Therapy builds on strengths.

Q: Can past trauma affect new traumas?

A: Absolutely, if you have trauma, you are at more risk of experiencing trauma. New traumas can bring up old experiences

Treatment works just as well for multiple traumas as well as one trauma.

Q: What is the percentage of people who get PTSD?

A: Exposure to an event or perceived threat, almost everyone has one. About 20% of all kids who experience a trauma will have PTSD. For interpersonal traumas, there are about 30% who experience PTSD.

Q: What about children with autism, how do they present if they have PTSD?

A: Signs and symptoms of children with autism may mask PTSD or may be misdiagnosed. Sleep disturbances, elopement, etc. Other symptoms of autism can be found in the DSM or on-line at: <https://www.cdc.gov/ncbddd/autism/hcp-dsm.html>

Q: How can you tell which symptoms occurred after the trauma if these are related to autism?

A: A good clinician should be able to determine if the symptoms are part of the child’s diagnosis versus PTSD.

For more information, contact Lucy Berliner at [lucyb@uw.gov](mailto:lucyb@uw.gov)

**Dora Raymaker**

Autistic burnout

The leading cause of mortality is suicide.

Trauma and pregnancy

More violence victimization

Cross disability project

Health care violence

Understanding what’s going on,

Trauma-informed

Listening to those with lived experience

Trauma informed….lived experiences…but why?

Healing, build trust, validating a person’s experience,

Acts of resistance and ? are often as a result of trauma

Respect people for making it this far;

Check your own knee jerk reactions

Note when your own privilege is stepping on another’s experience

Check my positionality

IMPACT Program – OHSU; for IV drug users; not a moral failing but a disease; also bring in peer support – liaison between patients and staff. Cultural change within the hospital itself; seeing the patients as people. Highly successful. There are papers on this.

Trauma informed Oregon – Portland State University (PDX) and number of private and community organizations; practices are informed by the state of the art interventions. Supported by Legislative $s

Would like to not have to do this…work ourselves out of a job.

Would like to develop prevention programs; understanding the trauma effects of therapies; reduce discrimination and discrimination;

Include survivors in all policy work. Include people with autism too.

IACC?

Bridge between policy and research;

Disparities of diagnosis and race; huge racial and ethnic disparities;

Employment study; people are challenged by being employed, they can’t say anything about autism b/c of fear

Age at which someone who is diagnosed later?

ASPIRE toolkit – it’s a relief to have this available to share with providers; uploaded it up to the provider medical record portal.

[www.autismandhealth.org](http://www.autismandhealth.org)

developed additional information for providers

CBPR process?

Mel? Vermont member

Ways to balance power. Use communication that everyone can use. Privileging the communication of the partners; listening and understanding where people are at where they are in terms of taking in information. Was a CDC-funded intimate personal violence grant;

Select for people who will be able to give space for people with lived experience.

Peer counselors: peer stuff works! PSU does a lot of this. There is a psychosis team; esacommunity.org

Want to have something to more welcome people to their group based on their own experiences. By and for the group.

Insight about employment and sustaining successful employment

N=45 Autistic Adults

What works?

1. Shared histories of abuse; teased, bullying, and what they did with that experience
2. People shared how they dealt with their work based on experiences….fear of job loss; so issues with setting boundaries, feel you have to be perfect; not healthy or sustainable;
3. How does homelessness come up? There are some researchers who are working on this
4. Qualitative – found information during the pregnancy study; shelters; not set up the needs for of women who are autistic or have developmental disabilities. Rules were not specific, confusing, rules on how to behave were not written clearly;
5. What role do you see the current autistic adults have for research for children? Lot to offer what we would like to see happen differently. There are opportunities.

*What needs to happen in the health care setting and in our communities to reduce trauma experienced by individuals with autism and other developmental disabilities, their families and caregivers?*

More broad education and further for providers about autism

Less fragmentation and better connections with service providers

Get providers to step out of their comfort zone

More early informational resources

Inclusion of those with lived experiences with in policy

Increase LBGTQ training; making assumptions about non-binary, transgender, need doctors to have more training

Emergency departments, any doctor is trauma informed

Learn about the autism experience

Intersectionality – race/ethnicity; the autism experience is not the same for everybody

Cultural humility; be humble about asking questions

Cooperation with autistics and providers

How to give feedback especially for new diagnosis; strength based and give families hope

Helping families navigate the trauma informed process

Crisis – need to develop how we create options for support for in that moment

New diagnosis – medical providers and families should be connected with family navigators;

Crisis stabilization that is appropriate

Standards of care established adopted for autism and other DD for all floors in the hospital

Crisis intervention/stabilization – monumental. Needs to happen across settings – home, inpatient psych, etc…

Treat a child with autism as a “normal” child – is there a program in the school that teach all the other children about how to support their peers with autism

Recruitment and retention of culturally and linguistically diverse practitioners

Increased access to mental health services for parents

Access to people with shared, lived experiences at different points in life; how in an effective manner, include…

Where do we get attention to the non-autism practitioners?

Autism specialists in early intervention – really reach out meaningfully to adult autistics

When your family can’t or won’t support you, need to find others in the community to connect with kids

Care standards at hospitals; being listened to, feel like you are really communicating; what about older people with no diagnosis, may not be able to get services.

Issues within systems like the VA; but can’t get access to adult services; feel empty, dead, and failed;

Systems that cause trauma and re-traumatized;

1. More education and shifting provider views, and have access to people with lived experience
2. Inclusion and making room for lived experience
3. Change stigma and better community understanding, strength-based approaches to new diagnosis
4. Community inclusion, strength based approach
5. Peer community, role models
6. School-based supports with peer learning
7. Policy – standards of care for settings
8. Intersectionality and diversity; autism is over-represented among people who are LGBTQ
9. Address homelessness, life span;
10. Cultural humility
11. Systems level – fragmentation of services, trauma and crisis navigation; what to do when the systems cause trauma and how to we regain trust
12. Language in early child education is non-traumatizing
13. “STOP THE BLEED” – medical, need a corresponding crisis education classes for mental health and autism that are available and accessible
14. Attributing psychiatric issues to autism; differences in gender and treatment; better identification system for mental health providers;

*As a group, come up with recommendations and strategies to achieve successful outcomes, and identify organizations and individuals needed to achieve them.*

Explore and expand the **Medicaid** Peer Counselor benefit – Medicaid; need to formalize a certification process; and that people should get paid. Crisis-connect for mental health and suicidality; have a teen line, staffed by teens with a supervisor; maybe an autistic crisis intervention provider;

Homelessness prevention grant – **Best Starts for Kids**; interventions are not working for families with children who have autism; need to revamp interventions

**Seattle Children’s** – broad easy to implement procedures and policies on how to address with autism; ASPIRE Toolkit – Kaiser and others are working on this. Dora Raymaker. Also need to incorporate families and autistics

Mental health providers being more educated about autism

Open mic and questions

Shout out to all autistics. At Bellevue community college for all autistics “Autistics Present”

Three good ideas

1. Peer support crisis line
2. “stop the bleed” as a model for crisis and autism training
3. Statewide environmental scan, who is doing what and how effective

Taking the state and collaborate across the state

Tri Cities trying to build the resources locally

Culture shifts – have cultural humility; highly encourage, how do we have a change management plans, power analyses, make sure that you hire “folks like me”; lived experience

Valuable publications – **family resource guide** – need to update and revise. Might be a DOH publication

Shout out that there are lots of autistic here!

Happy to see self-advocates here

Intellectual disability and autism and access to services – those providers need access to training

This was good…but what’s next? what do we need to do to support this?

Expanding access to early childhood education – BSK – can we reach out to some entity like this to get support?

Trauma Informed Oregon is a resource you can contact and they might be able to help you do some stuff;

When first dx’d, connect with to talk with an adult who have this diagnosis, what to look for and how to navigate.

Can we video some of the adult stories? Maybe a series that could be a campaign….like “it gets better” campaign