



Autism Through the Lens of Trauma: Shining a on the Way Forward

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Learning Objectives

- Recognize the impact of stressful events, adverse events, and traumatic events in children with autism.
- Discuss positive behavioral supports for children with disabilities including autism.
- Identify and use a few simple strategies that will help most children be successful, including those with autism

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Everyone is Unique

"If you've met one person with autism,
you've met one person with autism."

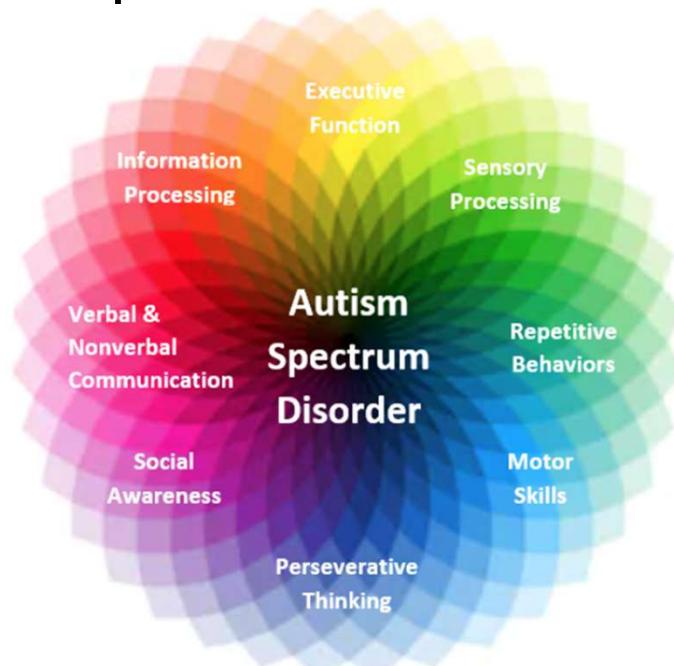
Stephen Shore



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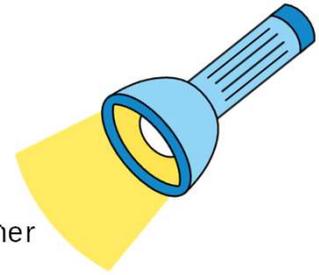
Autism Spectrum



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Ten Early Signs of Autism



- Does not react to caregiver reaching to pick him or her
- Rarely imitates expressions
- Delayed or infrequent babbling
- Does not respond to his or her name
- Does not gesture to communicate
- Poor eye contact
- Seeks your attention infrequently
- Unusual body movements
- Does not reach up when parents try to pick him or her up
- Delays in motor development

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Trauma Signs and Symptoms in Young Children



Children 0 - 3 years

- Eating disturbance
- Sleep disturbances
- Somatic complaints
- Clingy/separation anxiety
- Feeling helpless/passive
- Irritable/difficult to soothe
- Constricted play, exploration, mood
- Repetitive/post-traumatic play
- Developmental regression
- General fearfulness/new fears
- Easily startled
- Language delay
- Aggressive behavior
- Sexualized behavior
- Talking about the traumatic event and reacting to reminders/trauma triggers

Young children(3 to 6)

- Avoidant, anxious, clingy
- General fearfulness/new fears
- Helplessness, passive, low frustration
- Restless, impulsive, hyperactive
- Physical symptoms (headache, etc.)
- Difficulty identifying what is bothering them
- Inattention, difficulty problem solving
- Daydreaming or dissociation
- Irritability
- Aggressive behavior
- Sexualized behavior
- Loss of recent developmental achievements
- Repetitive/ post-traumatic play
- Talking about the traumatic event and reacting to reminders/trauma triggers
- Sadness/depression
- Poor peer relationships and social problems (controlling/over permissive)

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Early Childhood Trauma

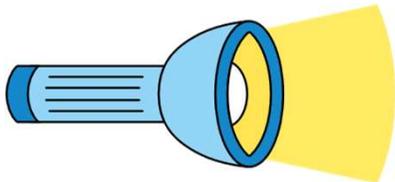


- Children are never immune to the effects of traumatic experiences - no matter how young they are.
- Research is very clear that experiences that happen during pregnancy or within the first four years shape later development and well-being.
- The way that traumatic stress manifests will **vary from child to child**
- Children who suffer many adverse life experiences essentially suffer damage to brain development.
- Traumatized children may develop a range of unhealthy coping strategies which is how they adapt to threats (real or perceived), but they also **do not develop the essential daily living skills** that children need, such as being able to manage impulses, solve problems, or learn new information.
- **More influential for the child than their early trauma, is the quality and quantity of their safe relationships.**

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Early Brain Development and Why it is Important

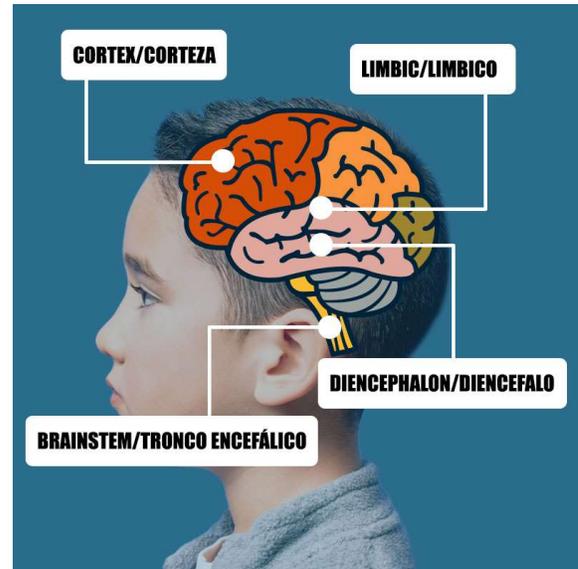


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Neuroscience!

- Human beings are fundamentally social beings, and it is the brain that allows us to engage socially.
- Our senses help the brain know what is going on around us. This helps keep us healthy and safe.
- The brain is more simple in the lower areas or the brainstem.
 - Brainstem – blood pressure, heart rate, temperature
 - Diencephalon – appetite, sleep/wake, attention
- The middle parts of the brain help control our emotions.
 - Limbic – pleasure/reward, emotional reactivity, attachment and bonding, memory formation
- The top areas control our speaking and thinking.
 - Cortex – speech/language, sense of time, creativity, planning, hopes & aspirations, values, belief system



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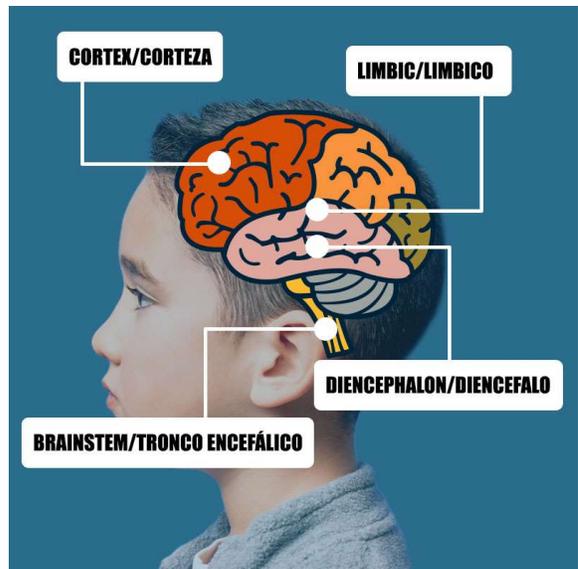


Neuroscience!

Information comes into our brain from the bottom up.

For example, if your body senses a perceived threat

- The **brainstem** tells your body to increase your heart rate and to change your posture. "On Your Mark!"
- The **limbic** part of the brain interprets the emotions of feeling frustrated, irritated, or angry.
- The thinking brain or **cortex** tells you what words to use to express your feelings.
- **But...** sometimes we act on our experiences before we have time to think about or process information sequentially.



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Brain Development – From the Bottom Up

- Brains are built over time, from the bottom up through an ongoing process that begins before birth and continues into adulthood.
- Simpler neural connections and skills form first, followed by more complex circuits and skills.
- In the first few years of life, more than 1 million new neural connections form every second.
- Although genes provide the blueprint for the formation of brain circuits, these circuits are reinforced by repeated use. *Think practice makes perfect.*

The diagram shows a cross-section of a brain with three distinct layers of development, each with an arrow pointing to it:

- Develops First Brainstem (Primitive Brain)**: Sensory motor input and survival.
- Develops Second Limbic Brain**: Attachment and emotional development.
- Develops Third Cortical Brain**: Thinking, learning, language and inhibiting.

Children's brains develop from the bottom up.

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Brain Development – From the Bottom Up

- A major ingredient in the developmental process is the relationship between a child and their primary caregivers.
- In the absence of responsive caregiving—or if responses are unreliable or inappropriate can lead to disparities in learning and behavior.
- The emotional and physical health, social skills, and cognitive-linguistic capacities that emerge in the early years are all important for success in school, the workplace, and in the larger community.

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Early Childhood Trauma & Desensitization

The brainstem is responsible for keeping us safe and is helpful for a child living in a dangerous environment.

Their brainstem will constantly be **on high alert**, ready to keep them safe and to prevent danger. All their resources are 'used up' on staying alive physically.

The problem for traumatized children when they transition into a safe environment

- the primitive brain does not turn off, so the child stays continuously in survival mode.
- even small, everyday things (like moving from one classroom to the next or a slightly raised voice) signal 'life or death danger'
- there is little left over for the development of 'luxuries' such as processing and retaining new information; reasoning; sharing with siblings or peers; empathy or a sense of the intentions of adults as being positive or even neutral.



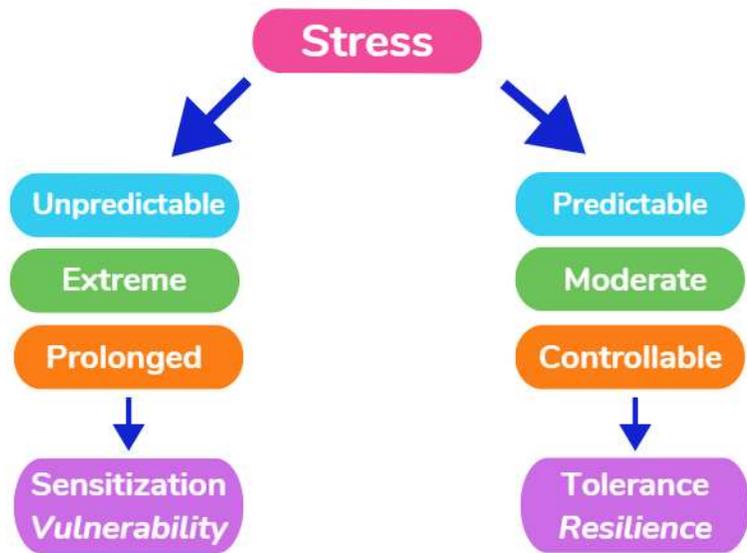
The Brain and Stress

Stress is a demand on one or more of our body systems

- many stress-response capabilities
- physiological reactions prepare the body to deal with threats
- essential to development and building resilience.

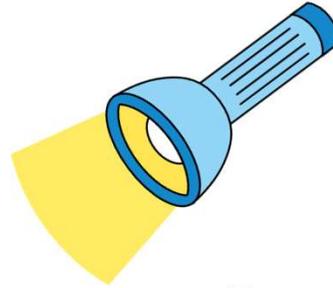
The key factor in determining whether stress is positive or destructive is the **pattern of stress**.

When these responses remain activated at high levels for significant periods of time, without supportive relationships to help calm them, stress becomes toxic.





Seven Impacts of Developmental Trauma



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Seven Impacts of Developmental Trauma



- **Sensory development** - Infants and toddlers have not yet developed language to make sense of their experiences. Therefore, all their memories are sensory memories; and the baby operates mainly out of their brainstem. Children may not be able to regulate their fear response or their body's reaction to fear.



2. **Dissociation** - Dissociation is the separation of thoughts, feelings, and behavior (separation of the mind and body). It is the mind's way of putting unbearable experiences and memories into different compartments.



3. **Attachment development** - Traumatized children tend to develop one main attachment strategy, which could be either *insecure-avoidant* or *insecure-pre-occupied*. Attachment strategies are there to:
 - prevent harm and danger
 - keep a parent/carer as close as possible *even if* the parent/carer is also the danger

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Seven Impacts of Developmental Trauma



4. **Emotional regulation** - In children who move frequently between carers or who have harmful parents, the part of the brain that is responsible for emotional regulation does not develop as it should – it gets stuck in the toddler phase of emotional regulation where they can't do it alone and they need adults to co-regulate with them.

- In children with Developmental Trauma - be they 7, 9, or 15 years old, their brain's ability to regulate their emotions is can be the same as a 3-year-old's. You may see the child cry, shout, sulk, stomp their feet, slam doors, bite, hit, run away, explode with no warning, and/or overreact to small things, etc.
- It may be helpful to think of them as 'attachment seeking' instead of 'attention seeking'.

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Seven Impacts of Developmental Trauma



5. **Behavioral regulation** - Every individual has what is known as a 'window of tolerance'.

- For traumatized children, small 'everyday' things (like a parental request to brush their teeth, or a change of one classroom to the next) can cause a spiral out of their window of tolerance.
- You can expect traumatized children to have some behavior that is out of their control.
- Their brain is not wired in the same way as their peers, and they do not have the ability to choose to switch off a reaction or negative behavior.
- They are in automatic survival mode, and they cannot think, reason, or rationalize when feeling under threat.

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Seven Impacts of Developmental Trauma



6. **Cognition** - Chronically traumatized children often struggle with under-developed cognitive skills, which means the child's ability to do things like plan ahead, problem-solve, organize themselves, and learn from mistakes is compromised.

- Many children who have suffered early trauma appear to not fit this picture. In other words – they are bright, focused, and achieve well academically.
- These are students who can be preoccupied with success and achievement because they feel that being loved is dependent on it, and yet what they do struggle with is emotional intimacy and emotional literacy.
- Being able to articulate emotions and make decisions that are good for them is tough, even though they are academically successful.

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Seven Impacts of Developmental Trauma



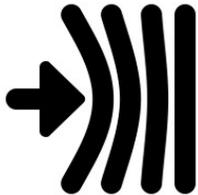
7. **Self Concept & Identity Development** - If children get the message that they are not worth keeping safe, that they are disposable, or that their crying pushes others away; their self-concept will reflect this.

- Children who have suffered early trauma often live with a very deep sense of being 'bad' and 'unwanted', because this is how they see themselves, and how they think others see them.
- No matter how many times they are told that they are wanted and loved, while their head might know this – their heart is stuck in trauma-time.
- Accepting that they are lovable and worth keeping safe can take a very long time. This can make them very vulnerable to being exploited in relationships or present as 'social butterflies' flitting between friends and groups to try to fit in.
- Children with a poor sense of identity struggle to know simple things like what they like, what they enjoy, what they want to do, who they like and dislike, and what they want for the future.

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The Good News!

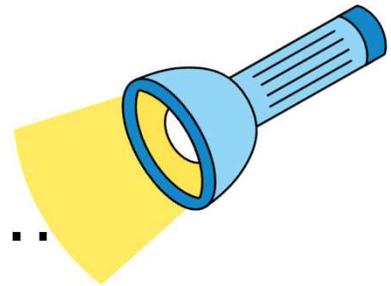


Dr Allan Schore, a pioneering psychologist, is very clear that as Developmental Trauma happens within key relationships, *it can also be repaired within relationships.*“

Dr Bruce Perry, another innovative researcher in the area of abuse and neglect, finds that developmental trauma can be repaired - if the right intervention is offered at the right time, in the right order, and *over a long period of time.*

Children are resilient and adaptable, and neuro-science and interpersonal neurobiology are showing us all the time that the brain is flexible and open to being re-sculpted if given the opportunity.

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What Happens When..



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Trauma and Autism

- Autistic children experience the world differently from typically developing children.
- These differences can also affect how autistic children experience traumatic events.
- Events that feel minor to many children might feel traumatic to autistic children.
- Events that many children find traumatic might not feel the same way to autistic children.



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The Intersection of Autism and Trauma



- Studies show that children with autism and other developmental disabilities experience childhood adversities and trauma at much higher rates than children without disabilities.
- In addition to major traumatic events such as physical or sexual abuse, neglect, natural disasters, or witnessing violence, children and youth with developmental disabilities are also exposed to everyday life traumatic events like bullying, name-calling, social exclusion, lack of attention, abandonment or isolation, rejection, or sometimes the perception of “looking” or feeling different.

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Factors that Influence a Trauma Experience

- Timing of the event(s) in brain development
- Severity of the event.
- Proximity to the event.
- Caregivers' reactions.
- Prior history of trauma.
- Family and community factors.



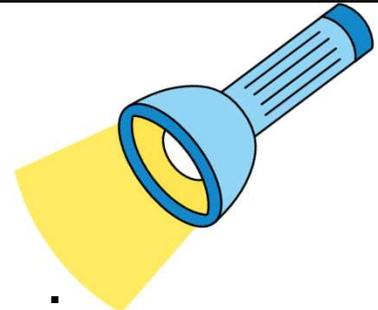
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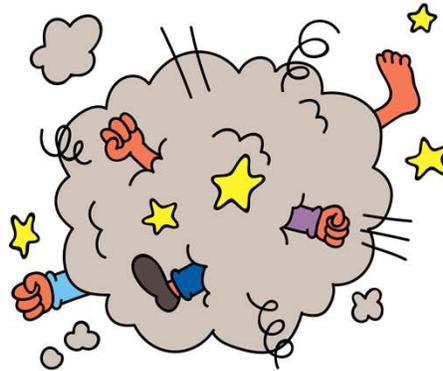
Risk Factors for Children with Autism or Other Disabilities

- Communication and language barriers can make it harder for the child to tell others what is going on.
- Changes in behavior that may be symptoms of trauma can be mistakenly attributed to autism.
- Children with disabilities are more often exposed to repeated medical procedures and hospitalizations. These may entail pain, stress, and fear.
- Children with disabilities often have multiple caregivers (home-care workers, residential staff, family members, and school staff, among others), some of whom may exploit them and cause repeated trauma with long-term consequences.
- Children with disabilities are less likely to be believed due to their disability.
- Simply being perceived as "different" may increase the risk for trauma.
- ***Some of these factors can also make it difficult for others to recognize that a child has experienced trauma, or that the child has not processed the trauma.***

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Challenging Behavior



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***Kids do well if they can.
And if they can't, it is our
job as adults to figure
out what is getting in
the way so we can help.***

Dr. Ross Greene



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ALL BEHAVIOR IS
A FORM OF
COMMUNICATION



Ask yourself these questions:

1. What is the child needing to communicate?
2. What purpose does the behavior serve?
3. What is the un-met need?



Four Functions of Behavior

EVERYONE

ESCAPE ATTENTION TANGIBLE SENSORY

EVERY BEHAVIOR SERVES ONE OR MORE OF THESE FOUR FUNCTIONS

To escape or avoid situations

- May happen when a task is too hard/easy/boring/undesired.
- Provide a "first, then, when" prompt, offer choices, alter task.

To get attention from people

- When social attention is desired.
- Provide positive reinforcement or attention before behavior.

To get access to tangible items

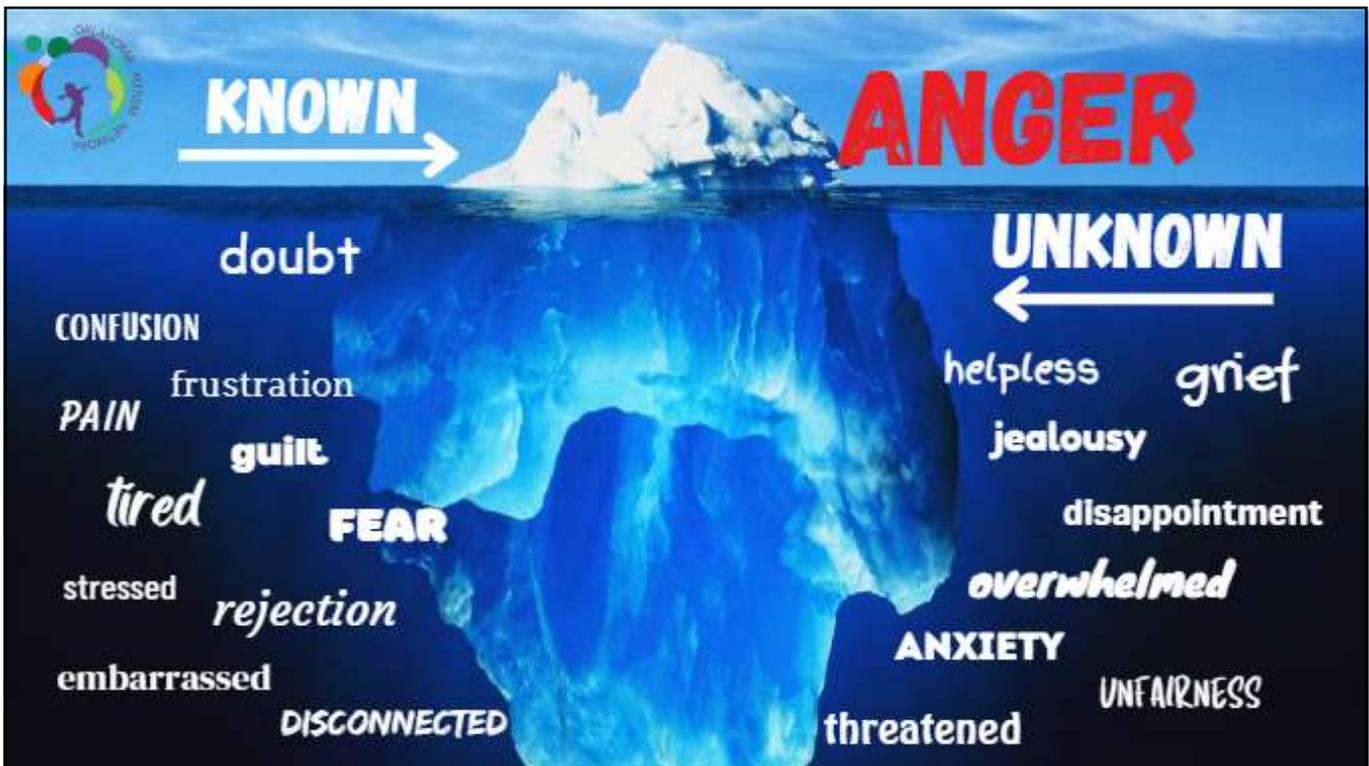
- When a preferred activity is wanted/desired.
- Provide a transition activity/object, increase accessibility.

To gain automatic reinforcement (sensory)

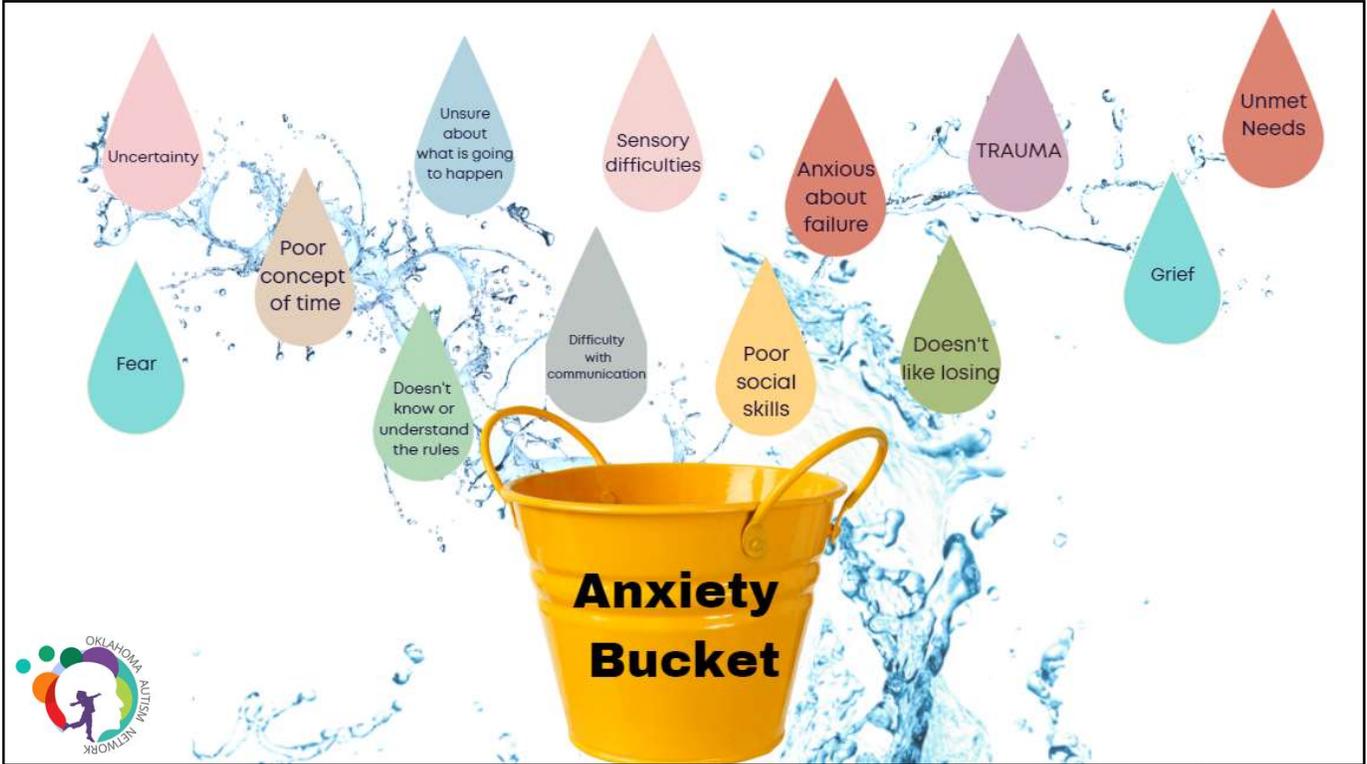
- Can happen anytime, but especially when anxious/excited.
- Provide support, redirect to appropriate sensory activity and/or behavior.



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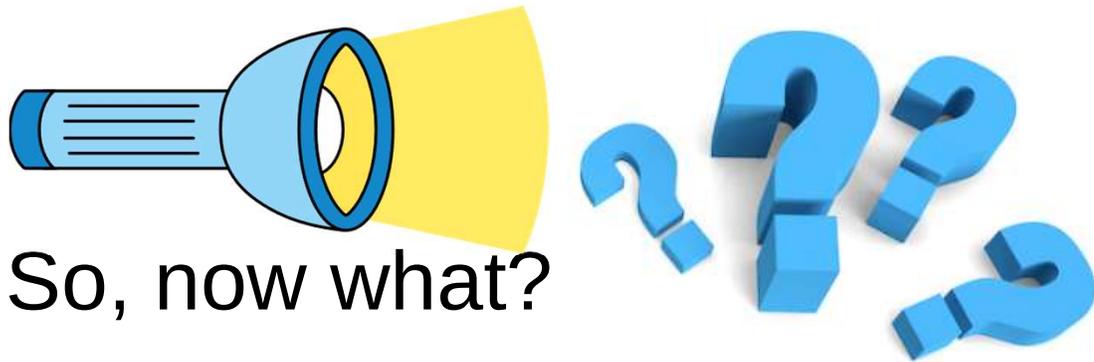
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So, now what?

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Implications for Therapy, Education, and Parenting

- Everyone in a child's life needs to be aware of and understand developmental trauma.
- The first goal of any intervention plan needs to be to stabilize the child's home and school environment.
- The child's primary carer needs support from their network.
- Regulated caregivers help regulate children.
- Research indicates that children with brainstem hypervigilance, impulsivity, and anxiety need patterned, repetitive activities to re-organize and regulate the brainstem. Dance, drumming, and music are great for this.
- Re-training the limbic brain needs to be consistent, predictable, frequent, and sustained and should be achieved with some level of mastery before we expect the child to sit, think, reflect, or learn.
- Parenting, schooling, and therapy need to be *emotionally and socially matched*, *not age-matched*. The key is to respond to the child's developmental age at that moment.
- Early intervention is crucial.
- Each child is unique and so is their brain. There is no 'one size fits all'.

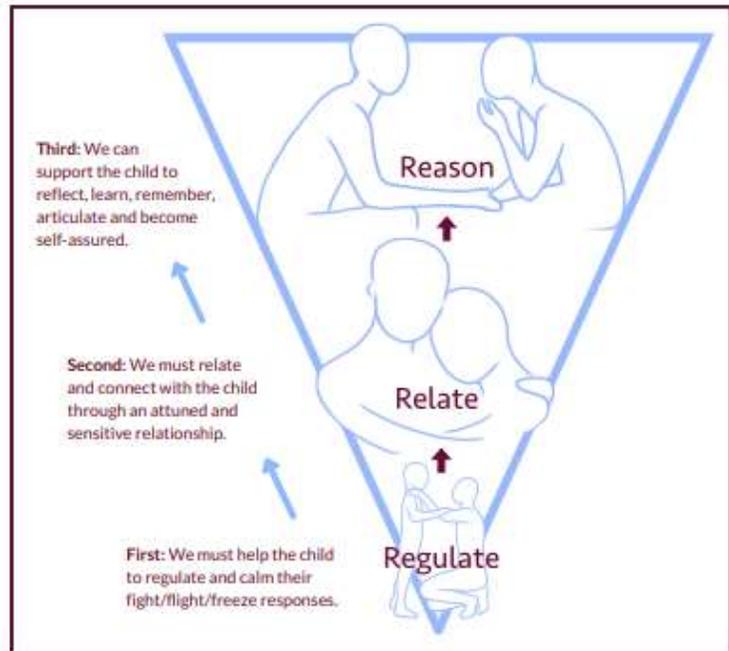


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Remember to support the child in the order of brain development – from the bottom up!

- 1. Regulate** - focus on soothing the child. Make them feel calm, safe, and loved.
- 2. Relate** - Validate feelings with your words and tone of voice. "I know you are upset right now." "This is very hard." Focus on connecting with the child.
- 3. Reason** - Once the child is calm, now it is time to talk about alternatives to behaviors while reinforcing reasonable limits you set before. You can treasure them you care for them but the behavior they are exhibiting is not okay.



Heading straight for the 'reasoning' part of the brain with an expectation of learning, will not work so well if the child is dysregulated and disconnected from others.

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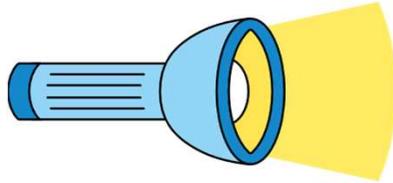


Keep the **F**OCUS on the Child.

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Strategies for Building Skills



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Joint Attention

Joint attention teaches a child to respond to the nonverbal social cues of others or to initiate joint attention interactions.

These moments build foundational skills for regulating the behaviors of others.

Examples include pointing to objects, showing items/activities to another person, and following eye gaze.

Creating opportunities for the child to learn to engage with another's attention is a critical skill for developing relationships, acquiring language, and connecting with and learning about the world.



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Modeling

Modeling relies on an adult or peer providing a demonstration of the action or task that should result in an imitation of the action by the child with an ASD.

Modeling can include simple and complex behaviors.

Modeling is more effective with children who have already learned some of the steps in the specific skill being modeled.

This activity can be combined with other strategies, such as prompting and reinforcement.

Imitation or an attempt at imitation should be immediately reinforced.



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Offering Choices

- Be specific, name the choices using common language.
- Show as you say. Think about timing.
- Create choices!



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Effective Keys for Better Communication

- Maintain proximity and use a low volume when communicating.
- Provide clear and simply stated directions of what you expect the child to do instead of telling them what you don't want them to do.
- Use developmentally-appropriate language when speaking. (Refrain from using "baby talk").
- Allow the child time to communicate independently using their mode(s) of communication.
- Allow for extra processing and response time.

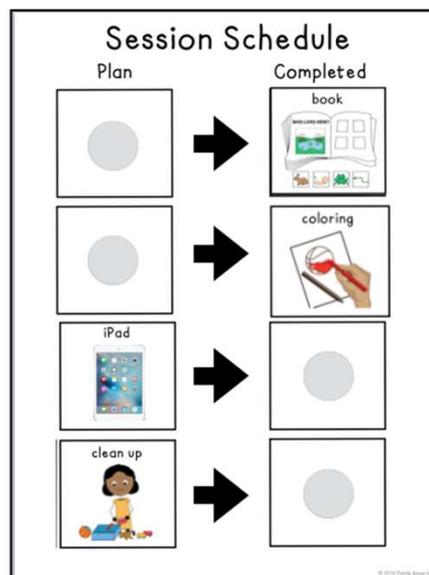


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Visuals & Visual Schedules

- Schedules are meant to help children understand and manage the daily events in their lives.
- A schedule is a set of pictures that communicates a sequence of activities for a specific activity or event.
- Children with ASD tend to rely on visual information for learning.
- They also rely on predictable daily routines to keep their world organized.
- Self-regulation is more easily accomplished when they can predict what will happen next.



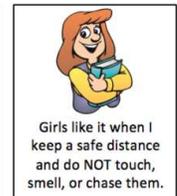
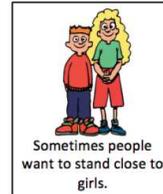
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Social Story Visual

- Social stories explain social situations to autistic children and help them learn ways of behaving in these situations.
- These stories are sometimes called social scripts, social narratives or story-based interventions.
- Social stories can help children learn about social behavior in specific settings like the supermarket, doctor's surgery, playground and so on.
- The tailor-made story is written in the first or third person and can be written in the past, present or future tense – for example, 'I go to the shop' or 'We will sit in the waiting room'. The story is written using language to match the age and skill of the child.
- Research shows that social stories can have positive effects on the behavior of autistic children.
- For social stories to work, it's important that the stories are highly individualized to each child's needs and that they're used at the right time for individual children.

Personal Space



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Take a Break

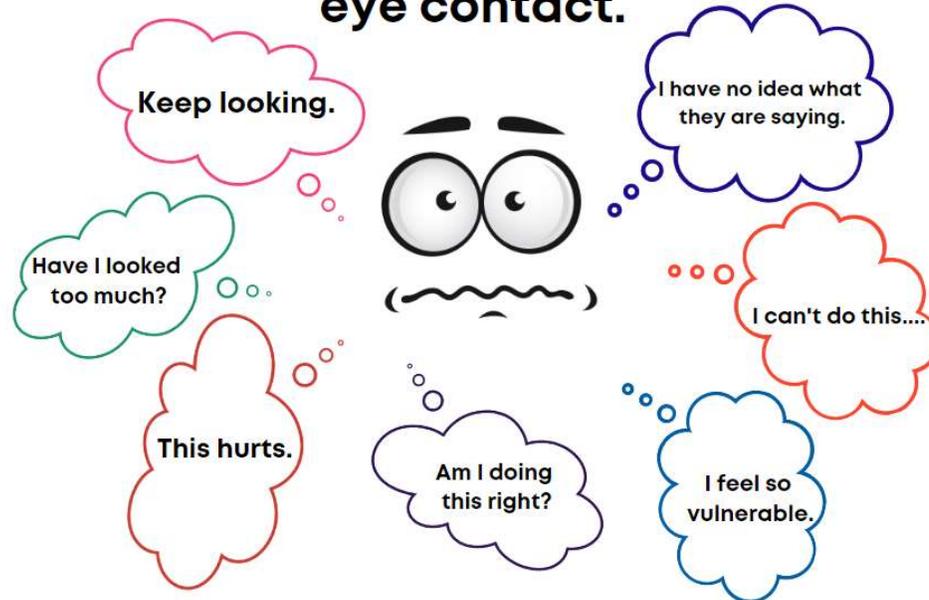
- Some children do best when they can pause between tasks and take a break of some kind (walk around, stretch, or simply stop working).
- Some children will need walking breaks — these breaks can last anywhere from a few seconds to fifteen or twenty minutes.
- Some children may need to walk up and down the hallway once or twice, others will be fine if allowed to wander around in a safe place.



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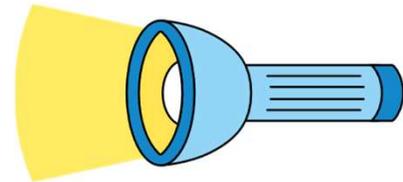
Don't require eye contact.



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Books for Kids

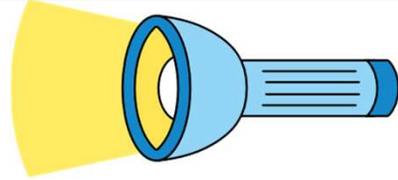


- *Help I've got an Alarm Bell Going off in My Head!* By KL Aspden
- *The Mermaid Who Couldn't: How Mariana Overcame Loneliness and Shame and Learned to Sing Her Own Song* by Ali Redford
- *The Boy Who Built a Wall Around Himself* by Ali Redford
- *A Terrible Thing Happened* by Margeret M. Holmes
- *Today I'm a Monster* by Agnes Green
- *The Scared Gang Books and Cards* by Eadaoin Bhreathnach
- *Listening to My Body: A guide to helping kids understand the connection between their sensations (what the heck are those?) and feelings so that they can get better at figuring out what they need* by Gabi Garcia
- *A Nifflenoo Called Nevermind: A Story for Children Who Bottle Up Their Feelings* by Margot Sunderland
- *Elfa and the Box of Memories* by Michelle Bell and Rachel Fuller

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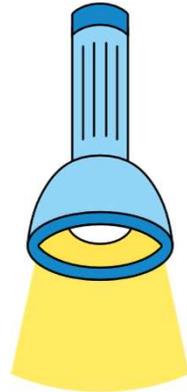


Books for Adults



- *What Happened to You?* By Bruce D. Perry and Oprah Winfrey
- *The Boy Who Was Raised as a Dog: and Other Stories from a Child Psychiatrist's Notebook* by Bruce D. Perry
- *What My Bones Know: A Memoir of Healing from Complex Trauma* by Stephanie Foo
- *The Body Keeps the Score, Brain, Mind, and Body in the Healing of Trauma* by Bessel Van Der Kolk, MD

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THANK YOU!

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