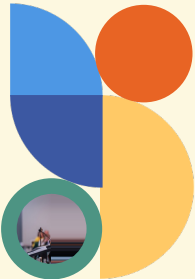


APS Festival of Psychology Gold Coast 2025

Understanding and Working with Trauma and Grief in Autistic and ADHD Individuals

Liam Spicer





1

Acknowledgement of Country

I acknowledge, with deep respect the traditional owners of this land on which we meet today.

I pay my respects to elder's past, present and emerging. I recognise and acknowledge the impacts of invasion and colonisation upon Aboriginal people and the fact that sovereignty is yet to be ceded.



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2



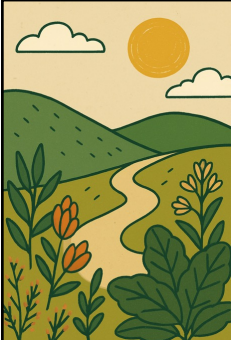
About Me

- Senior Lecturer in Psychology
- Psychologist in Private Practice
- EMDR Consultant and Training Facilitator
- ND Affirming Therapist & Autistic & ADHD myself
- Academic and Researcher
- Accredited Schema Therapist
- PhD Candidate investigating the use of Schema Therapy for Prolonged Grief




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3



The Focus of Today

- Understanding Autistic and ADHD Trauma including forms of trauma experienced as a result of being different
- Understand Autistic and ADHD grief responses, and different forms of grief related to being Autistic and/or ADHD
- General considerations and guidance around treatment and support for trauma and grief




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4


Changing the Narrative around Autism & ADHD

- In working with Autistic and ADHD grief, we need to be taking a neurodiversity affirming approach, and one which has a more expansive lens of the role of causal and maintaining factors for mental health challenges
- There is an increasing consensus within mental health disciplines on the critical need for therapies that are specifically tailored to the etiological and maintaining factors of mental health challenges
- This is of particular relevance to those who are Autistic and/or have Attention Deficit Hyperactivity Disorder (ADHD), as an understanding of these factors needs to be incorporated into an adapted therapy that also accounts for their differences (Spicer et al., 2024).




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5



Difference, not Disorder

- Autism is a neurodevelopmental difference, defined by variations in behavior and functioning across various domains, including social communication, repetitive behaviors and interests, and both cognitive and sensory processing (Spicer et al., 2024).
- Similarly, ADHD, is a neurodevelopmental difference, characterised by marked variations in areas of cognitive and emotional functioning such as attention, emotional regulation, and energy levels, with studies in recent years demonstrating the vast heterogeneity of individuals who are Autistic and/or have ADHD (Masi et al., 2017; Pelphrey et al., 2011).



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The Importance of Effective and Affirming Interventions

- Up to 70% of Autistic people have a co-occurring diagnosed mental health condition (e.g., anxiety, depression, PTSD, anorexia; Lai, 2019), with some experts claiming a current mental health crisis (Mandy, 2022)
- Individuals with ADHD also have greater rates of mental health challenges overall including complex diagnoses such as substance use disorders and eating disorders (Frank et al., 2018)
- High rates of self harm and suicide (Moseley, 2023)
- Reduced quality of life (Yerys et al., 2022)
- Higher risk of mortality and lower life expectancy (Barkely et al., 2022)

7

Psychological Trauma for Autistic and ADHD Individuals

- Psychological trauma experienced at any time point is a significant transdiagnostic risk factor for mental health challenges (Hogg et al., 2023)
- Autistic and ADHD individuals are not only at greater risk of experiencing multiple major traumatic events across the lifespan, but also experience unique social trauma and adversity related to being different


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8

Psychological Trauma for Autistic and ADHD Individuals


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9




Understanding ACE's

- Autistic and/or ADHD – higher risk of experiencing all 10 ACEs (Kerns et al., 2022; Schwartz et al., 2023)
- Autistic individuals twice as likely to experience at least one ACE (Hartley et al., 2023)
- Physical abuse, neglect, and sexual abuse much higher than general population and often multiple forms and ongoing (Spicer et al., 2024)
- 94% of Autistic individuals show at least one clinically elevated subscale score on the Multidimensional Inventory of Dissociation




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10




Understanding Trauma

- Physical abuse/assault is the most frequently reported ACE among Autistic children (Hall-Lande et al., 2015; Hartley et al., 2023) with risk even higher for those with a co-occurring intellectual disability (McDonnell et al., 2019).
- ADHD children also experience physical abuse and physical neglect at higher rates than the general population (McDonnell et al., 2019; Schwartz et al., 2023)
- Due to these higher incidences of emotional abuse and/or neglect during childhood, this may lead to an increased masking of Autistic or ADHD traits as a survival response to avoid negative social appraisal (Pearson et al., 2023), further reinforcing schemas such as emotional inhibition and subjugation (Spicer et al., 2024)




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11



Understanding Trauma & ACE's

- Autistic adults and especially children are also at an increased risk of neglect, abuse, and assault, including from parents, other family members, disability caregivers, peers, intimate partners, and unknown individuals (Baladerian et al., 2013).
- This is especially concerning because interpersonal trauma is a better predictor of posttraumatic stress than traumas such as natural disasters or accidents (Breire et al., 2016; Lilly & Valdez, 2016) and is a particularly severe risk factor for dissociation (Holmes et al., 2005; Van der Hart et al., 2006).
- Kerns et al., (2022), demonstrated that some autistic individuals due to social communication differences may not understand that what they have experienced is abuse, or that what has happened to them is "wrong".




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12

Schemas in Autistic/ADHD Clients

Autism	ADHD
<ul style="list-style-type: none">• Emotional Deprivation• Vulnerability to Harm• Social Isolation• Defectiveness/shame• Failure• Mistrust/Abuse• Insufficient Self Control	<ul style="list-style-type: none">• Failure• Defectiveness/shame• Emotional Deprivation• Subjugation• Emotional Inhibition• Insufficient Self Control• Social Isolation

(Spicer, DeCicco, Clarke, Ambrosius, and Valcin, 2024 in Frontiers in Psychology)



13


Understanding Social and Interpersonal Trauma for Autistic and ADHD Individuals



14


Social and Interpersonal Lens

- Autistic people face increased risk of discrimination and prejudice in multiple forms (Cleary et al., 2023)
- Experiences of minority stress (discrimination, prejudice, social exclusion) may have not only mental but also physical health impacts (Spicer, & Mitchelson, in review)
- Supported by a recent systematic review on autistic experiences of discrimination demonstrating across 27 studies that autistic individuals are acutely aware of being judged, stereotyped, and discriminated by others (Han et al., 2021).
- Autistic individuals who belong to marginalized groups, such as those with diverse gender and sexuality identities, may experience heightened vulnerability to abuse and trauma (Walker & Raymaker, 2021).




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15




Understanding Social Trauma

- Expanded versions of the ACEs questionnaire now exist, which recognise potentially traumatic childhood events that occur in community settings, including bullying, discrimination, and neighborhood violence ([Crougholm et al., 2015](#)).
- Autistic and ADHD children are also at increased risk of these types of adverse experiences in the community, particularly bullying (including physical assault, name-calling, exclusion, and other forms of emotional abuse; [Harley et al., 2023](#); [Schwartz et al., 2023](#)), key factors driving schemas such as mistrust/abuse and social isolation.




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16



Understanding Social Trauma

- Autistic children are more likely to experience poly-victimisation (experiencing multiple forms of maltreatment from multiple perpetrators), particularly abuse in institutional/healthcare settings (e.g., chemical/physical restraint and loss of autonomy; [Kerns et al., 2022](#)).
- Furthermore, Autistic and ADHD children are more likely to live with families experiencing economic hardship, social disadvantage ([Bero et al., 2016](#); [Crouch et al., 2021](#); [Walker et al., 2021](#)), and experience prejudice and discrimination ([Pearson et al., 2023](#)) due to their differences demonstrating a complex interplay of both individual and societal level adversity.




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17

Complex Interplay of Trauma

Katarina who is Autistic and DID and one of the contributors in Jamie Marich's Dissociation Made Simple Book (2023)

"Through not being able to tolerate the world being Autistic, there needs to be a shut-down mechanism (or shut-out). The world hurts too much...so there is a lot of dissociation to deal with the overwhelm but also masking and using personas. So, what happens when someone who may be hyperemotional, hypersensitive, hyper focused, and with hypermemory becomes abused? Then there would be even more dissociation, identity confusions (which is also common in Autism - like asking - who am I?), more depersonalisations and derealization (due to overwhelm), more panic in the system. I think we need to look at who develops DID not only out of how severe the trauma is - but the person behind the trauma. DID explains me to a certain degree - but learning more about autism - it really makes me see me. It is super hard; I cry a lot. But I am finally and slowly coming home"



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18

Questions at this point?



19

Understanding Autistic
and ADHD Grief



20

Understanding Grief

- Acute grief is the initial response to loss, typically experienced in the first few weeks or months after the loss occur
- Characterised by a range of emotions and behaviors
- Often accommodated over time, however in a small percentage of bereaved individuals (approx. 10%) they go onto develop a more complicated and prolonged grief response (Spicer, 2024)
- Grief can occur not just around death loss, but nondeath loss



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21

Understanding Autistic and ADHD Grief

- **Death Loss** - loss of a significant other in ones lives - important to explore the connection, role, and level of support this person may have provided to them
- **Pet Loss** - Autistic/ADHD individuals often can have strong connections with animals as a form of support and preference over animal support in coping with certain challenges
- **Grief around diagnosis/identification** - feelings of grief common after being identified to be Autistic and/or ADHD (e.g., how life would of been easier if recognised earlier or other aspects of grief related to changes and challenges in life)
- **Daily Life Loss** - chronic pain, physical health conditions, loss of opportunities, loss of a special interest, loss around life changes, big transitions and milestones (eg., school etc)



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Autistic/ADHD Differences and Grief

- **Sensory** - increase in distress associated with grief can lead to heightened sensory challenges, sensory environments related to loss such as the funeral can be challenging, change in sensory environment related to circumstances or impact of death
- **Processing/communication differences** - may have challenges articulating feelings, thoughts, or challenges around the loss due to communication and processing differences (eg., alexithymia etc)
- **Changes in routine/social support** - may not of only lost someone, but there has now been a profound change to routine and structure in life - a hugely important and regulating aspect of life for many neurodivergent people - also may have lost a key social support in their life



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Autistic/ADHD Differences and Grief

- **Neuronormative expectations** - expectations of how someone should grieve not aligning with an Autistic/ADHD individuals' needs and coping may result in additional stress (eg., expectation family should all be together, having to be there emotionally for others, engaging in special interests as a way to cope, what is perceived as worthy of grieving)
- **Executive Functioning** - loss may involve extra demands on executive functioning (e.g., planning funerals, lawyers, hospital etc) plus may be a loss of prior supports in this domain
- **Thinking style** - wanting to understand details or knowing why and how a loss occurred, logical thinking and black/white thinking style impacting on processing meaning or challenges around the loss



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24

Prolonged Grief

Research demonstrates Autistic/ADHD Individuals are more likely to experience a range of risk factors for Prolonged Grief:

- May experience limited social support
- Higher experiences of trauma and adverse childhood experiences
- Challenges with attachment and unmet needs
- Greater rates of mental health challenges – anxiety, depression, addiction, eating disorders etc.
- Schemas: defectiveness/shame, mistrust/abuse, failure, self-sacrifice
- Concurrent stress – Minority Stress Model



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25

Therapeutic Considerations for Trauma and Grief in Autistic and ADHD Individuals



26

Framework & Conceptualisation

Assessments: Explain the rationale and purpose of doing assessments, and the importance of doing so in relation to their clinical goals and needs – often completing together can allow the clarification of certain items and be open to different methods of communication (e.g., verbal, written, AAC etc)

Psychoeducation: Normalise and provide education as needed whilst doing the assessment and beforehand to reduce potential shame and the impact this may have on the assessment process + visual aids if needed

Therapy Space:

- Give options for seating and give choices
- Ask about sensory preferences "lighting, temperature etc."
- Have fidget devices in your office to model healthy affirming environment
- Practice set up (are the processes ND friendly to be meeting needs)
- Be genuine and flexible to how we can be meeting needs in these specific ways and always encourage feedback




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27

Framework & Conceptualisation

History:

- **Understand the history:** attachment, trauma and adverse experiences, and both past and current social and interpersonal trauma (current safety)
- **Explore past experiences of therapy:** Autistic individuals report that feeling understood for who they are as a key component of therapy - however, research demonstrates extremely common experiences of feeling misunderstood in medical and health settings (Bochowksi, 2023)
- **Lack of a coherent identity** (Amitz et al., 2021): consider the role here of ongoing discrimination, lack of support in understanding themselves across the lifespan, and lack of choices regarding autonomy due to ableist perspectives (eg., they are Autistic/ADHD so they cant' Live by themselves, have a certain job, have friends etc)



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28

Conceptualisation Builds Connection


Our Conceptualisation : Understand someones presentation of grief and trauma in relation to their Neurodivergence

- **Client wanting something moved in the room** (control or sensory overwhelm, trauma trigger or grief related trigger)
- **Client being late for session** (avoidance, ADHD or the grief?)
- **Blocked or detached "part"** – (coping or alexithymic?)
- **Client tapping their leg in the room** (anxiety or stimming?)

Reflect: If we do not be curious and compassionate around behaviors in therapy, this can impact on our ability to attune and connect leading to ruptures with clients




29




Practical Support, Regulation and Somatic Skills

- Be aware of the impact of sensory regulation and the need to engage in sensory planning
- Ask about special interests and be encouraging of monotropism as a reflection of their unique healthy adult
- Be mindful of language (not to use ASD, deficit etc.) and share resources that are affirming to help build positive neurodivergent identity – protective
- Teaching ND friendly emotional regulation skills
- Grounding, containment and DBT skills




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30



Practical Support, Regulation and Somatic Skills


- Repetitive regulating behaviours – stimming, stim playlists for music
- Creative practices
- Self-care: Nutrition, hobbies, special interests, ADHD executive functioning support and medication
- Access to supportive environments
- Social support – connecting with Neurokin – ventral vagal connection
- Busting away from neuronormative ideals which can increase stress, overwhelm, and dissociation as a form of coping



31

Trauma Reprocessing Considerations


- Ensure we are understanding what is experienced as traumatic for an Autistic/ADHD person as apart of their lived experience (e.g., social trauma)
- Understand how various forms of discrimination, marginalisation, and oppression are still currently being experienced serving as ongoing sources of distress
- Understand how an Autistic/ADHD individuals' differences impact on trauma being stored (e.g., sensory differences, memory, lack of support)
- Ensure we are adapting trauma focused treatment such as EMDR based on differences as needs
- Be integrative and flexible with the modalities we are using (EMDR, Schema, CFT, ACT etc)



32

Trauma Case Example

- Anthony is a 28-year-old Autistic and ADHD adult who has dealt with significant social anxiety and isolation due to past experiences of bullying, social rejection and verbal abuse from parents creating feelings of defectiveness/shame. Growing up, Anthony was frequently told that he was "too weird" or "too intense" because of his deep passion for computer games and animals. These negative social experiences and childhood adversity, especially during his formative years, have led Anthony to internalize ableism, believing that his neurodivergent traits make him unlikable, defective and socially inadequate.
- Despite his love for fantasy storytelling and the D&D community, Anthony now avoids social interactions, particularly group settings, because he fears further rejection. While he desires to join a local D&D group and make friends, his past experiences and internalized beliefs about himself hold him back from engaging fully in these activities.
- Anthony experiences severe anxiety in social settings, particularly group-based activities like D&D. His past experiences of rejection, bullying, and feeling misunderstood have heightened his fear of being excluded or ridiculed again. This anxiety prevents him from reaching out to potential friends or joining communities that align with his interests.



33

Trauma Case Example

• During the initial assessment, the therapist identifies that Anthony's main struggles stem from internalized ableism, social anxiety, and a deep fear of rejection based on his neurodivergence. A history of negative social experiences, such as bullying and exclusion, has left Anthony feeling that his authentic self is not "good enough" for others, particularly in social settings.

• **Key Assessment Areas:**

- **Internalized Ableism:** Assess the extent to which Anthony believes that his neurodivergent traits make him unworthy of social connection. Explore how societal messages about "normal" behavior have impacted his self-image.
- **Past Trauma:** Investigate specific memories of social trauma (e.g., bullying or rejection) that have contributed to Anthony's anxiety around social situations and experiences with parents.
- **Current Social Engagement:** Assess Anthony's current level of social engagement and what barriers exist for him to participate meaningfully in activities he enjoys (such as joining a D&D group).
- **Masking Behavior:** Explore how frequently Anthony feels the need to mask his neurodivergent traits in social interactions and the emotional toll this takes on him.



34

Trauma Case Example

• Anthony was provided education and understanding on how his past experiences have continued to impact on his beliefs about himself and others through a Schema Therapy Lens

• Time was spent with Anthony aiming to build up his positive social identity through giving affirming information about Autism and ADHD that allowed him to start to acknowledge some of his strengths and differences in a positive light, whilst still putting accommodations in place

• Neuroaffirming DBT skills and somatic regulation techniques were taught to Anthony to start to increase his confidence in managing his activation and in aim of preparation for trauma work on his past traumatic experiences underlying his symptoms

• EMDR was utilised with Anthony to work on past abuse from parents, and also other traumatic experiences involving rejection and humiliation

• Anthony was able to start to engage in creating connections with others in the Autistic community, which further strengthened his identity and increased his positive self worth

• Due to noticing challenges with how Autism is still spoken about, Anthony became an advocate, empowering and connecting with others who had faced similar challenges to him, giving him a greater sense of purpose and meaning




35

Specific Grief Considerations

- Provide validation on differences in grieving and ways of coping
- Provide information and insight into how their experience of being Autistic/ADHD needs to be accounted for in their journey of grief
- Normalise reduced demands and engaging in forms of repetition and comfort (eg., safe foods, rest and breaks)
- Validate and normalise that grief can come in many forms
- Consider unique ways of keeping a connection with deceased and not being bound by neuronormative ideals
- Be aware of Prolonged grief due to elevated risk factors and consider application of approaches such as EMDR if required




36




Grief Case Example

- Lost their child unexpectedly
- Undiagnosed as Autistic and ADHD at the time
- Lost majority of their social connections afterwards due to not being engaged in the school community
- Found it incredibly challenging to make sense of the complex range of emotions and grief
- No support for grief for a number of years



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37



Grief Case Example

Supports included:


- Normalisation of differences regarding coping such as online gaming
- Boosted up social support networks with meaningful connections of neurokin
- Creative and expressive arts methods to make sense of some of the loss leaning into their strengths and interests
- Engaging in rituals to keep a connection to loved one
- Creating more self compassion around the circumstances of the death and past experiences with greater understanding of self as Autistic and ADHD
- Processing some of the traumatic elements of the loss with EMDR

- Now at a place where although they still feel pain associated with the loss, they are able to engage meaningfully in areas of life, keep a connection with their child through rituals and interests, and has created new social connections and areas of life to engage with neurokin and a positive neurodivergent identity

38

Summary

- Autistic and ADHD Individuals experience higher rates of major traumatic events, but also traumatic events linked directly to their experiences of being Autistic and ADHD
- Grief may be experienced in different forms for Autistic and ADHD individuals and also how grief is experienced related specifically to individual differences
- A neuroaffirming approach to both working with trauma and grief is needed, one which customises support and values the lived experience insight of existing differently in the world



39



Thanks for Listening and
Questions

I will be presenting tomorrow on Integrating EMDR
and Schema Therapy and also on Unpacking and
Working with Internalised Ableism towards Autistic
Individuals with Monique Mitchelson

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