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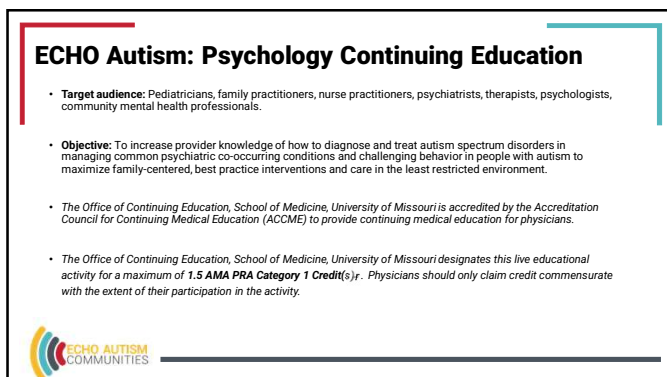
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## ECHO Autism: Psychology Speaker Disclosure

Current ACCME (Accreditation Council for Continuing Medical Education) rules state that participants in CME activities should be made aware of any relevant affiliation or financial interest in the previous 12 months that may affect the planning of an educational activity or a speaker's presentation(s). Each planning committee member and speaker has been requested to complete a conflict of interest statement for the *ECHO Autism: Psychology*.

### Speaker Disclosures:

Kristin Sohi, MD,FAAP has the following relationships:

- Cognoa – research consultant and advisor
- Quadrant Biosciences – advisory board
- Autism Navigator – consultant

Valeria Nanclores-Nogues, PsyD has the following relationships:

- WPS – as an independent certified ADOS-2 and ADI-R trainer
- TEA Ediciones – as an independent certified ADOS-2 and ADI-R trainer

No other speaker or planning committee member has a relevant financial interest



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## Trauma is a Spectrum

- Simple trauma
  - Often 1 experience of "big T" trauma that can bring on symptoms of PTSD at the time or in the future
- Complex trauma
  - A series of traumatic events, often aspects of the person's lifestyle is traumatic (e.g. DV, ongoing abuse, neglectful living situation, community violence, poverty)
  - Impacts the person's interaction with the world: views of self, relationships with others, beliefs about the future
  - Developmental trauma impacts the development of the brain as a child experiences ongoing trauma



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## Risk of Trauma in ASD

- Those with developmental disabilities are about twice as likely to experience neglect or physical/sexual abuse than "typical" peers
- Children with ASD in the child protective system are 3-4 times more likely to be maltreated than other children in care
- What is traumatic to a person with ASD might be different than peers
  - E.g. fire alarms rather than violence



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### Window of Tolerance

- All humans get dysregulated when they feel threatened.
  - Fight or flight
  - "Threat" is subjective
  - "Soothing" is subjective

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### Trauma Can Mirror Most Diagnoses

- All humans get dysregulated when they feel threatened.
- As a result, regression happens
  - Skills that are accessible when calm are not when dysregulated
  - Social skills, executive functioning, self regulation, coping skills, sensory sensitivity
- People with complex and developmental trauma are *regularly* in a state of dysregulation
  - This might not be obvious to an observer

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Symptom	ASD	Trauma
Difficulty with social skills	<ul style="list-style-type: none"> <li>*Challenge with Theory of Mind</li> <li>*Difficulty with back-and-forth dynamics</li> <li>*Atypical verbal and nonverbal engagement</li> <li>*Trouble adapting to environments</li> </ul>	<ul style="list-style-type: none"> <li>*Difficulties rooted in relational traumas – relationships might not be safe, perceived as threatening</li> <li>*Survival is primary</li> <li>*Discomfort with or varied sense of intimacy in relationships, e.g. eye contact, physical closeness</li> </ul>
Restricted, repetitive behavior	<ul style="list-style-type: none"> <li>*Reduced or unconventional expression of emotion, interest, and affect</li> <li>*Restricted interests</li> <li>*Rigidity</li> <li>*Stereotyped behaviors</li> <li>*Hyper or hypo responsiveness to sensory input</li> </ul>	<ul style="list-style-type: none"> <li>*Emotions can be overwhelming, leading to under or over expression</li> <li>*Regression towards younger developmental periods</li> <li>*Dissociation, hyperarousal</li> <li>*Unusual practices in development</li> <li>*Impact on sensory preferences, poor self-soothing practices</li> </ul>

**Overlap of Symptoms**

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### Differential Diagnosis

Observation is necessary!  
ASD is more likely to show in...

- reduced (inappropriate/awkward) social initiation
- trouble using and integrating social communication skills

Those with trauma are more likely to...

- maintain social communication skills but might vary depending on person, context, timing, and frequency
- Themes in play are important



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### Differential Diagnosis

- The timeline of development is likely the most useful in differential diagnosis.
  - Consider changes in functioning rather than a presence/absence of symptoms.
  - Early developmental markers provide insight into early symptom development.

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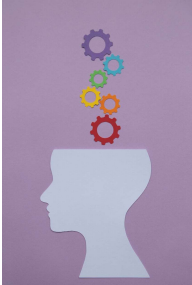

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### Differential Diagnosis

- Even then, it's generally not that easy.
  - Some people with ASD might show regression, which can mirror a trauma response
  - Some people with complex trauma may have been exposed as early as in-utero, making observable change less likely
  - Many in the foster/adoptive system have little documentation on their developmental history
  - Many with significant early history lack stimulation needed for brain development

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## Differential Diagnosis – What to Remember

- Symptoms need to be understood before diagnosed.
- Our diagnostic system is flawed
- Complex symptom pictures by definition should not be simplified for simplification's sake
  - Our measures and our field is not always of this perspective
- Consider your lens – if working in a bubble, things start to look homogenous in some ways



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## Resources:

- Dell'Osso, L., Luche, R.D., & Carmassi, C. (2015). *A new perspective in post-traumatic stress disorder: Which role for unrecognized autism spectrum?* International Journal of Emergency Mental Health and Human Resilience, 17(2). Pp. 436-438.
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**M** Child Health  
School of Medicine  
University of Missouri Health

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