

The Role of Complex Trauma, and the Need for Therapeutic Adaptations in Autistic and ADHD Individuals

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We acknowledge the Traditional Custodians of the lands throughout Australia, including the Kombumerri people of the Yugambeh language region, on whose lands we meet here in Broadbeach. We pay our respects to all Aboriginal and Torres Strait Islander Elders past, present, and emerging, and celebrate the enduring cultures and ongoing connection of First Peoples to Country.

Questions

- Who here works with autistic and ADHD patients?
- What do we know about Autism and ADHD?

Outline

1. What is Autism and ADHD
2. Prevalence Rates
3. Types of Trauma
4. The Role of Attachment
5. ACES
6. Developmental and Psychosocial Considerations
7. Early Maladaptive Schemas
8. General Considerations
9. Therapeutic Adaptations
10. Changing the Narrative

Autism

A neurodevelopmental condition affecting communication, behaviour, and social interactions

Core Symptoms (DSM-5-TR; APA, 2022):

Social Communication and Interaction Deficits

1. Social-Emotional Reciprocity:
2. Nonverbal Communicative Behaviours:
3. Developing, Maintaining, and Understanding Relationships

Restricted, Repetitive Patterns of Behaviour, Interests, or Activities

1. Stereotyped or Repetitive Movements, Use of Objects, or Speech:
2. Insistence on Sameness
3. Highly Restricted, Fixated Interests
4. Hyper or Hypo Reactivity to Sensory Input

Attention Deficit Hyperactivity Disorder (ADHD)

A neurodevelopmental condition characterised by persistent patterns of inattention, hyperactivity, and impulsivity that interfere with functioning or development.

Core Symptoms (DSM-5-TR; APA, 2022):

- **Inattention:** Difficulty sustaining attention, following through on tasks, and organising activities
- **Hyperactivity:** Excessive fidgeting, tapping, or talking; inability to stay seated in appropriate situations
- **Impulsivity:** Hasty actions without forethought, interrupting others, and difficulty waiting for turns
- ****Emotion Dysregulation:** Difficulties regulating emotions and more highly sensitive to rejection (Rejection Sensitivity Dysphoria)

Prevalence of Co-occurring Mental Health Conditions in ADHD and Autistic Individuals



ADHD:

- ADHD and Comorbidity ++ Rule not the exception
- The prevalence of ADHD is between 2-5% (Weiner et al., 2019)
- Heritability of ADHD > 75% (Faraone & Larsson, 2019; Larsson et al., 2014)

Autism:

- Autism and Comorbidity ++ Rule, Not the Exception
- The prevalence of Autism is approximately 3.2% of children aged 8 years (CDC, 2025)
- Heritability of Autism approx. 80-90% (JAMA Network, 2014)
- Higher Rates of Mental Health Issues (e.g., PTSD, anxiety, depression, substance use, and eating disorders).
- About 50-70% of autistic individuals also have ADHD (Hours et al., 2022).

Attachment Styles

Secure Attachment

- **Characteristics:** Trust, comfort in relationships, ability to seek support

Anxious Attachment

- **Characteristics:** Fear of abandonment, clinginess, need for constant reassurance

Avoidant Attachment

- **Characteristics:** Emotional distance, reluctance to depend on others, self-reliance

Disorganised Attachment

- **Characteristics:** Confusion, fear, inconsistent behaviour towards caregivers

Attachment Styles in ADHD

Anxious Attachment

- Characteristics: Fear of abandonment, clinginess, need for constant reassurance
- Impact: Emotional instability, difficulty in trusting others

Avoidant Attachment

- Characteristics: Emotional distance, reluctance to depend on others, self-reliance
- Impact: Difficulty in forming close relationships, emotional suppression

(Becker, et al, 2020)

(Coughlan et al, 2022)

Attachment Styles in Autism

Insecure Attachment

- Characteristics: Anxiety or avoidance behaviours, difficulty feeling supported
- Impact: Emotional instability, difficulty in forming secure relationships

Attachment Avoidance

- Characteristics: Avoidance of eye contact or physical closeness
- Impact: Difficulty in gauging emotional needs, strained caregiver relationships

(Davidson et al, 2022)

(Rutgers, et al, 2004)

Types of Trauma

cPTSD (Complex PTSD; ICD-11; WHO, 2022)

- Arises from prolonged, repeated trauma, often during childhood, such as ongoing abuse or domestic violence.
- In addition to PTSD symptoms, C-PTSD includes difficulties with emotional regulation, self-perception, and relationships.

PTSD (Post-Traumatic Stress Disorder; DSM-5-TR, 2022)

- Typically results from experiencing or witnessing a single traumatic event, such as a car accident, natural disaster, or assault.
- Symptoms include flashbacks, nightmares, and intrusive thoughts

Adverse Childhood Experiences (ACES)

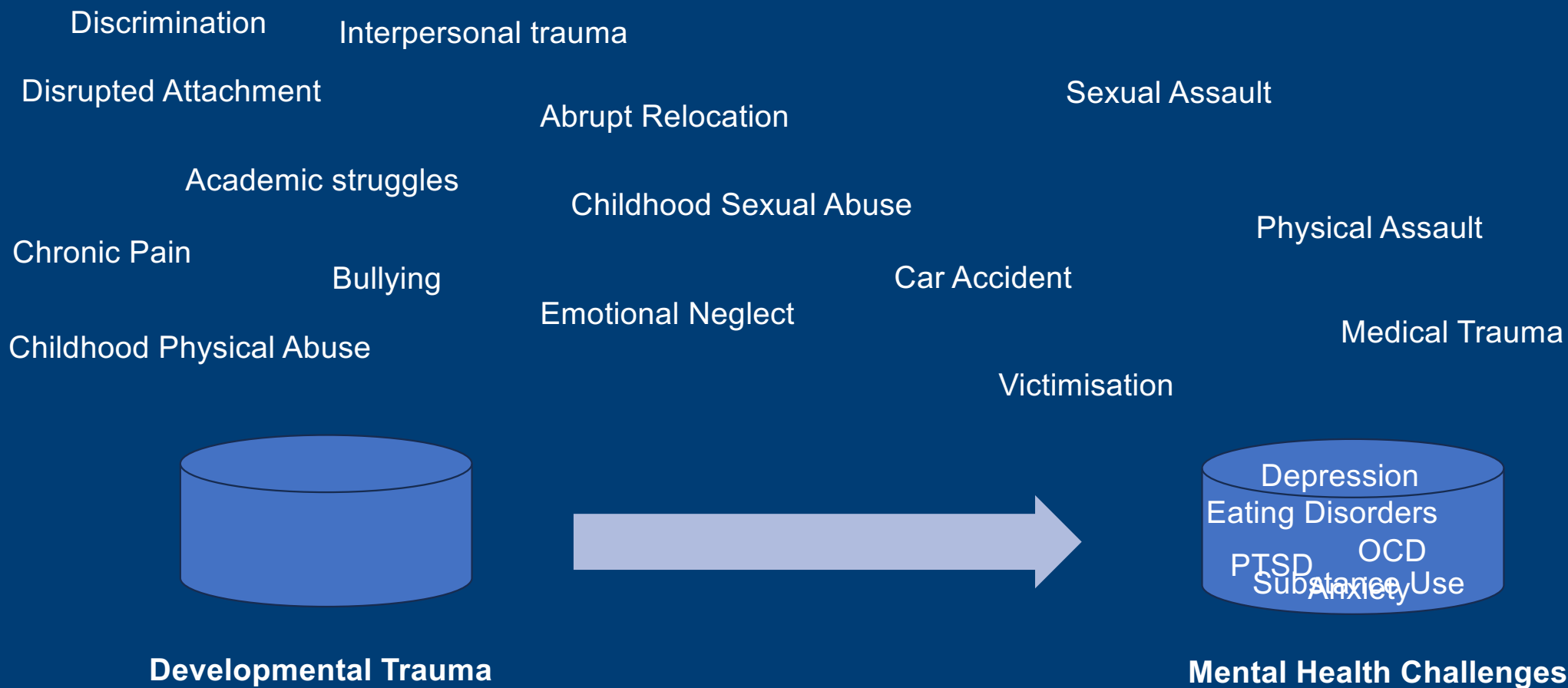
- Did a parent or other adult in the household often or very often...
 - *Swear at you, insult you, put you down, or humiliate you? Act in a way that made you afraid that you might be physically hurt?*
- Did a parent or other adult in the household ever...
 - *Slap, hit, kick, punch, or beat you?*
- Did anyone ever touch or fondle you, or have you touch their body in a sexual way?
- Was your mother or stepmother often or very often pushed, grabbed, slapped, or had something thrown at her? Or was she sometimes, often, or very often kicked, bitten, hit with a fist or hard object, threatened with a weapon, or physically hurt in any other way?
- Was anyone in your household a problem drinker or drug user?
- Was anyone in your household mentally ill, depressed, or suicidal?
- Were your parents separated or divorced during your childhood?
- Was a household member sent to prison or jail?
- Did you feel that no one in your family loved you or thought you were important or special?
- Did you feel that you didn't have enough to eat, were not properly clothed, or had to go without needed medical care?

(Felitti et al., 1998).

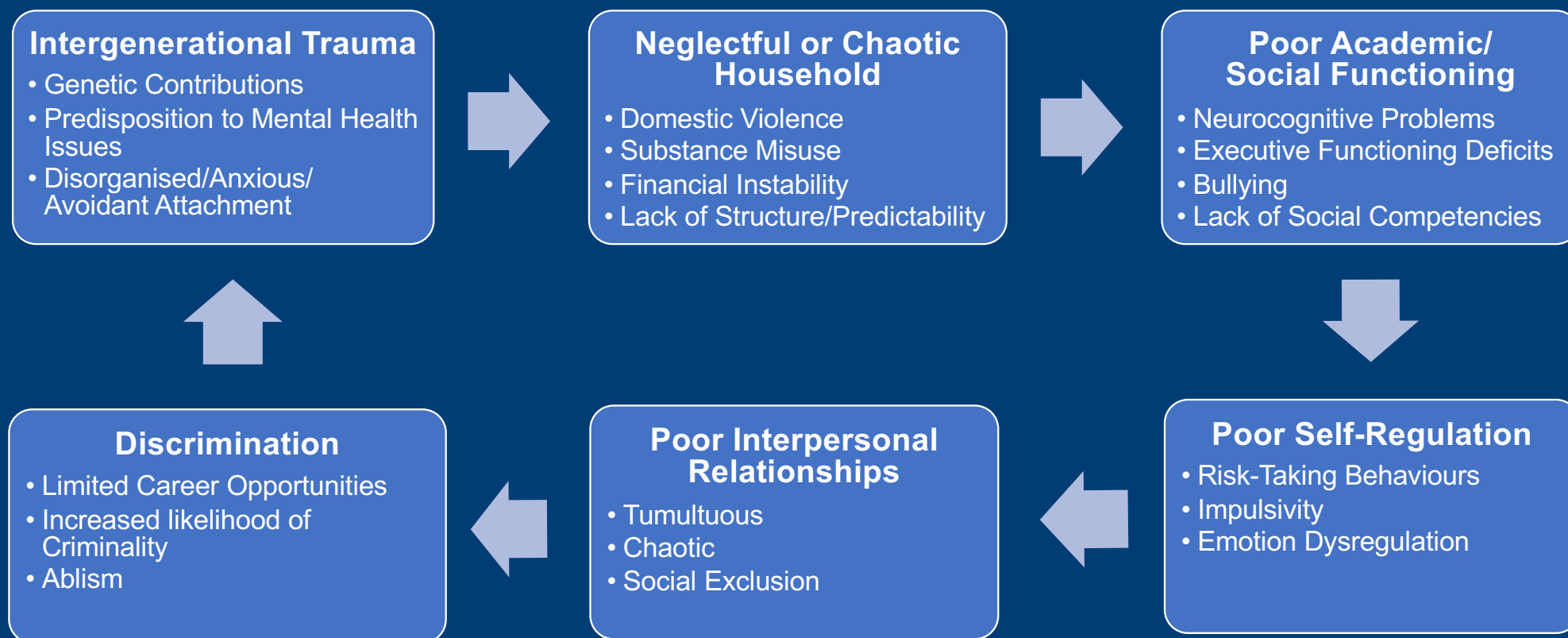
Adverse Childhood Experiences (ACEs)

- ACEs = High correlation with negative mental health outcomes (Felitti et al., 1998).
- Autistic individuals are more than twice as likely to experience at least one ACE (Hartley et al., 2023)
- ADHD children are more likely to have an ACE score above four compared to neurotypical children (Crouch et al., 2021).

Trauma and Mental Health



Developmental and Psychosocial Considerations



Early Maladaptive Schemas (EMS)

- Broad, stable, and enduring themes regarding oneself and one's relationship with others.
- Developed during childhood and elaborated throughout one's lifetime.
- **Largely unconscious**
- Dysfunctional to a significant degree.
- Self-perpetuating and self-fulfilling.
- Remain dormant until they are activated by situations relevant to that schema.

Common EMS in Autistic/ADHD Individuals

Autism

- Emotional Deprivation
- Insufficient Self-Control
- Vulnerability to Harm
- Social Isolation
- Mistrust

ADHD

- Emotional Deprivation
- Failure
- Defectiveness
- Subjugation
- Social Isolation
- Subjugation

(Oshima et al., 2015)

(Philipsen et al., 2017).

(Spicer, DeCicco, Clarke, Ambrosius, & Yalcin, 2023)

ADHD Strengths

Cognitive Dynamism

- Divergent thinking
- Hyper-focus
- Creativity
- Curiosity

Courage

- Non-conformist
- Adventurousness
- Bravery
- Integrity
- Persistence

Humanity

- Social intelligence
- Humour
- Self-acceptance

Resilience

- Self-regulation
- Sublimation

Transcendence

- Appreciation of beauty

Energy

- Spirit
- Psychological
- Physical

A qualitative investigation of successful adults with ADHD (Sedgwick et al., 2019)

Assessment and Treatment

- Thorough History Critical
 - School performance
 - Quality of social relationships (in childhood and adulthood)
 - Self-regulation
- Hyperactivity presents differently in adults than in children
 - Excessive talking (can't get a word in) may be problem with inhibitory control, or working memory
 - As an adult, hyperactivity presents now as persistent restlessness. I need to be doing something all the time – if not externally, then RUMINATING about everything! 12:30 am “Did I take the bins out?, I wonder where sesame seeds come from?”

Assessment Tools - ADHD

- *DSM-5 Adult Level 1 Cross-Cutting Symptom Measure*
- *Barkley Adult ADHD Rating Scale (BAARS-IV) – Self- and Other-Rated*
- *Behaviour Rating Inventory of Executive Function – Adult version (BRIEF-A)*
- *DSM Cross-Cutting Symptom Measure Level 1 (Adult)*
- *The Behavior Rating Inventory of Executive Function - Adult Version (BRIEF-A)*
BRIEF-A
- *Autism Screening Form for Adults*
- *Autism Quotient – AQ and AQ-10*
- *Camouflaging Autistic Traits Questionnaire (CAT-Q)*

Assessment Tools - Autism

- *Behaviour Rating Inventory of Executive Function 2 (BRIEF-2) – Parent and Child Report*
- *NICHQ Vanderbilt Assessment Scale – Parent Report.*
- *Revised Child/Adolescent Anxiety and Depression Scale (RCADS) – Parent and Self-Report*
- *Social Communication Questionnaire (SCQ) - Parent Report*
- *Social Responsiveness Scale 2nd Edition (SRS-2) – School Age Parent Report*
- *Strengths and Difficulties Questionnaire (SDQ) – Parent and Self Report*
- *Autism Screening Form for Adults*
- *Autism Quotient – AQ and AQ-10*
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Therapeutic Adaptations

- *Neurodiversity Affirming Practice*
- *Extremely Concrete and some extremely existential*
- *Imagery*
- *Rejection sensitivity*
- Justice Sensitivity
- Sensory Sensitivities
- Just because the clinician is neurodivergent doesn't mean it is the same as the patient's experience.
- Pacing of therapy – it might take longer than expected
- Limited Reparenting

Additional Considerations

- **Social Media – the double-edged sword**
- **Changing the Narrative – Be kind**
- **Treatment Inefficacy**
 - Poorer outcomes due to inappropriate treatment options
 - Difficulty prioritising and implementing treatment goals. e.g., perpetual situational crises
 - Patients staying in treatment longer than necessary

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- DSM Cross-Cutting Symptom Measure Level 1 (Adult)
- Autism Screening Form for Adults
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- Diagnostic Clinical Interview for ADHD in Adults (DIVA)

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- *Autism Quotient – AQ and AQ-10*
- *Camouflaging Autistic Traits Questionnaire (CAT-Q)*
- *The Autism Diagnostic Observation Schedule, Second Edition (ADOS-2)*

Thank you, Questions, and Feedback



Please scan to provide your incredibly valuable feedback.



I promise it is really short!

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Some Differential Factors in ADHD and Autism

Symptoms	Autism	ADHD
Deficits in social-emotional reciprocity	Difficulty with social interactions due to challenges in understanding social cues, nonverbal communication, and reciprocity.	May have difficulty with social interactions due to inattention or impulsivity, but not a core symptom.
Nonverbal Communication	Difficulty interpreting and using nonverbal cues like facial expressions or body language.	May have difficulty with nonverbal communication due to inattention, but not a core symptom.
Restricted Interests & Repetitive Behaviours	Repetitive behaviours and restricted interests are core symptoms. These can be routines, rituals, or fixations on specific topics.	May have intense interests, but not to the same degree as Autism. Repetitive behaviours may be present for comfort or stimulation.
Sensory Processing	Sensory processing issues are common, leading to significant hyper- or hypo-sensitivity to certain sights, sounds, textures, etc.	May have sensory sensitivities, but not a core symptom.

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