



Center on Human Development
and Disability

Barriers to Considering Trauma Assessment in Autism Spectrum Disorder (ASD) Diagnostic Evaluations in Children

Kaitlyn Ahlers, Ph.D.

November 18, 2019

UW LEND

University of Washington
Leadership Education in Neurodevelopmental and Related Disabilities

Objectives

- 1) Consider the need for trauma-informed diagnostic evaluations given the high prevalence of trauma in children with ASD.
- 2) Explore barriers of psychologists' use of trauma assessment practices through a comprehensive implementation science framework.
- 3) Discuss next steps and resources.

Background

- Trauma exposure is prevalent and can have pervasive effects on children's development and health
- Need for "trauma-informed" systems
- Growing research suggests that children with ASD are at heightened risk for trauma exposure and related sequelae

Need for Trauma Assessment

- Important for ASD diagnostic process to result in accurate diagnosis to ensure appropriate treatment



Need for Trauma Assessment

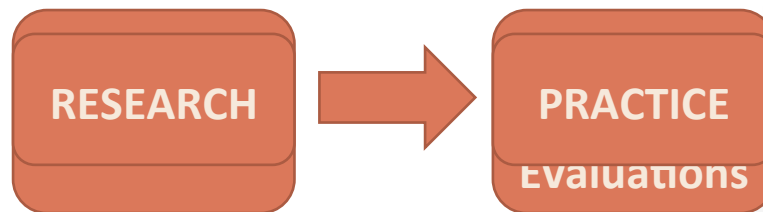
- Important for ASD diagnostic process to result in accurate diagnosis to ensure appropriate treatment
- No known evidence-based assessment tools or practice guidelines for assessing trauma in children being evaluated for autism

Current Study

- Is trauma assessment integrated during ASD diagnostic evaluations and, if so, how?
- What factors contribute to the use (or lack of use) of trauma assessment practices during ASD diagnostic evaluations?

How to study this?

- **Implementation science** provides a scientific approach to understanding the integration of research findings and evidence-based practices (EBPs) into routine practice



Participants ($N = 13$)

- Licensed psychologists who conduct inter- or multi-disciplinary ASD diagnostic evaluations in autism specialty centers
- Ages 33 to 46 ($M = 38.54$; $SD = 4.18$)
- Primarily female (76.9%) and White (84.6%)

Results: Trauma Assessment Practices

- Twelve of 13 participants indicated that they evaluated for trauma to some extent
- About 70% refer out for additional evaluation if children screen positive
- Only 3 participants engage in comprehensive trauma assessment

Factors Affecting Use

- **Characteristics of Individuals**

- Knowledge & Beliefs about the Innovation ($n = 13$)

“With all of the evaluation training I don’t think trauma ever came up as a consideration.”

“Well what if we find something, what do we do with that?”

Factors Affecting Use

- **Inner Setting**

- Relative Priority ($n = 13$)
- Available Resources ($n = 13$)

“Our front seat is always autism ‘yes’ or ‘no.’ And so, everything else, the other psychiatric comorbidities, are taking a backseat...”

“I don’t have time to tease it all apart.”

Factors Affecting Use

- **Outer Setting**

- Needs & Resources of Those Served by the Organization ($n = 13$)

“There’s some hesitation to ask about factors that may ascribe ‘blame’ to the family system in some way, and I think that sensitivity may contribute to less direct assessment of trauma symptoms.”

Factors Affecting Use

- **Outer Setting**

- Needs & Resources of Those Served by the Organization ($n = 13$)
- Symptom Overlap ($n = 9$)

“There are many, many diagnoses that can be a part of a kid’s presentation when they’re struggling with social communication.”

Discussion

- Factors related to providers, clinic settings, the patients and families, and system impeded participants' use of trauma assessment
- Beyond these factors, system is not adequately developed yet

Next Steps

- Build on factors that facilitated trauma assessment use
- Addressing identified barriers
 - Training
 - Measures
 - Care coordination

Next Steps

- Continued research that is inclusive of all stakeholders
 - Epidemiological studies
 - Community-based participatory research
 - Continue to consider the context and system

Thank you!

- **Participants**
- **Research team**
 - Heather Halko, PhD; Anisa Goforth, PhD; Lacey DeSalles, BA; Cameo Stanick, PhD
- **Consultants**
 - Terisa Gabrielsen, PhD; Brandon Rennie, PhD; Conner Kerns, PhD

Resources

- National Child Traumatic Stress Network
 - <http://www.nctsn.org/products/facts-traumatic-stress-and-children-developmental-disabilities-2004>
- Book chapter from Prock & Fogler (2018): *Trauma, Autism, and Neurodevelopmental Disorders*

email: ahlersk@uw.edu

References

- Ameis, S. H., & Szatmari, P. (2015). Common psychiatric comorbidities and their assessment. In E. Anagnostou, & J. Brian (Eds.), *Clinician's manual on autism spectrum disorder* (pp. 32, Chapter xvi, 91 Pages). Cham, Switzerland: Springer International Publishing, Cham.
- Berg, K. L., Shiu, C., Acharya, K., Stolbach, B. C., & Msall, M. E. (2016). Disparities in adversity among children with autism spectrum disorder: A population-based study. *Developmental Medicine & Child Neurology*, *58*(11), 1124-1131.
- Brenner, J., Pan, Z., Mazefsky, C., Smith, K. A., & Gabriels, R. (2017). Behavioral symptoms of reported abuse in children and adolescents with autism spectrum disorder in inpatient settings. *Journal of Autism and Developmental Disorders*.
- Copeland, W. E., Keeler, G., Angold, A., & Costello, E. J. (2007). Traumatic events and posttraumatic stress in childhood. *Archives of General Psychiatry*, *64*(5), 577-584. Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C.

References

- Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implementation Science*, 4(50), 1-15.
- Dorsey, S., McLaughlin, K. A., Kerns, S. E. U., Harrison, J. P., Lambert, H. K., Briggs, E. C., . . . Amaya-Jackson, L. (2017). Evidence base update for psychosocial treatments for children and adolescents exposed to traumatic events. *Journal of Clinical Child and Adolescent Psychology*, 46(3), 303-330.
- Hoover, D. W. (2015). The effects of psychological trauma on children with autism spectrum disorders: A research review. *Journal of Autism and Developmental Disorders*, 2(3), 287-299.
- Hoover, D. W., & Romero, E. M. G. (2019). The interactive trauma scale: A web-based measure for children with autism. *Journal of Autism and Developmental Disorders*.

References

- Hsieh, H., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9), 1277-1288.
- Hughes, R. B., Robinson-Whelen, S., Raymaker, D., Lund, E. M., Oswald, M., Katz, M., . . . Nicolaidis, C. (2019). The relation of abuse to physical and psychological health in adults with developmental disabilities. *Disability and Health Journal*, 12(2), 227-234.
- Keesler, J. M. (2014). A call for the integration of trauma-informed care among intellectual and developmental disability organizations. *Journal of Policy and Practice in Intellectual Disabilities*, 11(1), 34-42.
- Kerns, C. M., Newschaffer, C. J., & Berkowitz, S. J. (2015). Traumatic childhood events and autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 45, 3475–3486.

References

- Kisiel, C., Conradi, L., Fehrenbach, T., Torgersen, E., & Briggs, E. C. (2014). Assessing the effects of trauma in children and adolescents in practice settings. *Child and Adolescent Psychiatric Clinics of North America*, 23(2), 223-242.
- Ko, S. J., Ford, J. D., Kassam-Adams, N., Berkowitz, S. J., Wilson, C., Wong, M., . . . Layne, C. M. (2008). Creating trauma-informed systems: Child welfare, education, first responders, health care, juvenile justice. *Professional Psychology: Research and Practice*, 39(4), 396-404.
- Layne, C. M., Kaplow, J. B., & Youngstrom, E. A. (2017). Applying evidence-based assessment to childhood trauma and bereavement: Concepts, principles, and practices. In M. A. Landolt, M. Cloitre & U. Schnyder (Eds.), *Evidence-based treatments for trauma related disorders in children and adolescents* (pp. 96, Chapter xiv, 517 Pages). Cham, Switzerland: Springer International Publishing, Cham.

References

- Levy, S. E., Giarelli, E., Lee, L., Schieve, L. A., Kirby, R. S., Cunniff, C., . . . Rice, C. E. (2010). Autism spectrum disorder and co-occurring developmental, psychiatric, and medical conditions among children in multiple populations of the United States. *Journal of Developmental and Behavioral Pediatrics*, 31(4), 267-275.
- Mehtar, M., & Mukaddes, N. M. (2011). Posttraumatic stress disorder in individuals with diagnosis of autistic spectrum disorders. *Research in Autism Spectrum Disorders*, 5(1), 539-546.
- Prock, L. & Fogler J.M. (2018). Trauma and neurodevelopmental disorder: Assessment, treatment, and triage. In Fogler, J. & Phelps, R. (Eds.), *Trauma, autism, and neurodevelopmental disorders* (pp. 55-71). Springer, Cham.
- Valenti, M., Ciprietti, T., Di Egidio, C., Gabrielli, M., Masedu, F., Tomassini, A. R., & Sorge, G. (2012). Adaptive response of children and adolescents with autism to the 2009 earthquake in L'Aquila, Italy. *Journal of Autism and Developmental Disorders*, 42(6), 954-960.