**Autism and trauma (1)**

0:01
Hi everyone, my name is Molly and I'm an Assistant Educational Psychologist at Cognus. I'm recording this webinar for parents and carers and professionals as part of Autism Acceptance Week.

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I want to note that the terms autistic and child and young person with autism are both used in this presentation to reflect the preferences of individuals.

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Not all individuals with autism have experienced trauma, and not in all individuals who have experienced trauma developed autism. However, studies have indicated that traumatic experience has may increase the risk of certain autistic traits or worsen existing symptoms. In individuals who have a diagnosis of autism,

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research has shown a correlation between childhood trauma and the manifestation of autistic symptoms. While trauma itself doesn't cause autism, it may contribute to the severity of symptoms or exacerbate existing challenges.

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The relationship between trauma and autism is complex. It's multifaceted, it involves various factors and mechanisms, and it's really important to discuss how we can support our young autistic people who may have experienced trauma in any shape or form

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at a plan for their session. We're first going to think about what is trauma. We're then going to touch on what was autism, and we're then going to think about the trauma and stress cycle and how it impacts people who have autism.

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We'll think about about practical strategies and supports, and also signposting.

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Trauma is a psychological response to an event that a person's nervous system perceives as life threatening to themselves or others, and which exceeds their capacity to cope with the emotions involved.

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Whilst traumatic experiences often involve a threat to life or safety, any situation that leaves someone feeling overwhelmed and isolated can result in trauma, even if it doesn't involve physical harm.

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Traumatic events are processed objectively by different individuals because of the differences in upbringing and previous life experiences.

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Therefore, people react to similar traumatic events very differently. What may be mildly upsetting to one person may be completely terrifying to another individual.

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Approximately 1/3 of young people in England and Wales have been exposed to traumatic events by the time they are 18 years old, and approximately 1/4 of these young people will develop Post Traumatic Stress Disorder as assessed by the DSM 5 criteria.

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Adverse Childhood Experiences, or Aces, are potentially traumatic events that occur in childhood, so zero to 17 years.

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Please note that the examples above are not a complete list of adverse experiences. Many other traumatic experiences could impact health and well-being, such as not having enough food to eat, experiencing homelessness or unstable housing, or experiencing discrimination and bullying.

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Research has shown that trauma exposure is higher than average among young people with a range of developmental difficulties and disabilities.

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Young people with autism are more likely to have been exposed to adverse childhood experiences than those who do not have autism.

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There is a growing recognition that autistic people are at a higher risk of experiencing traumatic events. For example, researcher Berg and colleagues in 2016 and a population based study found a significantly higher proportion of adverse childhood experiences for autistic children compared to non autistic children.

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Taking a look at the impact of developmental trauma, we're going to think about the developing brain in terms of the three main levels of function.

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So the brain stem develops a first as the brain develops from the bottom up.

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At the point of birth, the brain stem is fully formed. It's responsible for keeping us safe. It's the part of the brain that makes us run away from danger, fight for our life, or freeze inside. It's keeping us alive.

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The focus is on survival here. Biological factors such as temperature, heart rate and psychological survival are all involved in the brainstem.

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If there's stress and the uterus and the baby will be born with an oversensitive stress response

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and the brainstem is always firing like a fire alarm that is 40 and going off when there's no smoke.

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This can be very helpful for a child living in a dangerous environment. The brainstem will constantly be on high alert, ready to keep them safe and to prevent danger. It does its job extremely well.

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The middle part of the brain that develops is the limbic system and this continues to grow over 18 months.

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The focus is on developing attachment relationships and regulating emotions,

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and emotional memories are stored in this part of the brain,

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and the third part and last part of the brain develop is the cortical brain. So this is continuing growing until around 25 years old, and some research is now showing it's until about 30.

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The focus here is on cognitive functioning, reasoning, reflecting all of those executive functioning skills.

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A key aspect of the developing brain is the intervention is integration, how the levels of function work together to cope with surprises and manage difficult situations and stress.

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The thinking now is that the child's stress response system becomes overactive, sending them on a different developmental trajectory with a range of implications for health, relationships and achievements. Trauma literally changes a person's biology, being exposed to extended periods of toxic stress. There's a direct impact on the architecture of the brain.

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We also know is that those children with good relational health, where they've grown up with safe, predictable, attuned relationships, these risks decrease significantly. It's not just about what has happened, so those adverse childhood experiences, but the context of the relationships in which it happened.

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The problem for children who have experienced these childhood and adverse childhood experiences is that when they transition into a safe environment, the primitive brain is not turning off. So the child is staying continuously in that survival mode

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and everyday normal events are signalling danger to their brain. The child is developmentally stuck in that brain stem and very little information can get passed up to those higher parts of the brain.

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The key message here is that children's brain develop from the bottom up and the higher regions won't work properly if the lower regions are stuck

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whilst they're stuck here, it's really hard to form secure attachments, manage their emotions or behaviour, think, learn or reflect because they're simply trying to stay alive in a world that feels really dangerous.

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So what is autism? Autism is a form of neurodiversity and it's understood as being a developmental and lifelong condition which impacts on the way people perceive and experience the world around them.

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This in turn impacts on communication and interaction skills. Autism is often referred to as a spectrum condition because although it leads to a range of core difficulties, these are experienced at an individual level.

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All children and people with autism will present differently and difficulties will interact with their life experiences, their environment and the support that they receive.

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Autistic individuals have a range of strengths which should be recognised and celebrated and used to promote their engagement and progress in education.

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When people think about trauma, sometimes we just think about the big life events. Young people with autism are often trying to fit into a world that doesn't make sense to them.

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For some children, they may have more difficulty with communication, finding it overwhelming to make and maintain friendships, and navigating social situations which can create a lot of stress and feel very traumatic to them.

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For others, sensory needs may be more prevalent and being in certain environments such as school canteens or corridors can be extremely overwhelming and creates a sense of avoidance.

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We can think about trauma as situations that people without autism take in their stride and wouldn't think twice about.

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An example here could be a fire alarm for people without autism. It's something you just have to go outside for. And maybe it might be a slight frustration for a teacher that wants to get on with the lesson, but for someone with autism, it can be really overstimulating. It might be noisy, crowded, out of routine, physically and mentally overwhelming.

9:56
This is the Trauma and Stress Cycle or Autism Edition.

10:01
This is a really helpful visual to help understand how stress and trauma can impact individuals with autism. Because people with autism have a higher level of stress than the general population, more traumatic memories are developed. As previously mentioned, when thinking about the development of the brain, you're on the lookout for possible triggers to show that the world is unsafe. As a result of this, it takes much more mental energy. Memories are then going to stay traumatic

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because there's less mental energy to process them.

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Due to experiencing higher stress. Autistic people are likely to have more memories stored in their amygdala, the part of the brain, and this can then cause more stress. Regardless of the cause of differences in neurology, the result of it is a reduced capacity to self regulate using strategies and therefore the likelihood of experiencing periods of prolonged stress.

11:03
Individual individuals can get stuck into a vicious cycle where you're always in survival mode and feel unsafe. This can then result in autistic burnout, which is an incredibly difficult experience for anyone that has to go through it

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due to the crossover and symptoms. The Coventry Grid is an attempt to summarise the differences between the behaviour of children with autistic spectrum disorder and those with significant attachment problems, so essentially meaning how we conform our attachment to others.

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There are strategies that are used that are helpful for both attachment difficulties and autism. As there is so much overlap,

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it might be helpful to go away and have a look at the grid, identifying areas that may be helpful to unpick for you and your child or children.

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Everyone has their own unique window within which they feel safe. Can loved, can love, be loved, feel pleasure, respond to challenges, take risks, and cope with adversity.

12:09
However, things can really push us out of our window of tolerance, up into hyperarousal and down into hyperarousal. So up into that fight or flight response, or down into freeze,

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repeated, experienced ears of toxic stress lead to a shrinking of our window of tolerance. And for young people with autism, trying to fit into mainstream settings and understand social cues can be exhausting, leading to masking. As they grow older, their window of tolerance and window of stress tolerance has become much narrower as a result, so they may respond with extreme reactions to events which others may perceive as relatively minor.

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The traumatised children. Small everyday things like a change of one classroom to the next may spiral them out of their window of tolerance.

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You can expect traumatised children to be over or under aroused for most of the time and in either state their behaviour is out of their hands. They simply cannot control it, no matter how hard they try.

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Children may experience being outside of their window of tolerance and class, then leave to go to break and appear to be back in their window of tolerance.

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It's really important to remember that their window of tolerance is a lot smaller. They're in automatic survival mode and they can't think, reason or rationalise when they're under threat.

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Our big challenge is to create learning environments and relationships that enable children to stay within their window of tolerances, to make them bigger and help to return to them.

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This is Bruce Perry's three Rs. So Bruce Perry is a psychologist and psychiatrist who has done a lot of work into the field of trauma research.

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The three asmodel is in line with the bottom up approach to brain development,

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so he suggested that trying to reason with students that are outside of their window of tolerance, so up in that fight or flight or down in the freeze may result in escalating behaviour situations and potentially rude traumatising them.

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He said that the first thing is to recognise when children are in that fight flight and freeze outside of their window of tolerance

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instead of heading straight for that learning part of the brain. So those cortical regions and the executive functionings, what we need to do is first support a sense of safety

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rather than initially. He may be shouting to convey a point. It's important for us to think about what that young person needs in the moment. Is it space? Do they need to find a different area of the room? How can we regulate them? Or how can they regulate themselves

15:02
once they are regulated? And out of that fight, flight or freeze mode, we need to show the young person that we can relate to them. We're trying to understand the situation from their perspective.

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Can we help them to return to a wind of tolerance and support them by giving them a choice?

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It's really important to remember that when individuals experience trauma, they often do not have a sense of control.

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Can they be given a choice of two options to feel more in control of the situation in that moment?

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It's also really important for us to consider our body language and positioning when trying to relate to a young person, thinking about the level of closeness that they may need. And if we're not physically close, how can we stay emotionally close to them?

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The 3rd and final step of the model is reasoning, so children cannot enter this phase until they are feeling safe. Can the instant or behaviour be discussed restoratively? Can they learn from the situation rather than punishing it immediately? And it's really important to remember that children will not be ready to learn. Until then

16:18
I thought that this was a really fantastic and lovely framework, and so this is the National Autistic Societies Spell framework, offering a a way of conceptualising a key practical and ethical considerations for settings when considering how they can be autism friendly.

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The five principles are derived from research evidence, and they demonstrate how environmental changes and adult adaptations can be really enabling rather than disabling for both autistic children and adults.

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Using this approach can really support children with autism that experience the fight or flight response a lot quicker and more intensely due to sensory processing, masking, and differences in communication abilities.

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The first part of the spell framework is S4 structure. By implementing structure, we can make the world more predictable through routine and accessibility.

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This includes the use of timetables and labelling or resources, information about changes to routine and timers to show how long activities may last. Visual supports and reducing the directedness of adult support will increase autonomy and independence.

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This can include chunking tasks and ensuring that tasks are set at a level which the pupil can achieve them independently

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at home. This can be in the form of calendars and helping to understand weekend or school holiday plans. Maybe when it's a bit more unstructured.

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Colour coding resources so that students can organise themselves can be another example. Increasing our students understanding of the world around them and their ability to communicate their needs will reduce stress and anxiety. This can involve visuals, reducing language and structuring communication to gain the child's attention and proceeding at a pace which they can effectively process the information needed.

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The second part of the spell approach is P4. Positive approaches. Utilising the strengths of a child or young person is an important way of building feelings of self-confidence and competence. Motivations and rewards can be used to reinforce behaviours and skills, but ways of trying to instil intrinsic motivation and feelings of success may be more beneficial longer term.

18:53
Challenging yet realistic expectations across all areas of development are important and should be identified on the basis of sensitive and accurate assessment.

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Strengths in one area may accommodate for more significant needs in another, but this needs to be judged on an individual basis.

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The provision of support to ensure that change and challenge are not avoided by autistic pupils is also very important.

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Structure, support, rehearsal and positivity can enable students to overcome situations that they previously would have avoided through confronting them in small steps.

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Supporting behaviour through seeking to understand its function and the and the needs a child may not otherwise be able to communicate is essential. This can be supported in situations such as asking for help, navigating social situations, etcetera.

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The third part of the spell framework is E4 Empathy.

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Responding with empathy to autistic students involves trying to understand the world from their perspective and in light of the various factors which can either motivate or distress them.

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Understanding children with autism in such a holistic way can support and developing their skills of empathy too.

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We can teach social understanding through social stories, scripts and structured opportunities to practise new skills.

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When we understand somebody and it completely makes it easier to relate to them and we respond to them with respect.

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Using empathy also enables us to reduce the anxiety and autistic person may feel as we moderate and adapt our communication style accordingly.

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Empathy is the actions and words that we use when helping a child to make sense of their experiences, feelings and thoughts.

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It's an adult showing a child that they don't have to deal with their distress alone.

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Being empathetic is having compassion, helping children to recognise when they're struggling to handle something difficult.

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It helps children to recognise the emotion that they are feeling underneath their behaviour, whether that be frustration, sadness, hurt, et cetera,

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and having an empathetic response from us shows a child that their inner life is important and adults want to support the child.

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This will be especially important if a young child or young person experiences social exclusion or bullying.

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The 4th part of the spell framework is L for low arousal.

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Low arousal and low stress do not mean no arousal or no stress.

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Supporting young people to tolerate low levels of stress is essential in ensuring that they are exposed to a wide range of experiences and can overcome some level of anxiety that particular situations may induce.

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Planned and sensitive exposure to stimuli is needed alongside provision of low arousal environments for time when focus and concentration is required.

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This could include a workstation or adapted working environment for working on new or complex tasks.

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Other resources and aides to make situations feel more manageable can also be used. For example, tangle toys, ear defenders or weighted blankets,

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Sensory stimuli which can cause high arousal, includes colours on walls and colours and patterns on walls. Lighting which is fluorescent noises and smells etcetera.

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It isn't always possible to have a calm down corner and a specific room. So until an alternative is to get a pop-up tent and create a cosy space inside of that to help regulate.

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Another idea is a the idea of a self soothe box that will include a different tools and items that will be used to help regulate using the sensors.

23:07
So as you can see in this box on the slide we've got a few different things, so there's a poppet for touch, there's some Skittles for taste. Other people and children sometimes like things like

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gum or peppermints and we've got some tissue paper which is quite nice to feel and some other things that could go in. There are images or photos, maybe things that will motivate the child, things that they're looking forward to and will enjoy. And you can also have different fidget toys in there and different smells can be a really helpful one. So for some young people the smell of lavender can be really regulating and re supportive. So children like to put drops of lavender on a tissue

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four and sometimes their favourite smell, whatever that might be.

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Uh, and you can use a self soothe box anywhere. They could take him to school, they could have it at home, they could have different one for home and school. Whatever helps for the child.

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The last part of the spiral framework is L4 links.

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It's the family and community around. An autistic child is an invaluable resource and it really should be seen as such. Parents and carers should be involved in all plans and target setting where possible alongside the young person

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and good sharing of information to inform. Consistent approaches used between all adults across all settings will provide the maximum support to children and young people.

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And additionally parents sharing concerns were school can help the staff to provide alternative arrangements and really understand the child's needs further to support them in school as much as possible and avoid re traumatising them where possible.

25:00
So I thought it was helpful to include a slide on processing and traumatic events and stress because every child is so different. And as we said at the start, everyone processes trauma very, very differently.

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Some children are going to want to discuss traumatic instances quite quickly, so I'm going to need a bit more time to sit with the thoughts and feelings. It's really important to note that there is no right or wrong time amount of time to process each situation.

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Children may have a lot of questions, and when this happens, it can be helpful to do a couple of different things.

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So if they're asking questions kind of again and again because they are feeling really anxious about a situation or not sure how to process it, writing down the answers to questions in a notebook or a computer or tablet or something like that, whatever you have accessible can be helpful. And then when they're asking the questions, you can encourage them to look at it when it's needed.

26:06
And you could potentially role play the answer to a question. If they're more of a visual learner, it could be helpful to do this and and you could role play, for example, visiting a sick relative hospital and thinking what might have to happen, where they might have to go, where they sit, what they do, et cetera. Or a different example could be what to do when there is a fire alarm. And in this situation, you could involve their teacher. You could ask them their teachers to role play this with them.

26:36
Um planning it out as they go.

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Um, it's really important to be really clear and direct with the language

26:46
you saying. Social stories and visuals can help to aid this understanding,

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using visual supports to combine if then questions and answers.

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For example, if I feel overwhelmed when I come home from school, I will go to my room for 5 minutes before speaking to anyone and then they will be regulated and be able to access that thinking part of the brain.

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Another idea could be drawing or creating a Bank of calming resources that children can use when they're struggling to verbalise. Any feelings? And if you maybe use a self soothe box, this could go in there to help remind them.

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Following all of this in mind, I wanted to give you a case study to pour all of this information together and think about how we can support a child with autism who may be experiencing A traumatic event.

27:43
And so the case study that I have pulled together and would be thinking about a primary school aged child who has a diagnosis of autism and they have just lost their grandparent.

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There are going to be several considerations in this situation and it's going to be really quite complicated for them to conceptualise. Certain things such as

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nanny or Grandad has gone to heaven.

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For a child with autism, it's really, really hard to visualise that it's not concrete at all. So it's actually thinking, how can we explain this to them in really direct and clear terms about what has happened? And social norms and a grieving period are going to be quite difficult. Quite different if the child does go to a funeral and they may have questions such as why is everyone wearing black? Why is music being played?

28:44
There's lots of different things to think about in this situation and hear a social story or comic ship might be really, really helpful.

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And there's going to be sensory differences in environments. And if a child is going to visit a grandparent at the hospital, it's going to be prepping them for that. And the differences in the clinical smile, things like that,

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Ohh, at a funeral, how it might be different,

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etcetera.

29:21
As well as this. It's important to think about the processing time as we did on the other slide, thinking about how we can maybe prepare them for certain situations or if this is a surgeon situation, how we can explain it to them in very concrete terms. And just remembering that some children may take longer to process than others.

29:44
And it's also really important for you as a parent in this situation to make sure that you are looking after yourself. And if you're a parent or carer, it's really important that you are taking the time for yourself and it just as much as you are for your child. It's both a lot. It's a lot for both of you to be processing.

30:06
Following on from the case study, I just wanted to include a example of a social story. So I've taken this from the Winston's Wish website, which is a charity that supports bereaved children. It's a really fantastic resource just showing how simply we can define a situation and make it really concrete and helpful for children with autism to understand.

30:35
It will be helpful to use this in a situation such as a case study when experiencing a bereavement in the family and helping to explain this to a child or young person that has a diagnosis of autism.

30:52
Here is some information about the Autism Advisory Service So it's made-up of Alex Cousins and Asthma Jacob. They provide extensive support which is further enhanced by the coldness autism champions. And so here's just a few things that they offer. They are such a fantastic and amazing service.

31:18
As well as this I just wanted to sign post a couple of things and the EP service holds phone consultations for parents and carers for children who are not currently working with an educational psychologist.

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A SaaS cab advice on all Essien matters. The Education Well-being Service and is provides guided self help CBT sessions for parents and young people and they also support children who have a diagnosis of autism

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and the Saturn local offer which is fantastic and has so many different things going on really worth checking out. And the Autism Service resource list, which is on the Cognos website.

32:04
If you have any questions about the content from today, please e-mail Alex Cousins and she will forward the e-mail on to me. I hope this webinar has been helpful. And yeah, thank you for watching.