

Elucidating the presentation and identification of PTSD in autistic adults: a modified Delphi study

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Background

Trauma Exposure

Autistic individuals are at **higher risk of a range of traumatic experiences**

- Criterion A traumas
- Broader traumatic events, particularly social victimisation.

Lack of validated measures

PTSD Symptoms

Probable PTSD rates in autistic adults are **32-45%**

Compared to **4-4.5%** for non-autistic adults

*(Rumball et al., 2020, 2021
Haruvi-Lamdan et al., 2020
Golan et al., 2022)*

Lack of clarity re PTSD presentation & idiosyncrasies

Clinical Diagnostic Rates

Much lower! *(Rumball, 2019; Quinton et al., 2024)*

Suggests PTSD may go & unrecognised & untreated

- Diagnostic overshadowing
- Misdiagnosis

Lack of clinical confidence

Rationale & Aims

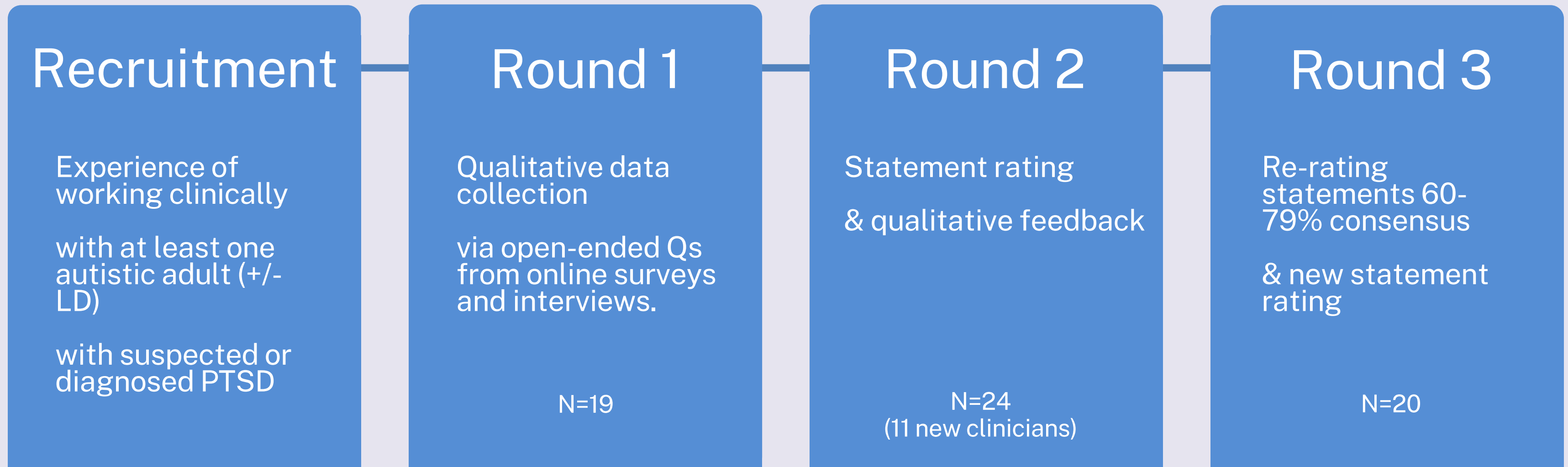
Importance: Where PTSD is missed appropriate treatment, addressing & processing trauma-related memories, is denied.

Rationale: Diagnosis rests on clinical judgement. Need to better understand what informs diagnosis of PTSD in autistic adults.

Aim: Develop professional consensus on identifying and assessing co-occurring PTSD in autistic adults

Methods

Modified Delphi study with three rounds of expert input



Consensus set at $\geq 80\%$ 'agree' or 'strongly agree'

Results

108 consensus statements: Clinical opinions regarding PTSD in autistic adults

Main themes

1. Experience of trauma
2. Symptoms of trauma & PTSD
3. Differential diagnosis
4. Assessment methods

Heterogeneity of symptoms: Experience of trauma & PTSD symptoms vary. Statements '*can*' be symptoms of PTSD

Experience of trauma

Broad range of events can act as catalysts for PTSD development & should be enquired about

Types of Trauma: Includes traditional (e.g., abuse) and broader events (e.g., sensory overload).

Communication Barriers: Recognising and disclosing trauma.

+LD considerations: risk of traumas associated with daily living, due to caregivers missing signs of distress [as highlighted by work by Kildahl et al]

Symptoms of trauma & PTSD

Trauma sequelae: difficulties sleeping, self harm, suicidality

DSM-5 PTSD symptoms are present, but not exhaustive

‘Clear Indicators’ of PTSD

- Negative & intense reactions to trauma-related triggers/reminders
- Trauma re-experiencing [*distinguish from vivid autobiographical recall*]
- Trauma-related symptoms that are long-lasting & resistant to change
- aggressive/high-intensity behaviours

Unique Presentations: Some autistic adults may "shut down" rather

Differential Diagnosis

Trauma-relatedness is key!

Misdiagnosis & Diagnostic overshadowing between EUPD & PTSD

Gender Differences: Women may be misdiagnosed with mood/personality disorders, men with anger/behavioural issues.

Increased Autism Characteristics: Trauma can exacerbate autism-related features, but these traits should return to pre-trauma levels with successful trauma treatment *[supported by Valenti et al 2011]*

Assessment

Clinical Judgement: Validated tools are lacking & presentation varies greatly, clinical judgement remains paramount

Assess trauma-relatedness of symptoms:

- Timeline, Aetiology, Trajectory of symptom development
- Trigger-mapping

Individualised Formulation: personal, systemic, environmental factors

Multi-Method Approach: Use a combination of tools and sources/informants

Communication Aids: Clarify language, use tools like PECS where

Limitations

Definition of 'Expert': scarcity of services actively specialising in this area, so opted to include any professional with experience working clinically with this population.

Heterogeneity: PTSD presents differently and consensus statements indicate features/recommendations that 'can' apply.

Is this autism specific?: evidence in general population of non-criterion A events triggering PTSD symptomatology. Unclear re autism-specific PTSD symptom expression.

Future research

Consensus statements:

- Frequency with which different PTSD symptoms occur
- Autistic adults' views on statements generated
- Co-production of training/guides for individuals, families, carers, service providers in recognising varied traumatic experiences, signs of distress and PTSD presentation/trauma-relatedness of symptoms.

And beyond:

- Any autism-specific/idiosyncratic PTSD symptoms
- Develop validated assessment tools
- Efficacy of trauma-focused treatments and best-practice re supporting/treating PTSD for autistic adults

Clinical Implications

Awareness:

- High risk of trauma in autistic adults.
- PTSD symptoms appear to be comparable, but communication of these may require support.

Assessment:

- Enquire about trauma, focus on subjective experience of trauma and assess trauma-relatedness of symptoms/distress.
- Use a multifaceted & formulation-led approach to differentiate PTSD from autism and other conditions.

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