

Autism, ADHD, and Trauma: Tips for Treatment and Differential Diagnosis

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Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder used to be thought of as exclusive neuro-types, but as of the DSM-V, it is possible to have both. What does this mean?

- Individuals with dual ASD & ADHD are generally more impaired than individuals with just one
- Diagnostic delays and overshadowing usually occur for the second label (whichever it may be)
- Challenges of one can cancel out Strengths of the other (ex: impulsivity cancelling out hyperfocus)
- Higher risk for personality and anxiety disorders in adulthood (also bipolar disorder)
- Difficulty fitting in with other autistics or ADHD'ers (who only have a single diagnosis)
- Distraction may be worse (perhaps more reasons for the brain to lose focus?)
- More research needed!!! Actual rate of co-occurrence is unknown, but **1 in 3 is a very safe estimate**
- There may also be significant positives because of the unique strengths of each!

Sources: Atwood, (2007); Lee & Ousley (2006); Yang, et al., (2021); Mulligan, et al. (2009); Riglin, et al., (2020); Saccani, et al (2013); Anckarsater, et al (2006)

DEALing with Inappropriate Behaviors:

(Jared Stewart, M.Ed., BCBA)

1. Determine Context

- ABC's (antecedent, behavior, consequences?)
- Sensory/Biological factors? (what's going on with their body?)
- Purpose of behavior? (what result did they *intend* to achieve?)

2. Explore Causes

- Comprehension or communication deficits (verbal/nonverbal)
- Physical/Biological Factors (health, pain, comorbid, etc)
- Sensory Factors (hyper/hypo stimulation, boredom, etc)

3. Alleviate Behavior (using intervention strategies)

- Facilitate Communication! (student, family, & educational team)
- Teach social/emotional coping skills as well as academic skills
- Therapy as necessary (ABA, BST, ACT, CBT, Group, medication, etc)



"An Autist and an ADD'er walk into the Hundred Acre Wood..."v

Some helpful questions to ask:

Why are they not paying attention?

- ADHD = distracted, racing thoughts, often external
- ASD = processing, deep thought, usually internal
- Both = Sensory issues (more extreme in ASD)

What are they paying attention to?

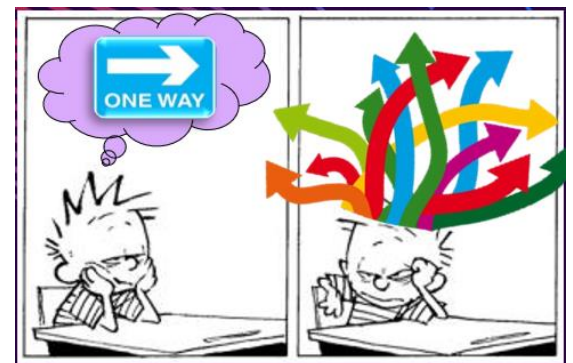
- ADHD = something with high feedback/novelty
- ASD = something in line with special interests
- Both = something the NT is not

Why are they struggling socially?

- ADHD = impulsivity or hyperactivity
- ASD = lack of interest or non-verbal ability
- Both = cultural tourists in the NT world

Why are they struggling emotionally?

- ADHD = emotions changing so quickly
- ASD = all-or-nothing thinking; perseverating on "failures"
- Both = emotions are SO BIG (can't be "just a little ____")



Autism

ADHD

Autism and ADHD: Differential Diagnosis

Behavior Issue	More Like ASD	Could be Either/Both	More like ADHD
Friendships	Not terribly interested in making friends, tends to be socially anxious or see peers as objects; loyal to few friends	Bullied (or a bully); Lonely—avoided by peers; Perceived as overbearing; Often interested in performing for others	Makes friends easily, but loses them quickly; Likes to “show off”
Romantic Relationships	Very few romantic experiences; may be uninterested in dating or else very promiscuous; extremely loyal to partners; struggles to express love	Deep desire for marriage; has a neurotypical spouse that finds them changed from before marriage; may see them as “controlling” or “a jerk”	Multiple marriages or cohabitations; impulsive behaviors lead to conflict and financial issues; gets bored w/partners
Video Games (Technology)	Likes to focus on the rules, setting, and mechanics of the game; often shows repetitive or asocial quality to their play	Plays games for hours; difficulty regulating interest; seems obsessed or addicted to games/technology	Likes the instantaneous feedback, high stimulation, and fast pace of the game; often sees it as a way to socialize
Reciprocity/ Sharing	Creates for self first; often neglects basic social reciprocity	Perceived as rude or anti-social; Interrupts; grabs objects	Trouble waiting for turn or for instructions; blurts out answers
Financial issues	Overspends on special interest related purchases; too stingy/frugal, or else undervalues money (financial apathy); acts controlling of others’ purchases	Forgets to pay bills; misses payments; doesn’t save/invest; fails to plan for upcoming or major expenses; always broke	Makes impulsive purchases—often outside of means and without considering consequences; addictions/ gambling; has constant new ideas for making money
Medication	Generally only effective for comorbid conditions	Doesn’t respond to medications as expected; struggles to take them	Responds well to stimulant medications
Poor planning & organization	Gets stuck in the details; lacks “big picture” or ability to see main ideas; loses track of time pursuing special interest; can also be hyper organized	Difficulty with deadlines; difficulty “caring” about the expectations of others; poor “executive functioning”	Difficulty keeping track of assignments/materials; difficulty seeing the steps; forgets about commitments/appointments
Movement/ Motor issues	Repetitive, rhythmic, self-stimulating movements; poor at sports; stiff or uncoordinated; doodles; “nervous”	Constantly moving or fidgeting; Poor handwriting; “sloppy” work; difficulty staying seated; hits others; trouble relaxing/slowing	Movement more coordinated and energetic; movement aids concentration and executive function; good at sports
Dangerous/Risky Behaviors	Doesn’t understand the physical or social consequences/context; Is hyperfocused or hyperstimulated	Seems oblivious to danger; tendency to be accused of stalking and/or harassment	Makes decisions impulsively, without taking the time to think through the consequences

Note that these are only generalizations and guidelines. Talk to a licensed professional about specific diagnosis.

Autism and ADHD: Differential Diagnosis

Behavior Issue	More Like ASD	Could be Either/Both	More like ADHD
Poor grades	School and schoolwork is high stress; gets caught up in the minute details and perfectionism	Learning disabilities; Dislikes school; Dislikes group work; Lots of incomplete or missing assignments	Loses assignments and materials, starts a project but doesn't finish, unable to spend the time needed
Holding Grudges	Can (and often will) hold a grudge FOREVER, and holds grudges more frequently and at a higher emotional level	Easily offended (often after misinterpreting the situation)	Gets angry, but forgives quickly; and quickly forgets WHY they're supposed to be angry at someone
Sleep	Tends to need more sleep than average; has a very rigid sleep routine (and often schedule); needs it very quiet or else needs constant "white noise"; may sleep in the same position all night, every night	Experiences significant sleep disorders and disruptions	Tends to need less sleep than average; sleeps on a non-set schedule; tosses and turns in their sleep ("restless leg syndrome"); often falls asleep with a screen (stimulation)
Nonverbal difficulties	Poor eye contact; rigid posture; inexpressive face (flat affect); needs lots of personal space	Mismatched or unstylish clothes; poor hygiene and grooming; fails to read others' body language	Often touches or invades others' personal space; misses facial or body cues because of inattention
Verbal difficulties	Monotonous or odd prosody; uses words that are "wrong"; may be overtalkative or very quiet; talks endlessly about the same subject(s); echolalia	Excessive talking; interrupts or injects self into conversations that may or may not involve them; quotes movies/TV a lot	Switches topics frequently; Makes constant ongoing comments/ noises/ narration; Asks people to repeat information/instructions
Perseverative Interests	Fascinated with inherent systems; stereotypical fixation on movement, objects, rules, maps, schedules; difficulty with change (including with people)	Capable of focusing for hours on areas of interest; hyperfocused (often in stereotypical categories)	Often "burns through" an interest and moves on to a new object of hyperfocus; lots of hobbies that are picked up then dropped
Employment Issues	Fails to make small-talk or master soft skills to get along with coworkers; often overwhelmed by sensory issues; doesn't ask questions or deal well with feedback	Doesn't realize their impact on others in the company; jumps from job to job; issues with productivity and professionalism; wants to do things "their way"; chronic overworking	Talks too much with coworkers; overshares; forgetful; fails to meet deadlines; gets bored; misses details; ideas but no follow through
Clothing	Likes to wear the same clothes or types of clothes every day. May be unaware or apathetic regarding style, fashion, etc.	May have sensory issues regarding certain fabrics, colors, clothing items. May struggle to do laundry or care for clothing.	Likes to change clothing often. May have heightened enjoyment/desire for clothing shopping, styles, fashion, etc.

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ASD or PTSD? Symptom Overlap

Symptoms of ASD	Symptoms of PTSD
Repetitive behaviors w/objects or speech	Repetitive play with recurrent themes
Hyper-reactivity to sensory input	Marked psychological reaction to external cues (often sensory)
Deficits in social reciprocity and heightened tendency to isolate	Feelings of detachment from others
Tendencies to depressed mood, anxiety, or inability to experience or recognize emotion	Lingering low or negative mood, which might include feelings of guilt, anger, worthlessness, or fear

ASD/ADHD OR Sexual Abuse?

Sexual Abuse Symptoms more typically found in Children:

- Has nightmares or other sleep problems without an explanation
- Seems distracted or distant at odd times
- Refuses to eat, or has a sudden change in eating habits
- Has trouble swallowing
- Sudden mood swings: rage, fear, insecurity, or withdrawal
- Leaves "clues" that seem likely to provoke a discussion about sexual issues
- Develops new or unusual fear of certain people or places
- Refuses to talk, or refuses to talk about certain "secrets"
- Writes, draws, plays, or dreams of sexual or frightening images
- Talks about a new older friend
- Suddenly has money, toys, or other gifts without reason
- Unexplained injuries
- Thinks of self or body as repulsive, dirty, or bad
- Exhibits adult-like sexual behaviors, language, and knowledge

Sexual Abuse Symptoms more typically found in Adolescents and Adults:

- Disruptions in close relationships
- Inadequate personal hygiene
- Running away from home
- Drug and alcohol abuse
- Sexual promiscuity
- Compulsive eating or dieting
- Issues with Anger, Depression, Self-injury (cutting, burning), and/or Suicide attempts
- Fear of intimacy or closeness, and/or Loss of interest in sex
- Problems concentrating and staying focused on the task at hand
- Guilty feelings/developing a negative self-image/feeling "dirty" inside or out
- Pervading sense of anxiety, wondering whether it is possible to ever feel safe again



(From DOJ's National Sex Offender Public Website: <http://www.nsopr.gov>)

Autistic (and ADHD) Trauma

All the usual suspects, PLUS:

1. K-12 School (especially public school)
2. Social Situations ("People are pain!")
3. Professional Interventions (NT world)
4. Hyperempathy ("Trauma by proxy")
5. "Normal" Sensory Experiences

You will have to take our word for it...



When sensory information is overwhelming, or if pain is perceived as likely, our brains naturally interpret this as DANGER, and if it gets too much, we will "fight/flight/freak" or "freeze" (aka Meltdown or Shutdown)



If you missed something, or want copies or whatever, please feel free to contact me! ☺
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