Living in a Storm: Supporting those with PTSD in the ASD/IDD population amidst chronic stressors

Tiffany L. Otero, Ph.D., BCBA, Clinical Director
Cynthia King, MD, Medical Director

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START Model

The START (**S**ystemic-**T**herapeutic-**A**ssessment-**R**esources-**T**reatment) model is an evidence-informed model of integrated community crisis prevention & intervention services for individuals ages 6 and older with intellectual and developmental disabilities and mental health needs.

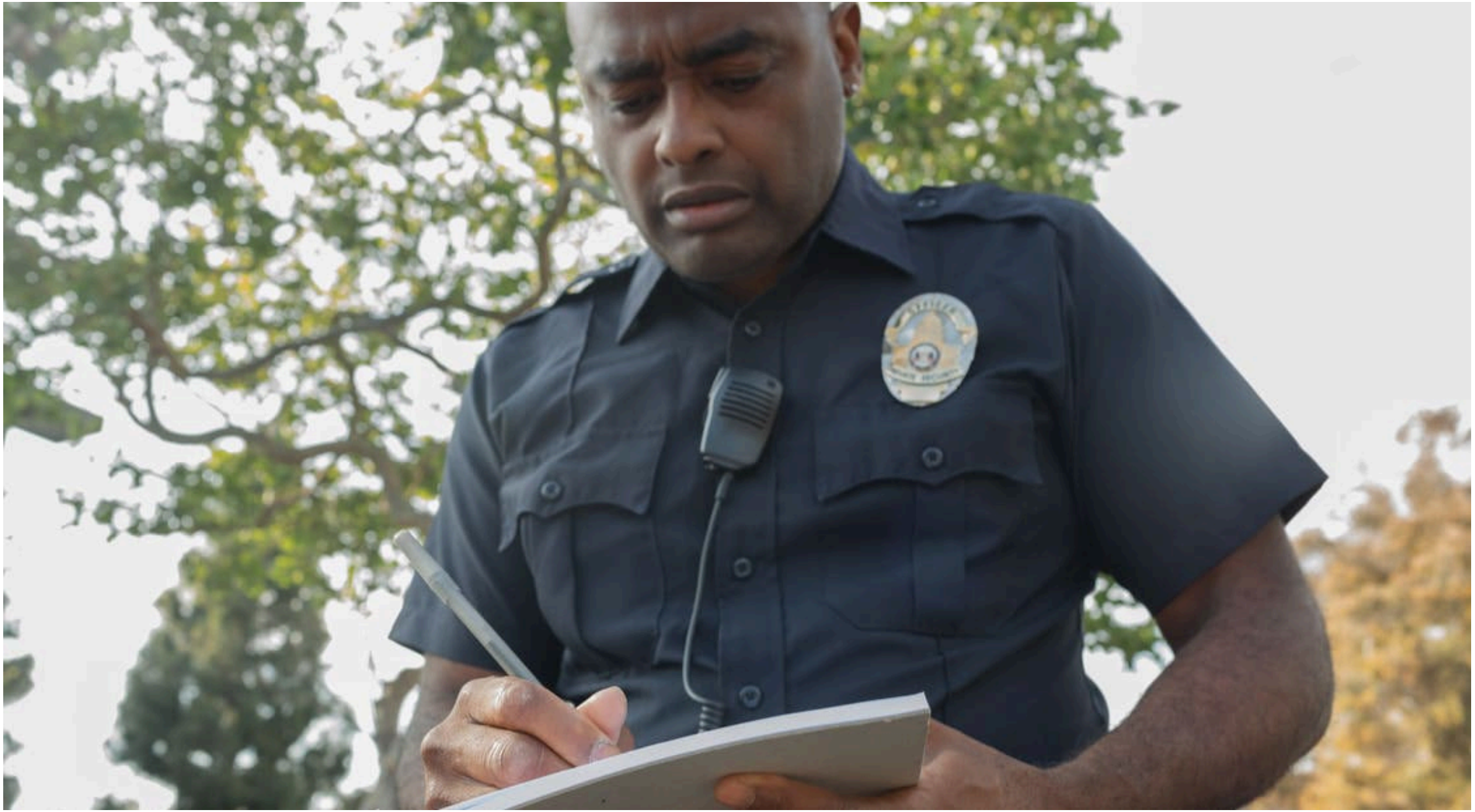
START was first developed in 1988 by Dr. Joan B. Beasley and was cited as a best practice in the 2002 US Surgeon General's report and by the National Academy of Sciences in 2016.

The **National Center for START Services** at the UNH Institute on Disability oversees the development, measurement and quality of START programs across the country.

Objectives

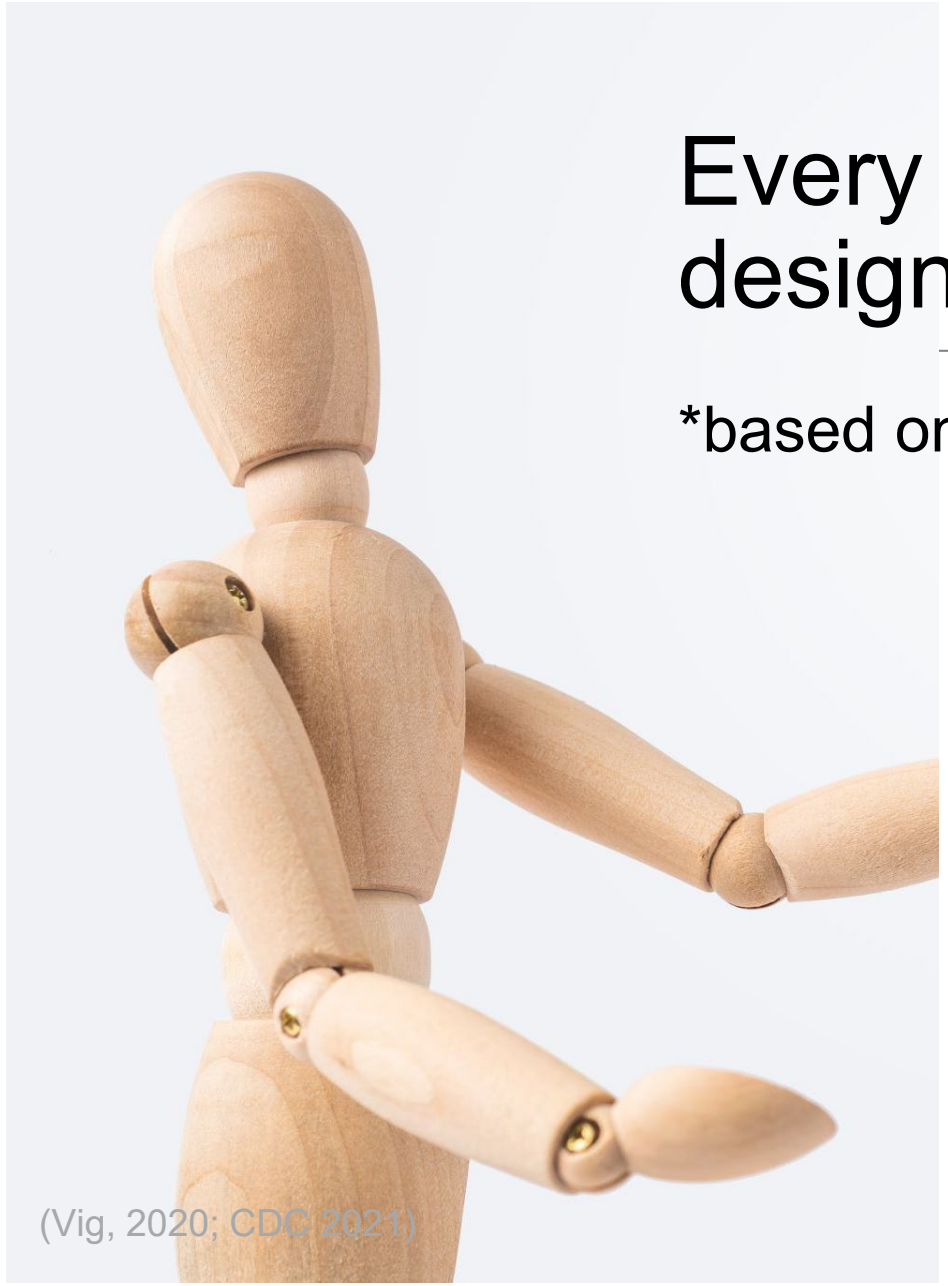
- Review the diagnostic criteria and manifestations of PTSD.
- Discuss how PTSD develops and presents in children and affects development.
- Describe the prevalence and presentation of PTSD in those with ASD/IDD
- Discuss practical strategies to build coping skills and create a system of support around individuals with PTSD and ASD/IDD.

Experiential



WHAT DID YOU FEEL?

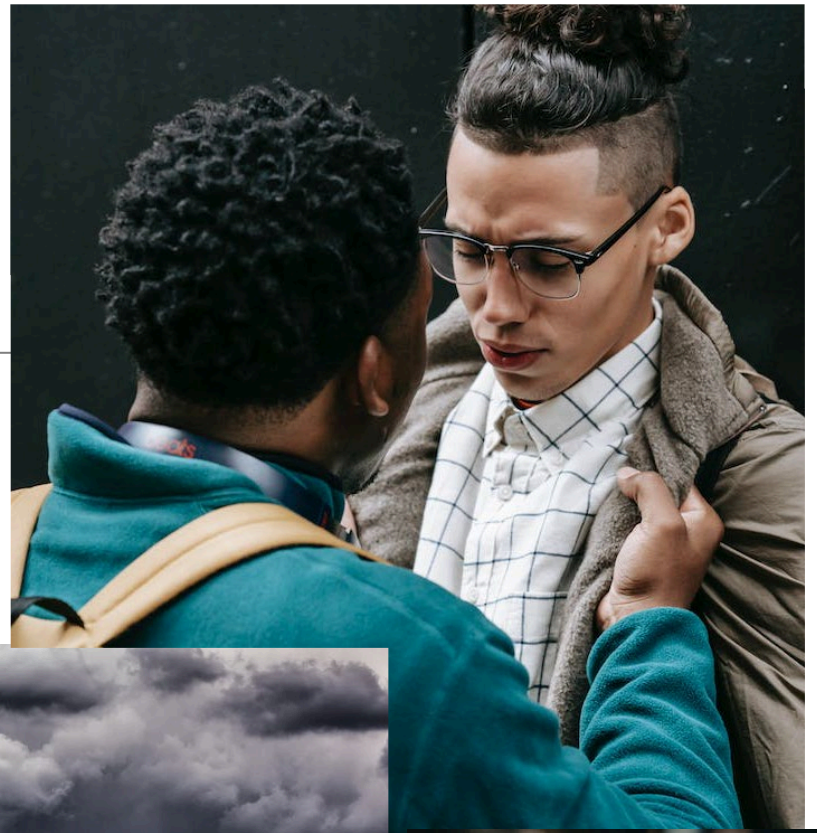
WHY?

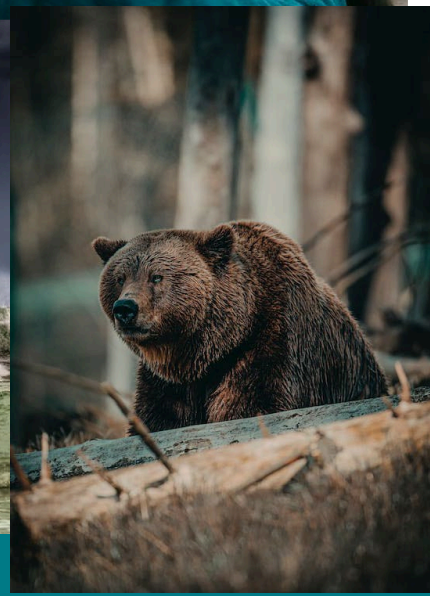


(Vig, 2020; CDC 2021)

Every human body is designed for survival*

*based on our evolutionary history





WATSON AND "LITTLE ALBERT"

Adverse Childhood Experiences (ACEs)

Potentially traumatic events before age 17.

Operationally defined; not subjective

Counted by “YES” or “NO” regardless of chronic or isolated exposure.

(Felitti, et al, 1998; Felitti, et al, 2019)

Household

- Parental separation, death, or divorce
- Substance abuse
- Mental illness
- Domestic violence (specific toward mother)
- Criminal activity, parental incarceration

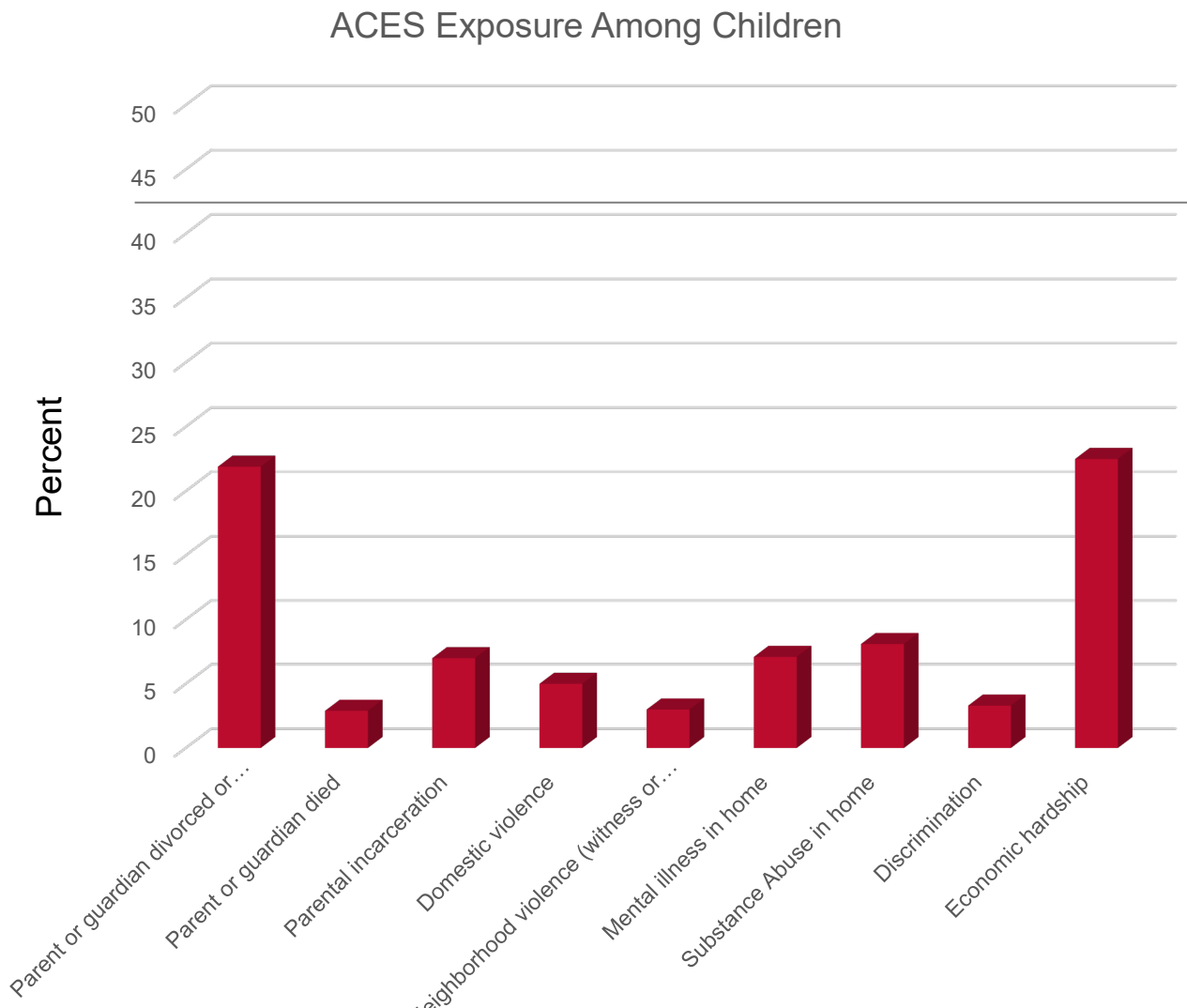
Abuse

- Physical
- Sexual
- Emotional

Neglect

- Emotional
- Physical

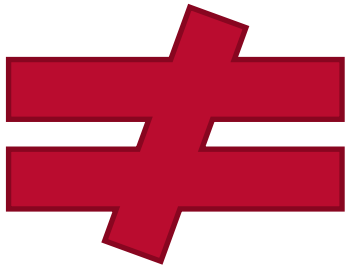
(Felitti, et al, 1998; Felitti, et al, 2019)



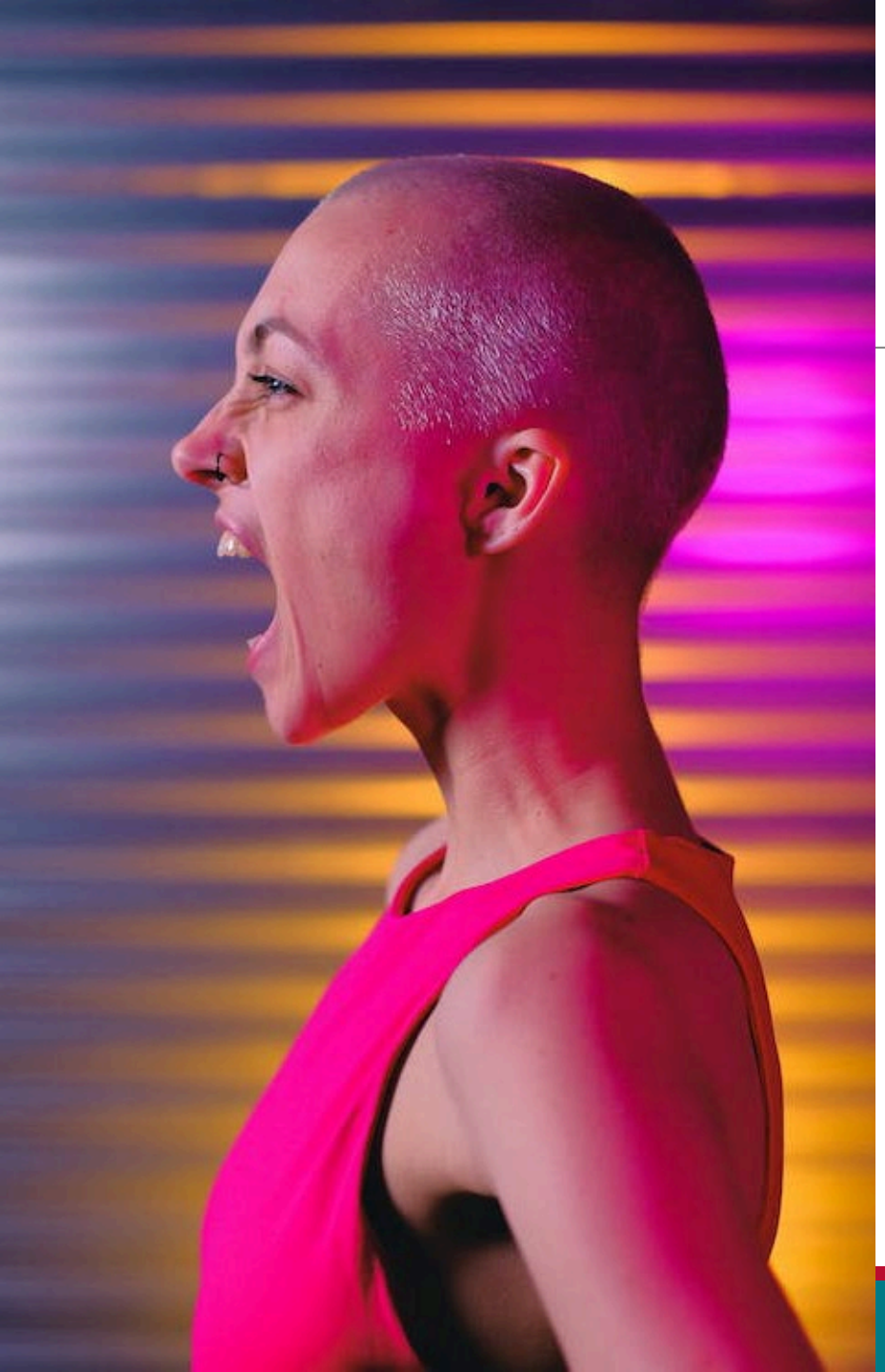
Prevalence of ACES among Children aged 3-17

(Crouch, et al., 2019)

Adverse Experience



Trauma



Whole Body Response

Brain

- Hypothalamus-Pituitary Gland-Adrenal Gland (HPA) Axis
- Amygdala
- Hippocampus
- Thalamus

Body

- Sympathetic Nervous System
- Hormones

Definition of Trauma

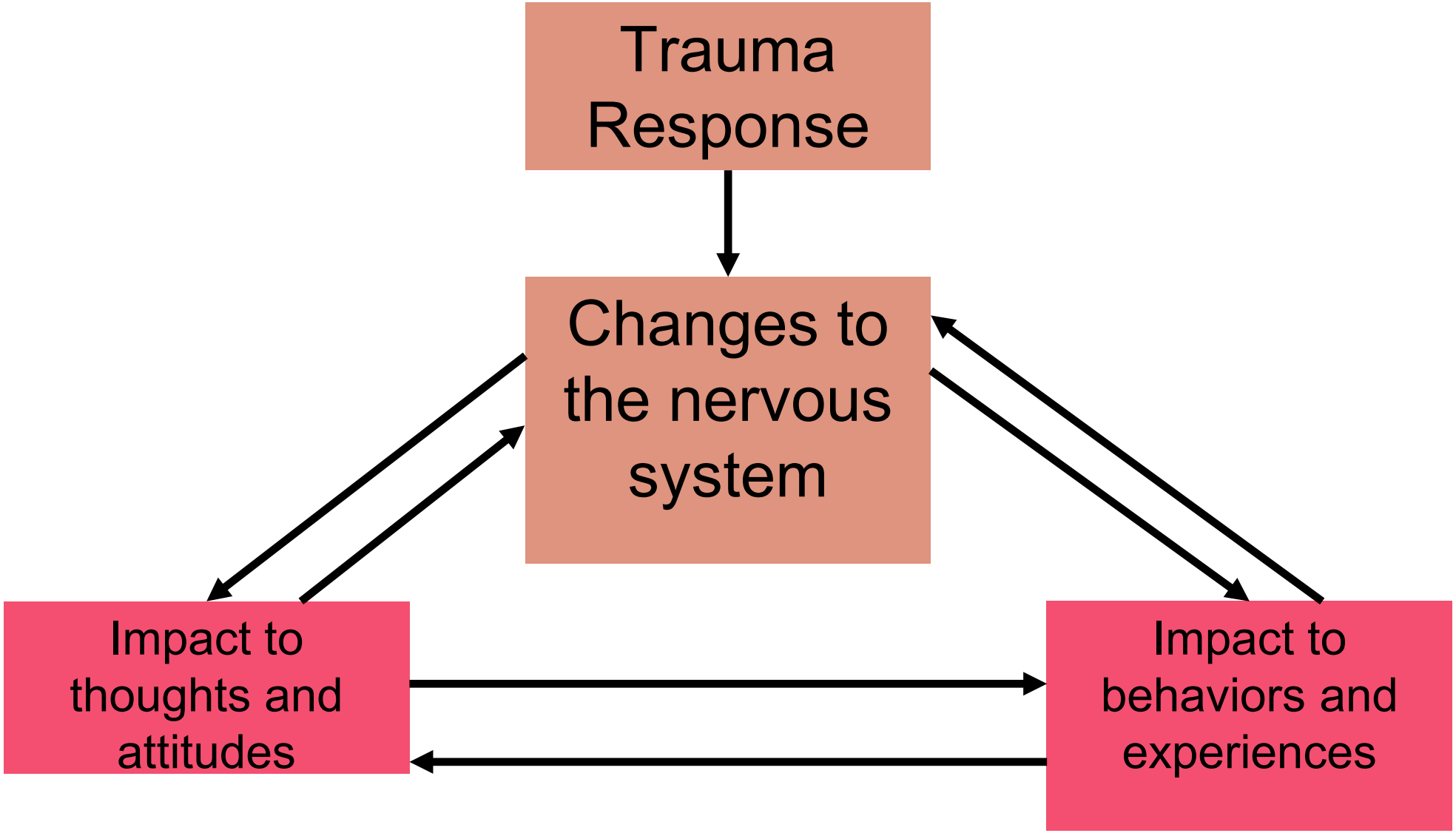
Any disturbing experience	Accompanied by or results in intense and disruptive feelings	That results in negative long-lasting effects
• Human Cause • Natural Cause	• Fear • Dissociation • Confusion • Anger • Other	• Sensitivity/ vigilance • Mental health • Attitudes/ beliefs • Behaviors

(APA, 2022)

Adverse Experience

- Repeated
- Intense/ Catastrophic
- Cumulative
- Poor coping skills
- Lacking environmental supports

Trauma Response


Trauma Response
Changes to the nervous system
Impact to thoughts and attitudes
Impact to behaviors and experiences

Post-Traumatic Stress Disorder (PTSD)

Intrusion

Negative effects on mood and cognition

Avoidance

Alterations of arousal or activity

Complex PTSD

Key Differences between PTSD and CPTSD

Feature	PTSD (DSM-5)	CPTSD (ICD-11)
Core Symptoms	Re-experiencing, avoidance, negative alterations in cognitions and mood, hyperarousal	Same as PTSD + disturbances in self-organization (affect regulation, self-concept, interpersonal relationships)
Trauma Type	Single or repeated traumatic events	Prolonged, repeated trauma (e.g., childhood abuse, captivity)
Recognition	Recognized in DSM-5	Not recognized as a separate diagnosis in DSM-5, but recognized in ICD-11
Focus	Focus on trauma and its immediate impact	Focus on trauma and its long-term impact on self and relationships

Trauma and the Developing Brain

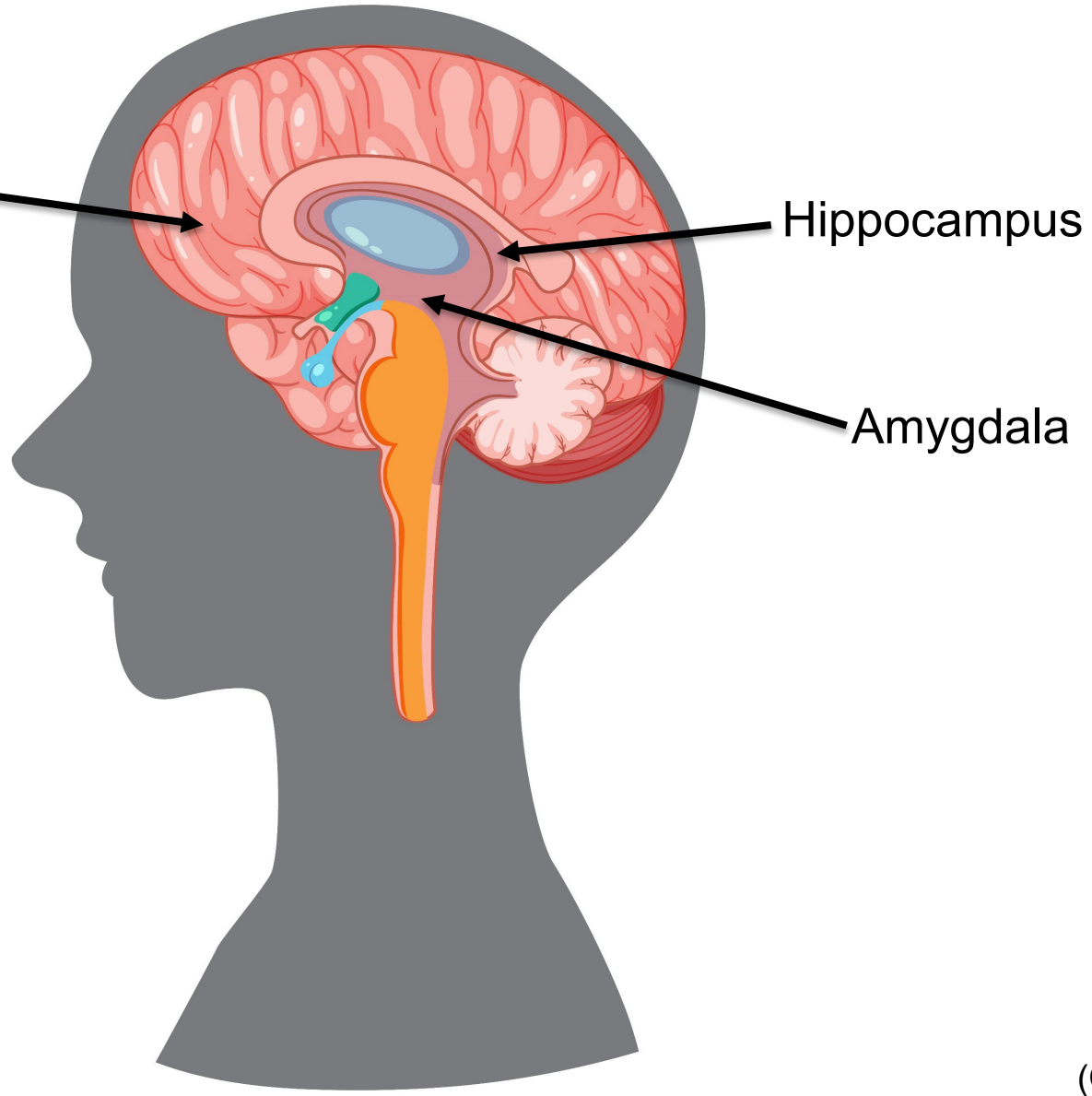
Disrupts migration and connectivity

Alters brain structure and function
- Smaller structures, less brain cells
- More sophisticated systems compromised in favor of those crucial to survival
- Global executive dysfunction

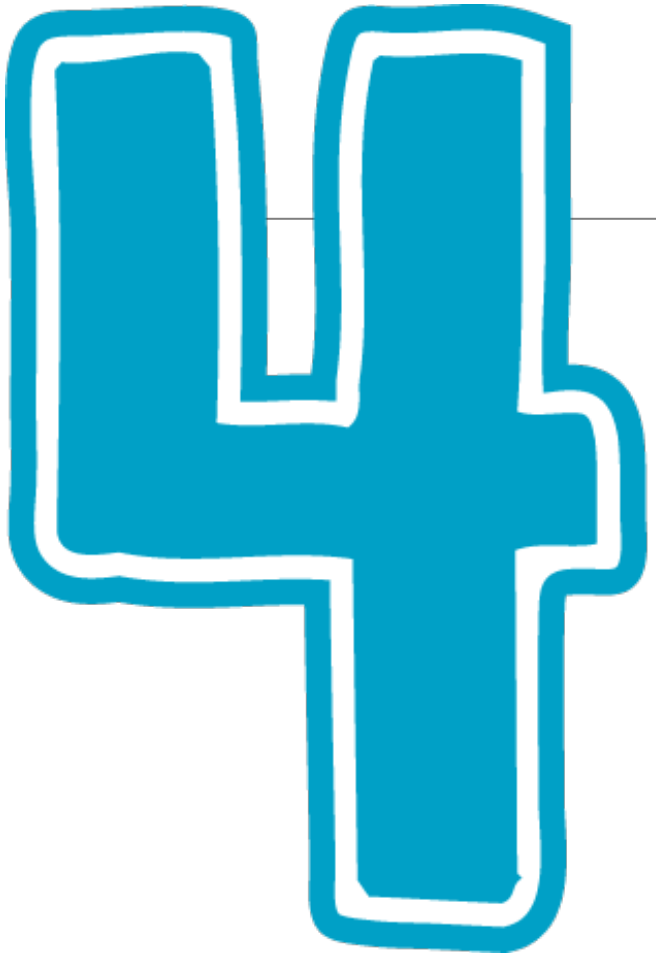
Boys are more likely to demonstrate developmental impact with increased ACEs

(Blodgett, 2014; Chamberlain, et al, 2016; Delmin & Vimpani 2011; Levitt, et al, 2014; Nemeroff, et al. 2016; Trossman et al., 2020)

Brain changes from chronic stress



(Carrion & Wong, 2012)



or more…

This clustered exposure to multiple types of ACEs is associated with increased likelihood of

- suicide,
- drug addiction,
- criminal activity,
- serious mental health conditions and high-risk behaviors
- a variety of other physical and mental health problems throughout a person's lifetime.

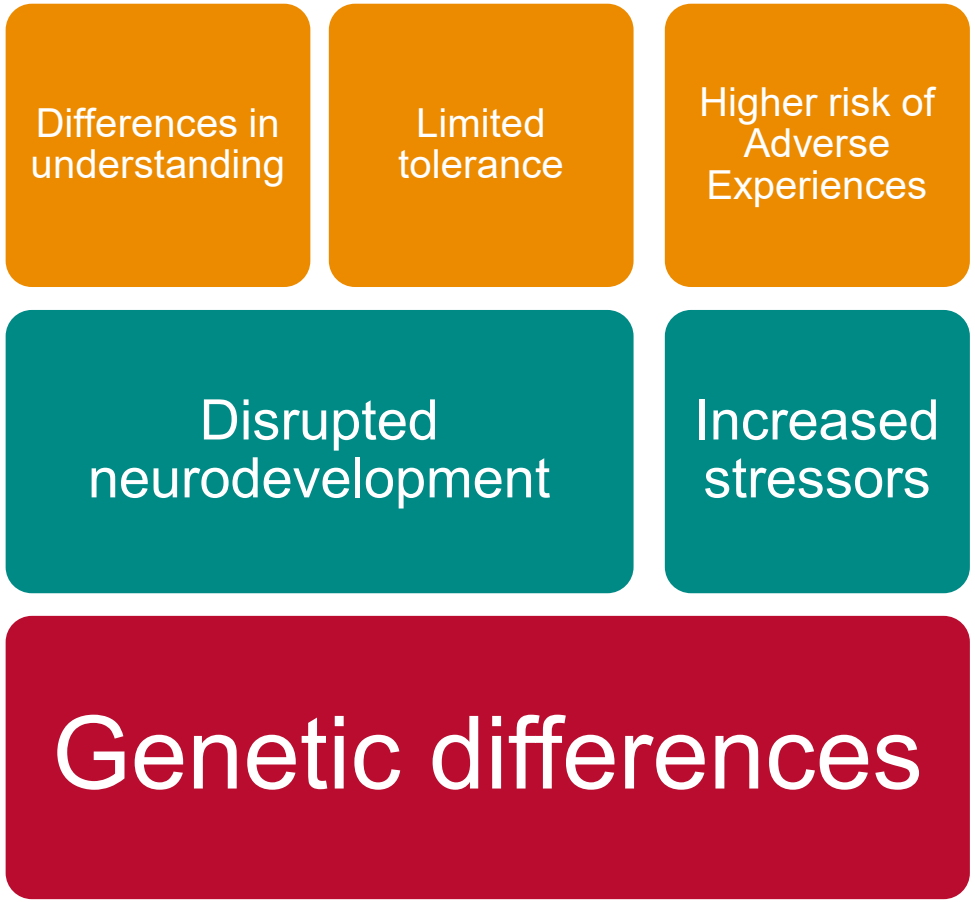
(Felitti, et al., 1998)

6 OR MORE ACES= DIE NEARLY 20 YEARS EARLIER, ON AVERAGE

(Brown, et al., 2009)

Autism (+) and Trauma

- Variable findings due to sampling difficulties
- Rates range between
  - 45-61% for adults
  - 17.4% in youth



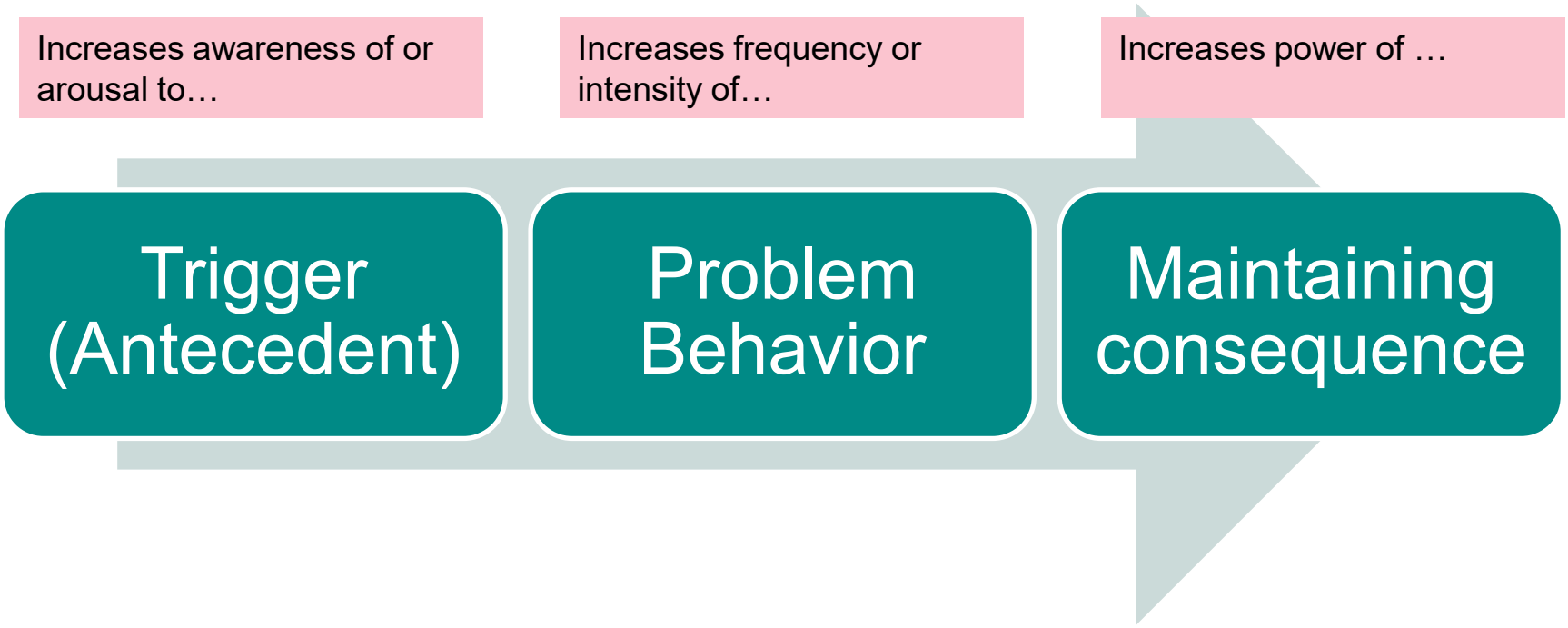
What can we do? Trauma-Informed Care

Framework vs. Approach

Includes:

- Recognition
- Identification
- Responding Effectively
- Resisting re-traumatization

Trauma



Remember what I said about “classical conditioning” and survival?

“Mom, I feel safest when I’m around other people…”

Functions and Common Behavioral Manifestations

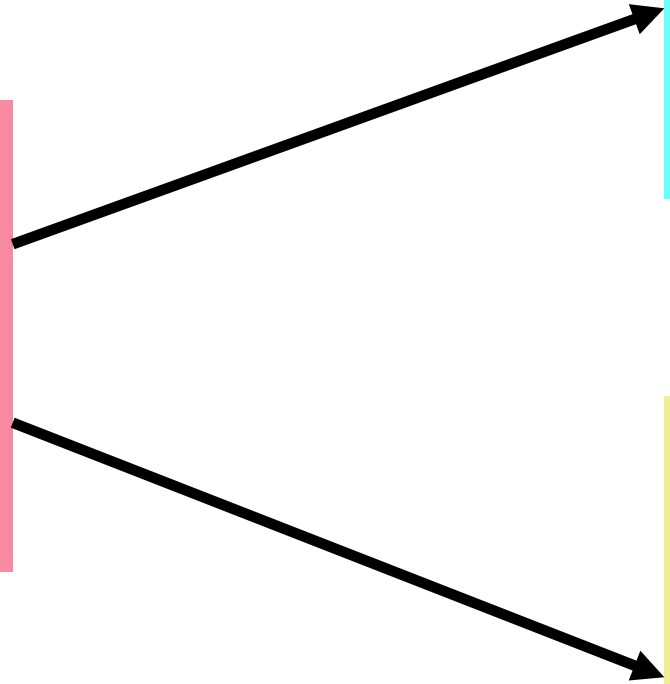
What if these behaviors are an unconscious effort to self-regulate?

Attention	Avoidance/ Escape	Tangible	Automatic/ Self-Stimulatory
• Disruptive Behavior • Clinginess • Self-objectifying	• Persistent Refusal/ Demand Avoidance • Sabotage of Relationships • Aggression	• Food hoarding • Stealing • Overspending	• Picking/ BFRB • Self-injury/ mutilation • Substance or activity addiction

Points of Intervention

Before	During	After
• Limit/ Prevent access to trigger • Preparation of team • Teaching strategies • Safety • Care	• Self-Regulation • Awareness • Coping strategies • Distraction	• Reinforcement • Recovery

Problem:
Mike regularly engages in destruction of property and aggression following transition to new settings, and when denied access to preferred items



Traditional Strategies:
- Limit access to “nice things”
- Lock up preferred items and allow only when he earns them.
- Keep fewer items in reach
- Maintain distance and keep interactions limited to “necessary care.”
- Restitution and punishment

Trauma-Informed Strategies
- Recognize transitions elicit trauma response. Prepare for transitions with explanation, extra time and visual supports.
- Identify calming items. Ensure he has access to preferred or comforting items in new places or when requested.
- Provide schedules, visual supports, and communication tools in all environments
- Assign care providers to develop rapport and establish a hub of supportive people and decision-makers to learn how to respond to him

Time does not heal all wounds…

But repeated opportunities to be supported in the presence of the scary things…

Enough to believe… TRULY BELIEVE… that you are safe…

DOES.