

EXPLORING THE ROLE OF COMPLEX TRAUMA AND THE NEED FOR THERAPEUTIC ADAPTATIONS IN AUTISTIC AND ADHD INDIVIDUALS

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Abstract

Autistic and ADHD individuals are recognised as a distinct minority group, often experiencing a higher prevalence of co-occurring mental health conditions, including complex trauma. Studies consistently show elevated rates of PTSD, anxiety, depression, substance use, and eating disorders among this population compared to the general population. These mental health challenges are intertwined with developmental experiences, social influences, and ongoing adversity faced across the lifespan. Notably, complex trauma, stemming from chronic and repeated interpersonal victimization is increasingly recognised as prevalent among Autistic and ADHD individuals, contributing significantly to their mental health burden. Research suggests that up to 70% of autistic adults report experiencing at least one potentially traumatic event in their lifetime, with many meeting criteria for complex PTSD, often linked to social camouflaging and repeated experiences of invalidation. This presentation explores the role of attachment, unmet needs, adverse childhood experiences (ACEs), and particularly the impact of complex trauma in shaping schema development among Autistic and ADHD individuals. Studies suggest a strong correlation between ACEs, complex trauma and negative mental health outcomes, with autistic individuals being up to five times more likely to experience four or more ACEs, increasing their vulnerability to trauma and subsequent mental health issues. Attachment patterns, impacted by early social and sensory experiences, are also discussed, considering that insecure attachment styles are significantly higher in autistic and ADHD individuals, potentially contributing to relational difficulties and emotional dysregulation. The presentation also discusses the need for a shift in the narrative surrounding Autism and ADHD within psychotherapy. It advocates for adapting therapeutic approaches, such as Schema Therapy, to address the unique needs of this population, with a particular focus on complex trauma. We will cover specific therapeutic considerations and adjustments required when applying schema therapy, such as addressing sensory sensitivities, accommodating different communication styles, acknowledging the impact of social stigma, and, most importantly, using a trauma-informed approach. Finally, it emphasises the importance of broader societal changes to prevent the formation and reinforcement of maladaptive schemas and complex trauma in Autistic and ADHD individuals throughout their lives, including promoting inclusive education, fostering supportive social environments, and challenging discriminatory practices.

Keywords: Autism, ADHD, early maladaptive schemas, complex trauma, schema therapy.

1. Introduction

Autistic and ADHD individuals exhibit a higher prevalence of co-occurring mental health conditions, including PTSD, anxiety, depression, substance use, and eating disorders. The development of early maladaptive schemas (EMS) in these individuals is significantly influenced by attachment styles, unmet core emotional needs, and adverse childhood experiences.

1.1. Prevalence of co-occurring mental health conditions

Autistic and ADHD individuals exhibit a higher prevalence of co-occurring mental health conditions, including PTSD, anxiety, depression, substance use, and eating disorders. Research consistently indicates that, compared to neurotypical individuals, autistic and ADHD individuals experience significantly higher rates of these mental health challenges. Several factors may account for this increased risk, including underlying temperament, neurocognitive differences, attachment issues, unmet core emotional needs, adverse childhood experiences (ACES), trauma, and ongoing distress from being a marginalised group. These factors contribute to the development of EMS, which are deeply ingrained negative patterns of thoughts, emotions, and behaviours that develop in childhood or adolescence and become perpetuated throughout their lifetime.

1.2. Schema therapy and EMS

Schema Therapy is an integrative therapeutic approach that combines elements of cognitive-behavioral therapy, attachment theory, and emotion-focused therapy to address deeply ingrained patterns of thinking, feeling, and behaving known as early maladaptive schemas (EMS). These schemas are often developed in response to unmet emotional needs during childhood and can significantly impact an individual's mental health and well-being. In autistic and ADHD individuals, specific schemas such as abandonment, mistrust/abuse, emotional deprivation, and defectiveness/shame are particularly prevalent due to their unique developmental experiences and social challenges.

1.3. The role of attachment and adverse childhood experiences (ACES)

The development of EMS in autistic and ADHD individuals is significantly influenced by attachment styles, unmet core emotional needs, and adverse childhood experiences. Attachment theory, pioneered by Bowlby and expanded upon by Ainsworth, emphasises the enduring impact of caregiver responsiveness on attachment styles. Secure attachment, fostered by consistent and attuned caregivers, lays the foundation for emotional regulation, healthy relationships, and self-worth. Conversely, insecure attachment styles, such as anxious or avoidant, can develop in response to inconsistent or unavailable caregivers, potentially leading to greater social difficulties, emotional dysregulation, and unmet core emotional needs. Insecure attachment styles are notably prevalent among ADHD populations, and these attachment experiences have been shown to potentially exacerbate challenges throughout childhood and into adulthood. Furthermore, adverse childhood experiences (ACES) such as physical, emotional, or sexual abuse, neglect, and exposure to family violence are correlated with a wide range of negative physical, mental, and social outcomes. Research consistently highlights that autistic and ADHD individuals are at higher risk of experiencing all 10 ACEs compared to the general population.

1.4. Schema therapy adaptations

Schema therapy, which integrates elements from cognitive behavioural, attachment, Gestalt, and psychoanalytic schools, requires adaptations to effectively address the unique needs of autistic and ADHD individuals. Traditional schema therapy may not fully account for the neurocognitive and sensory differences of these individuals. Therefore, it is essential to modify the therapy to include a more personalised approach that considers their specific developmental experiences and social influences. This includes using more concrete and visual methods, allowing for flexibility in the therapeutic process, and incorporating the individual's strengths and special interests into the therapy. Additionally, therapists need to be aware of their own biases and ensure they are providing a neurodiversity-affirming approach.

1.5. Therapeutic considerations

Understanding the developmental experiences, social influences, and continued adversity faced by autistic and ADHD individuals is crucial for effective therapeutic interventions. These individuals often experience a range of challenges, including difficulties with social communication, emotional regulation, and sensory processing. Therapeutic interventions need to be tailored to address these specific challenges and provide a supportive and understanding environment. This includes creating a strong therapeutic relationship, using clear and consistent communication, and being flexible in the therapeutic approach. It is also important to consider the individual's strengths and interests and incorporate these into the therapy to enhance engagement and effectiveness.

1.6. Preventative measures and parenting support

Parental attunement and positive parenting patterns play a critical role in preventing the development of EMS in autistic and ADHD individuals. The Good Enough Parenting approach focuses on preventing EMS and enhancing early adaptive schemas through parent training. This approach involves educating parents about the unique needs of their autistic and ADHD children and providing them with

strategies to meet these needs in a supportive and attuned manner. It also includes helping parents to understand their own EMS and how these may impact their parenting. By fostering a positive and supportive parent-child relationship, it is possible to prevent the development of EMS and promote healthy emotional and social development.

1.7. Neurodiversity affirming paradigm

Adopting a neurodiversity-affirming lens, which values individual differences and promotes inclusivity, is essential for supporting autistic and ADHD individuals and preventing the development of EMS. This approach recognises that neurodiversity is a natural and valuable form of human diversity and seeks to create a more inclusive and supportive societal framework. It involves challenging societal norms and stereotypes, promoting acceptance and understanding of neurodiverse individuals, and advocating for their rights and needs. By adopting this paradigm, it is possible to create a more supportive environment that reduces the risk of EMS development and promotes positive mental health outcomes.

2. Summary

The presentation provides a comprehensive review of the impact of early maladaptive schemas (EMS) on autistic and ADHD individuals, emphasising the need for schema therapy adaptations to address their unique needs. It highlights the prevalence of co-occurring mental health conditions, the role of attachment and adverse childhood experiences in EMS development, and the importance of parental attunement and positive parenting patterns. The paper advocates for a neurodiversity-affirming paradigm to support autistic and ADHD individuals and prevent the development of EMS.

3. Conclusion

The findings underscore the critical need for tailored therapeutic approaches that consider the unique developmental experiences and social influences of autistic and ADHD individuals. Adopting a neurodiversity-affirming lens and promoting positive parenting patterns are essential for preventing the development of EMS and improving mental health outcomes. Future research should continue to explore and refine schema therapy adaptations to better support this population.

References

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