Developmental Trauma and Autism Spectrum Disorder: Practice Considerations for the Treatment of Challenging Behavior

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Learning Outcomes

- The Developmental Trauma framework
- The complexity of co-occurring Autism Spectrum Disorder, Developmental Trauma and Challenging Behavior
- Trauma considerations in the assessment of challenging behavior
- Trauma-Informed Care (TIC)



5 Assumptions About Trauma

- 1) Trauma is real
- 2) Trauma is prevalent
- 3) Trauma is toxic to the brain and effects learning and development
- 4) We need to be prepared to support kids who have experienced trauma
- 5) Children are resilient, and within positive learning environments & relationships, they can grow learn and succeed



What is trauma?

"Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically and/or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and/or spiritual wellbeing."

(U.S. Department of Health & Human Services-Substance Abuse & Mental Health Services Administration, 2013)

Three types of trauma

Acute trauma

Results from a single incident

Chronic trauma

Results from repeated and prolonged events

Complex trauma (Developmental Trauma)

Results from exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature



Why the distinction of developmental trauma?

Complex Trauma Task Force Survey

- Survey of clinicians of 17,000 children receiving trauma-focused treatment due to child maltreatment
 - 80% of the children in treatment "exposed to multiple and/or prolonged interpersonal trauma"
 - Only 25% of the children met the existing criteria for Post-Traumatic Stress Disorder (PTSD)



Autism & Post-Traumatic Stress Disorder

Autism PTSD

Social-emotional reciprocity Social withdrawal

Inflexibility Irritability/Anger

Social communication Reduction of positive emotions

(Sleep disturbance) Nightmares/Sleep disturbance

Stavropoulos, K. M. (2018)

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Developmental Trauma Framework

Diagnostic

A. Exposure

The child or adolescent has experienced or witnessed multiple or prolonged adverse events over a period of at least one year beginning in childhood or early adolescence

B. Affective and Physiological Dysregulation

The child exhibits impaired normative developmental competencies related to arousal regulation.

C. Attentional and Behavioral Dysregulation

The child exhibits impaired normative developmental competencies related to sustained attention, learning or coping with stress.

D. Self and Relational Dysregulation

The child exhibits impaired normative developmental competencies in their sense of personal identity and involvement in relationships.

E. Posttraumatic Spectrum Symptoms

Lived Experiences

A. Exposure

Kids see and experience things they shouldn't repeatedly or for long periods of time

B. Affective and Physiological Dysregulation

Difficulty with understanding & regulating emotions

Difficulty with interpreting and managing the way emotions come out in actions or how they are expressed in their body

C. Attentional and Behavioral Dysregulation

Paying attention, learning and maintaining appropriate behaviors for specific social settings is REALLY HARD

D. Self and Relational Dysregulation

Being a friend and making a friend is confusing and hard

Finding positive things about oneself can be hard



Developmental Trauma

Proposed for inclusion into the *Diagnostic & Statistical Manual-* 5 (2013), ultimately <u>not included</u>

"A developmental approach to understanding disorders of trauma would support the imperative notion that such a diagnosis is complicated, in that there are constant changes with the individual child/youth/adult (genetically and otherwise) that are further complicated by the individual's interaction with his/ her environment. Further, a developmental approach would appropriately recognize the interactive effect of such dynamics of familial systems, as well as cultural and societal expectations."

ROCHESTER MEDICAL CENTER

BUT...

2/3 of youth experience at least one potentially traumatic event by the age of 16

National Child Traumatic Stress Network, 2020

"Domestic violence, psychological abuse, sexual assault, sudden or violent loss of a loved one, [and natural disasters]"

Hoover & Kaufman, 2018

"Covid-19 pandemic likely increased the risk of exposure to multiple traumatic experiences and complex forms of trauma"

Collin-Vezina et al., 2020 & Guessoum et al., 2020

Autistic children are at significant risk for bullying, abuse, and sexual assault and this risk is greater than their neurotypical peers

La Greca et al., 2018

An Explorato 10 Review of the Associations between Adverse Experiences and Autism



Overlapping Behavioral Observations in ASD & Developmental Trauma

Lack of interest in peers

Failure to share emotion/affect

Repetitive play

Outbursts

Sleep difficulty

Communication difficulties

Atypical sensory responses

Failure to regulate emotion/affect

Disruptive classroom behavior

Poor academic performance

Compromised executive functioning

Problems with language development

Cook, A. et al. (2003) Michna, G. A. et al. (2022)



Developmental response to trauma

Nearly all children and adolescents express

some kind of distress or behavioral change

in the acute phase of recovery from a traumatic event.



Behavioral FunctionWhy is this behavior happening?

Influences on our behavior, but may not be recognizable in the environment

Antecedent

 What happens immediately before a behavior



- The demonstration of the behavior
- "What it looks like."

Consequence

What happens immediately after a behavior



Challenging Behavior Consideration One

TRAUMA AS



Influences on our behavior, but may not be recognizable in the environment

Antecedent

 What happens immediately before a behavior

Behavior

- The demonstration of the behavior
- "What it looks like."

Consequence

 What happens immediately after a behavior



Challenging Behavior Consideration Two

TRAUMA AS

Influences on our behavior, but may not be recognizable in the environment

Antecedent

 What happens immediately before the behavior is related to the TRAUMA

EXPERIENCE

Behavior

- The demonstration of behavior
- "What it looks like."

Consequence

 What happens immediately following a behavior



Challenging Behavior Consideration Three

TRAUMA AS

Influences on our behavior, but may not be recognizable in the environment

Antecedent

What happens immediately before the behavior

Behavior

 The behavior is directly related to the trauma
 Trauma

Re-enactment

 Imitating what happened

Consequence

 What happens in the environment immediately following a challenging behavior



Challenging Behavior Consideration Four

TRAUMA AS

Influences on our behavior, but may not be recognizable in the environment

Antecedent

What happens immediately before the behavior

Behavior

- The demonstration of behavior
- "What it looks like"

Consequence

 What happens immediately after the behavior is

TRAUMA RELATED

and then serves to sustain the challenges in the moment



"A Trauma-Informed approach, often referred to as trauma informed care (TIC), is a promising model for organizational change in health, behavioral health, and other settings that promotes resilience in staff and patients."

Substance Abuse & Mental Health Services Administration (SAMHSA)



Trauma-Informed Care (TIC)

SAFETY

Ensuring physical & emotional safety

CHOICE

Individual has choice & control

COLLABORATION

Making decisions with the individual and sharing power

TRUSTWORTHINESS

• Task clarity, consistency & Interpersonal Boundaries

EMPOWERMENT

Prioritizing empowerment & skills building

University of Buffalo School of Social Work

These qualities of care are "actioned" in profession-specific ethics codes and practice quidelines



Putting it all together

2551017

Child & Family Assessment & Treatment

Evidence-Based Practices

Intersecting Practices from all fields

Clinical Foundations and Knowledge

Deep understanding of ASD, Developmental Trauma, Challenging Behavior

Trauma-Informed Treatment Values & Practices

Safety, Choice, Collaboration, Trustworthiness, Empowerment

Resources

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Substance Abuse and Mental Health Services Administration https://www.samhsa.gov/



Thank you.

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MEDICINE of THE HIGHEST ORDER