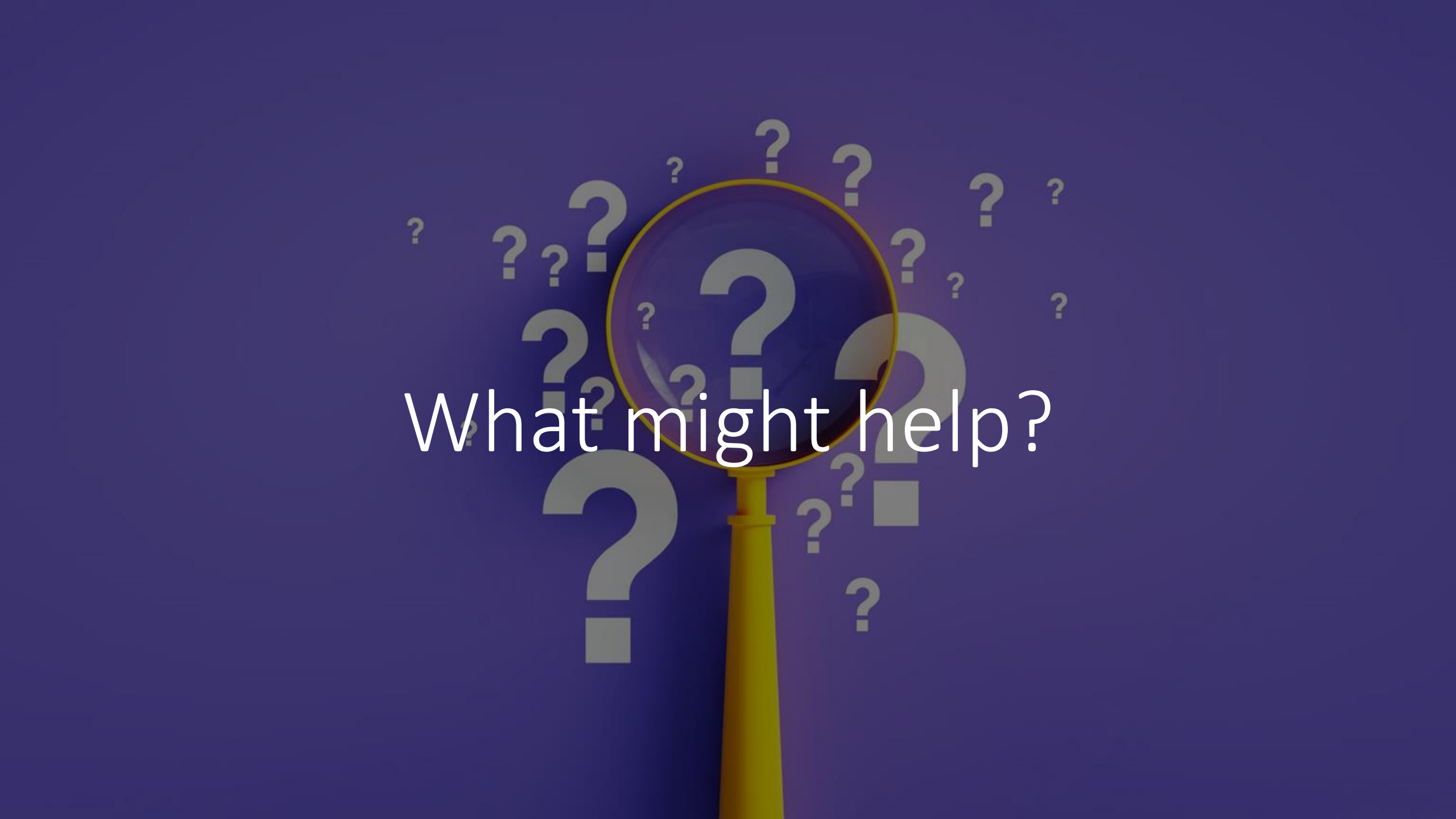
Challenges for clinicians

- Veer towards area of expertise
- Veer towards the least stigmatising label
- Limited corroborating accounts
- Over-stretched

And…

There is no single assessment that can differentiate autism and trauma

So…relies on the strengths of clinicians undertaking assessments



What might help?

Assessment

DSM-5/ICD-11 - To diagnose autism or trauma we have to rule out the other

Assessment of potential comorbidities or differential diagnoses

Initial Screening

WHAT IS THE PRESENTING PROBLEM OR SYMPTOMS THAT PROMPTED THE ASSESSMENT?

WHO DOES IT CAUSE PROBLEMS FOR?

WHEN DID IT START?

HAS THE PERSON BEEN EXPOSED TO ANY POTENTIALLY TRAUMATIC EVENT?

DO THEY HAVE ANY EXISTING DIAGNOSES?

Assessment - Triangulation

Client Interview	Questionnaires	Informant Interview	Informant Questionnaires
Medical Records	School Records	Observations	Parent/Caregiver interview

Onset of PTSD

- Can occur at any time during the lifespan following exposure to a traumatic event.
- Symptoms typically occur within 3 months following exposure to a traumatic event. BUT delays in the expression of post-traumatic stress disorder symptomology can occur even years after exposure to a traumatic event.
- Symptoms may occur after to exposure to reminders of the traumatic event or as a result of experiencing additional life stressors or traumatic events.
- Nearly half of individuals diagnosed with post-traumatic stress disorder will experience complete recovery of symptoms within 3 months of onset.

Detailed Assessment - Timeline

- Detailed developmental history
- Time of events – is there any evidence of insufficient care in childhood? any adverse experiences? when?
- Triggers – when did any symptoms/differences become apparent?
- Schemas – I am, the world is, other people are?
- Taking your time

Parent/Caregiver Assessments

Implications for Assessment

An in-depth differential diagnostic evaluation should be conducted in line with NICE Guidance that considers the developmental trajectory and underpinning experiences and triggers to trans-diagnostic behaviours.

When undertaking assessments for autism all other possible explanations of behaviour should be considered, including those linked to a trauma history.

Diagnostic assessments of autism need to carefully differentiate traumagenic causes, to either dual diagnose (if both are present) or exclude autism, if it is not present.

Assessments - The way forward

Training - To rule in one we must rule out the other so clinicians must be trained to diagnose MI, PD as well as ND

More time to conduct assessments

Ensuring historical records from medical and non-medical professionals can be accessed

Focussing some of the historic interview on the sequelae of traumatic events and not just their occurrence.

Person-centred, trauma-informed and culturally sensitive approach to the assessment

Assessments should include strengths

Client Feedback

- Rationale
- Compassion
- Empower change in the right direction

Any questions?

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