DEVELOPMENT, AUTISM SPECTRUM DISORDER, AND TRAUMA: IDENTIFICATION AND TREATMENT RECOMMENDATIONS
OBJECTIVES FOR TODAY:

- The experience of trauma complicates behavioral symptom presentations.
- Understanding the overlap and distinct features of different disorders in children (ASD and trauma)
- Available screeners for identifying possible trauma and ASD
- Use of comprehensive strategies for screening, assessment and diagnosis
- Best practices for trauma, ASD, and dual diagnosis
POSTTRAUMATIC STRESS DISORDER (DSM-5)

- Criterion A: stressor
- Criterion B: intrusion symptoms
- Criterion C: avoidance
- Criterion D: negative alterations in cognitions and mood
- Criterion E: alterations in arousal and reactivity
- Criterion F: duration
- Criterion G: functional significance
- Criterion H: exclusion
- Specify if: With dissociative symptoms
- Specify if: With delayed expression

(American Psychiatric Association, 2013)
Multiple Dimensions of Trauma

- Child’s symptoms of trauma understood within the context of multiple factors
- Traumatic events
EFFECTS OF TRAUMA EXPOSURE

- Neurological / Biological
- Self-Regulation
- Attachment
- Developmental
- Social relatedness
- Behavioral control
- Cognition

from Rambeau and Lukasik
# AUTISM SPECTRUM DISORDER (DSM-5)

<table>
<thead>
<tr>
<th>SOCIAL-COMMUNICATION (all 3)</th>
<th>Range of expression and examples</th>
</tr>
</thead>
</table>
| **Deficits in social-emotional reciprocity** | • abnormal social approach and failure of normal back and forth conversation  
• reduced sharing of interests, emotions, affect, and response  
• failure to initiate or respond to social interactions |
| **Deficits in nonverbal communicative behaviors used for social interaction** | • poorly integrated verbal and nonverbal communication  
• abnormalities in eye contact and body language or deficits in understanding and use of nonverbal communication  
• total lack of facial expression or gestures |
| **Deficits in developing and maintaining developmentally appropriate relationships** | • difficulties adjusting behavior to suit different social contexts  
• difficulties in sharing imaginative play and making friends  
• absence of interest in people |

(American Psychiatric Association, 2013)
## AUTISM SPECTRUM DISORDER (DSM-5)

<table>
<thead>
<tr>
<th>RESTRICTED AND REPETITIVE BEHAVIORS OR INTERESTS (at least 2)</th>
<th>Range of expression and examples</th>
</tr>
</thead>
</table>
| Stereotyped or repetitive motor movements, use of objects or speech | - motor stereotypies  
- lining up or flipping objects  
- echolalia  
- idiosyncratic speech |
| Insistence on sameness, inflexible adherence to routines, or ritualized patterns of behavior | - extreme distress at small changes  
- difficulty with transitions  
- rigid thinking patterns  
- greeting rituals  
- insistence on same route or food |
| Highly restricted fixated interests abnormal in intensity or focus | - strong attachment to/preoccupation with unusual objects  
- excessively circumscribed or perseverative interests |
| Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment | - indifference to pain/temperature  
- adverse response to sounds/textures  
- excessive smelling/touching objects  
- visual fascination with lights/movement/objects |

(American Psychiatric Association, 2013)
AUTISM SPECTRUM DISORDER CONSIDERATIONS
WHERE ARE WE NOW?

What We Know

What We Don’t Know
LENS COMPARISONS

DEVELOPMENTAL LENS

TRAUMA LENS
OVERLAPPING SYMPTOMS

from Rambeau and Lukasik
OVERLAPPING SYMPTOMS (CONTINUED)

TRAUMA

- Withdrawal/lack of eye contact, no social initiation, no interest in social interaction
  - due to mistrust of others
- Issues with trust, fears adults, avoids adults
  - due to past traumatic experience where trust of others was violated
- Depression/anxiety: difficulty identifying, expressing, and managing emotions
  - due to internalization of trauma experience
- Impact of traumatic experience on empathy, social relatedness, trust, turn-taking
  - due to violation of trust in relationships
- Tantrums, unpredictable emotional responses, anger, overreactivity
  - due to emotional dysregulation

ASD

- Lack of eye contact, no initiation of conversation, no pleasure shown in social interactions
  - due to inherent difficulties with social-emotional reciprocity/engaging meaningfully with others
- No response to name, reduced sharing of interests
  - due to inherent difficulties with social-emotional reciprocity
- Reduced sharing of emotions/affect, no social initiation
  - due to inherent difficulties with social-emotional reciprocity
- Difficulty with relationships and taking another’s perspective
  - due to deficits in theory of mind skills
- Tantrums, head banging/self-injurious behaviors
  - due to deficits in communication skills, problems with changes in routines, sensory-seeking behaviors (self-injurious-behaviors)

from Jacob and Graham, 2016
OVERLAPPING SYMPTOMS (CONTINUED)

TRAUMA

- Nightmares, fears of going to sleep
  - due to revisiting memories of trauma
- Changes in appetite
  - due to mood dysregulation
- Hypersensitivity to sounds, smells, touch, light - unaware of pain or internal physical sensations
  - due to hyperarousal/reminders of trauma
- Dissociation
  - maladaptive coping mechanism
- Deficits in language development and abstract reasoning
  - Due to early trauma and brain development, regression in skills
- Difficulties with changes and transitions, rigid repetitive behaviors, repeated play themes, fixated interests
  - due to anxious reaction to control unpredictable nature of trauma

ASD

- Sleep problems
  - due to problematic sleep cycle (problems falling asleep, multiple wakings during the night, early morning waking)
- Eating problems - rituals, pickiness
  - due to sensory interests and problems with changes in routines (restricted and repetitive behaviors)
- Under- or overreactivity to sensory input
  - due to sensory sensitivities
- “lives in their own world”
  - due to inherent difficulties with social-emotional reciprocity
- Difficulties with pragmatic/social use of language
  - due to problems with social-emotional reciprocity and commonly co-occurring language delays
- Insistence on following routines, lining up toys or objects, repetitive behaviors, fixated interests
  - due to restricted and repetitive behaviors (core symptom of ASD)

from Jacob and Graham, 2016
DISTINCT SYMPTOMS

ASD
- Symptoms must be present in early childhood (before age 3)
- Social concerns may not be evident until a child is older and social demands increase
- Consistency of symptoms
- Scripted speech
- Fascination with movement or parts of objects (spinning, sighting)
- Stereotypical movements

TRAUMA
- Exposure to trauma
- Re-experiencing (e.g. flashbacks)
- Hyperarousal (i.e. hypervigilance)
- Hypoarousal (i.e. dissociation)
- Acting in or acting out (aggression)
- Disorganized attachment style (approach/withdrawal)
- Increasingly restricted range with displays of affect post trauma exposure
- Sensory based trauma associations
- Exacerbation of typical developmental fears

from Rambeau and Lukasik
ASSESSMENT AND TREATMENT
Screeners

**Trauma**

- Brief measures:
  - Trauma Symptom Checklist for Young Children (TSCYC); Trauma Symptom Checklist for Children (TSCC)
  - UCLA PTSD Reaction Index for DSM-5

**ASD**

- Ages and Stages Questionnaire, Third Edition/Social-Emotional Questionnaire (ASQ-3 and ASQ:SE), looks more directly at development overall
- Modified Checklist for Autism in Toddlers, Revised and Follow-Up Interview (M-CHAT-R/F)
- Social Communication Questionnaire (SCQ Lifetime/Current) is a brief measure that can assist in assessing for ASD in preschool and school-age children
TRAUMA SYMPTOM CHECKLIST FOR CHILDREN (TSCC/TSCYC)
**SELF-REPORT TRAUMA HISTORY:** In interviewing the child/adolescent, ask: *Sometimes people have scary or violent things that happen to them where someone could have been or was badly hurt or killed. Has anything like this ever happened to you?*

1. Provide a brief description of what happened:

   

Below is a list of other scary or violent things that can happen. For each question, check “Yes” if this has happened to you; check “No” if this did NOT happen to you.

2. Were you in a disaster, like an earthquake, wildfire, hurricane, tornado or flood? □ Yes □ No

3. Were you in a bad accident, like a serious car accident or fall? □ Yes □ No

4. Were you in a place where a war was going on around you? □ Yes □ No

5. Were you hit, punched, or kicked very hard at home? (DO NOT INCLUDE play fighting between brothers and sisters.) □ Yes □ No

6. Did you see a family member being hit, punched or kicked very hard at home? (DO NOT INCLUDE play fighting between brothers and sisters). □ Yes □ No

7. Were you beaten up, shot at, or threatened to be hurt badly in your school, neighborhood or town? □ Yes □ No

8. Did you see someone who was beaten up, shot at or killed? □ Yes □ No

9. Did you see a dead body (do not include funerals)? □ Yes □ No

10. Did someone touch your private parts when you did not want them to? (DO NOT INCLUDE visits to the doctor.) □ Yes □ No
MODIFIED CHECKLIST FOR AUTISM IN TODDLERS, REVISED AND FOLLOW-UP INTERVIEW (M-CHAT-R/F)

M-CHAT-R™

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer No. Please only say yes or no for every question. Thank you very much.

1. If you point at something across the room, does your child look at it? [Yes/No]
2. Have you ever wondered if your child might be deaf? [Yes/No]
3. Does your child play pretend or make believe? (For example, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?) [Yes/No]
4. Does your child like climbing on things? (For example, furniture, playground equipment, or stairs) [Yes/No]
5. Does your child make unusual finger movements near his or her eyes? (For example, does your child wiggle his or her fingers close to his or her eyes?) [Yes/No]
6. Does your child point with one finger to ask for something or to get help? (For example, pointing to a snack or toy that is out of reach) [Yes/No]
7. Does your child point with one finger to show something interesting? (For example, pointing to an airplane, the sky, or a big truck in the road) [Yes/No]
8. Is your child interested in other children? (For example, does your child watch other children, smile at them, or go to them?) [Yes/No]
9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (For example, showing you a flower, a stuffed animal, or a toy truck) [Yes/No]
10. Does your child respond when you call his or her name? (For example, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?) [Yes/No]
11. When you smile at your child, does he or she smile back at you? [Yes/No]
12. Does your child get upset by everyday noises? (For example, does your child scream or cry to noises such as a vacuum cleaner or loud music?) [Yes/No]
13. Does your child walk? [Yes/No]
14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her? [Yes/No]
15. Does your child try to copy what you do? (For example, wave bye-bye, clap, or make a funny noise when you do) [Yes/No]
16. If you turn your head to look at something, does your child look around to see what you are looking at? [Yes/No]
17. Does your child try to get you to watch him or her? (For example, does your child look at you for praise, or say “lock” or “watch me”?) [Yes/No]
18. Does your child understand when you tell him or her to do something? (For example, if you don’t point, can your child understand “put the book on the chair” or “bring me the blanket”? ) [Yes/No]
19. If something new happens, does your child look at your face to see how you feel about it? [Yes/No]
20. Does your child like movement activities? (For example, being swung or bounced on your knee) [Yes/No]

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M-CHAT-R™ Follow-Up™ Scoring Sheet

Please note: Yes/No has been replaced with Pass/Fail.

1. If you point at something across the room, does your child look at it? [Pass/Fail]
2. Have you ever wondered if your child might be deaf? [Pass/Fail]
3. Does your child play pretend or make believe? (For example, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal) [Pass/Fail]
4. Does your child like climbing on things? (For example, furniture, playground equipment, or stairs) [Pass/Fail]
5. Does your child make unusual finger movements near his or her eyes? (For example, does your child wiggle his or her fingers close to his or her eyes?) [Pass/Fail]
6. Does your child point with one finger to ask for something or to get help? (For example, pointing to a snack or toy that is out of reach) [Pass/Fail]
7. Does your child point with one finger to show something interesting? (For example, pointing to an airplane in the sky or a big truck in the road) [Pass/Fail]
8. Is your child interested in other children? (For example, does your child watch other children, smile at them, or go to them?) [Pass/Fail]
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10. Does your child respond when you call his or her name? (For example, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?) [Pass/Fail]
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12. Does your child get upset by everyday noises? (For example, does your child scream or cry to noises such as a vacuum cleaner or loud music?) [Pass/Fail]
13. Does your child walk? [Pass/Fail]
14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her? [Pass/Fail]
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20. Does your child like movement activities? (For example, being swung or bounced on your knee) [Pass/Fail]

Total Score: ________

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SOCIAL COMMUNICATION QUESTIONNAIRE (SCQ)
ASSESSMENT COMPONENTS

**ASD:**
- Direct observation and interaction with the child
- Autism evaluation
- Developmental/intellectual evaluation
- Language assessment
- Adaptive behavior skills

**TRAUMA:**
- Trauma exposure
- Trauma triggers
- Family functioning
- Considerations for safety, integration of information, and ongoing assessment

**Shared:**
- Early developmental history
- Current concerns/symptoms
- Resilience factors and strengths
- Multidisciplinary involvement
DEVELOPMENTAL CONCERNS: NEXT STEPS

- Complete medical exam including hearing/audiology exam
- CA Early Start referral (under 3 years of age)
- Speech and language evaluation
- Occupational Therapy Evaluation
- Intervention to address behaviors/social-emotional functioning
- Where to obtain services
TREATMENT CONSIDERATIONS

TRAUMA

• Trauma-Focused Cognitive Behavioral Therapy
• Parent-Child Interaction Therapy
• Parent-Child Attunement Therapy
• Trauma Assessment Pathway
• Child-Parent Psychotherapy

ASD

• Developmental/Educational
  • http://resources.autismnavigator.com/asdglossary/#/section/56/mrw
  • http://resources.autismnavigator.com/asdglossary/#/section/66/ot
• Applied Behavior Analysis (includes DTT and PRT)
  • http://resources.autismnavigator.com/asdglossary/#/section/48/aba
  • http://resources.autismnavigator.com/asdglossary/#/section/48/aba
  • http://resources.autismnavigator.com/asdglossary/#/section/50/prt
• Early Start Denver Model
  • http://resources.autismnavigator.com/asdglossary/#/section/71/esdm
• TEACCH
  • http://resources.autismnavigator.com/asdglossary/#/section/62/teacch
• Floor Time
  • http://resources.autismnavigator.com/asdglossary/#/section/54/dir
• Cognitive Behavioral Therapy

from Rambeau & Lukasik
Limited research currently exists

Misconceptions about the DD population

Hallmarks of trauma treatment
PTSD often missed
TF-CBT usually considered choice of treatment
Interdisciplinary collaboration
Co-treatment
Use of simple language, visuals, concrete metaphors, building coping skills, personalizing traumatic experience

from Jacob and Graham, 2016
CONCLUSIONS

- Gather information across settings and include regular interdisciplinary consultation
- Evaluate child’s response to intervention
- Consult and co-treat when possible
- Diagnose carefully and evaluate over time: could be trauma-related, could be ASD, could be both
- Dialogue around priorities (e.g. sequence of services)

from Rambeau and Lukasik
Behavioral symptoms are complicated when a child has experienced trauma.

There is a lot of overlap between symptoms of different disorders in children.

Children change over time.

A careful and comprehensive approach to diagnosis and intervention is especially important when a child with a trauma history presents with potential concerns about autism spectrum.
RESOURCES: TRAUMA AND DUAL DIAGNOSIS

- Adapting TF-CBT for those with Developmental Disabilities: http://file.lacounty.gov/SDSInter/dmh/1004667_Adapt_TF_Co g_Beh_Therapy_Pt1.pdf
- Best practices for dual diagnoses in children: http://www.excellenceforchildandyouth.ca/sites/default/files/eib_attach/DualDiagnosisTrauma_FINAL_REPORT.pdf
- National Association for the Dually Diagnosed (NADD): http://thenadd.org/
RESOURCES: ASD AND DEVELOPMENT

- Centers for Disease Control and Prevention: Know the Signs. Act Early. [https://www.cdc.gov/ncbddd/actearly/](https://www.cdc.gov/ncbddd/actearly/)
- Autism Speaks: [https://www.autismspeaks.org/](https://www.autismspeaks.org/)
QUESTIONS?

Thank you!
REFERENCES


