Trauma and Autism Resources from an Occupational Therapy Lens

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Background

- Autistic individuals have a high risk of potentially traumatic experiences throughout their lives including adverse childhood experiences, in particular, negative interpersonal events, such as violence and sexual abuse (Hartley et al, 2024). Children within the foster system are also at higher risk of potential traumatic experiences. These experiences tend to manifest in behavioral, adaptive, and motor differences. So how does a parent address these differences and know if it is trauma induced, autism, or both?
- The goal of this project is to provide handouts that differentiate between trauma, and autism as well as provide the occupational therapy lens for address common challenges faced by both communities.

Methods

- Initial meeting with members of the ACE clinic in Developmental Pediatric
- Attended and observed the ACE clinics evaluations
- Designed handouts based on families common occupational therapy needs
- Implemented the clinic teams feedback on handouts

Implications

- Parenting can feel overwhelming and majority of parents want to do what is best for their child but are note sure where to start. The various handouts created provide parents and staff with ways to approach activities of daily living (ADLs) and differentiate between autism and trauma from an occupational therapy lens.
- The hope is that these resources provided families who with a starting point to address some common challenges faced by autistic children and children who have faced trauma.

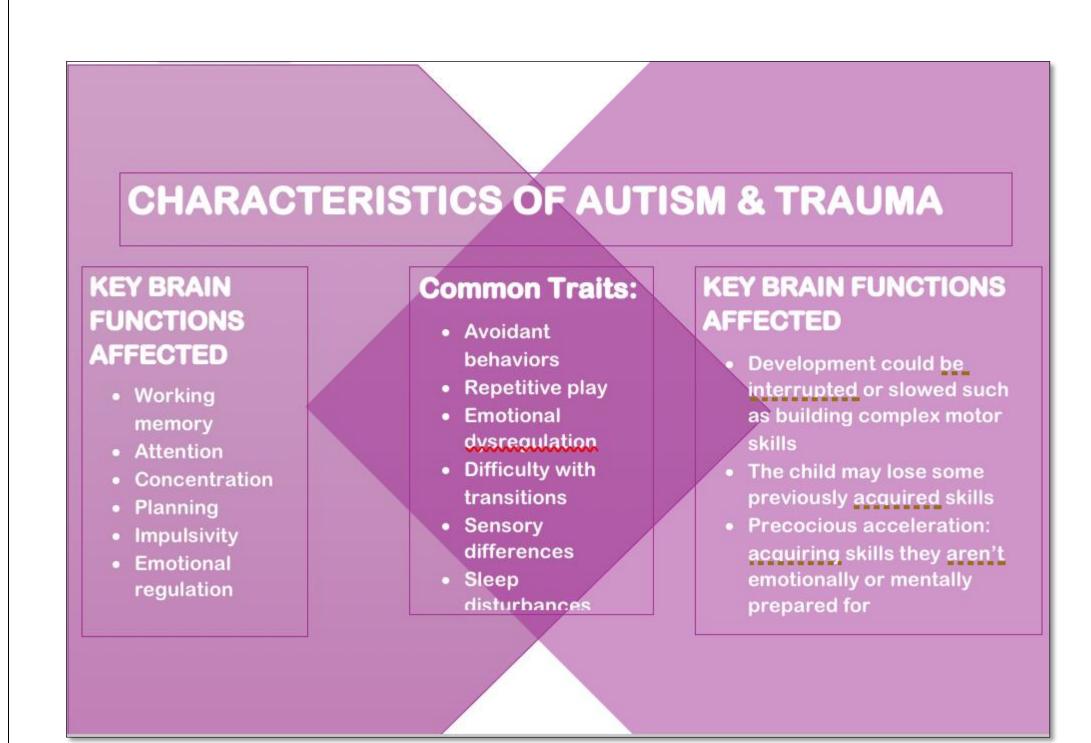


Figure 1. Characteristics often seen in both autism and trauma.

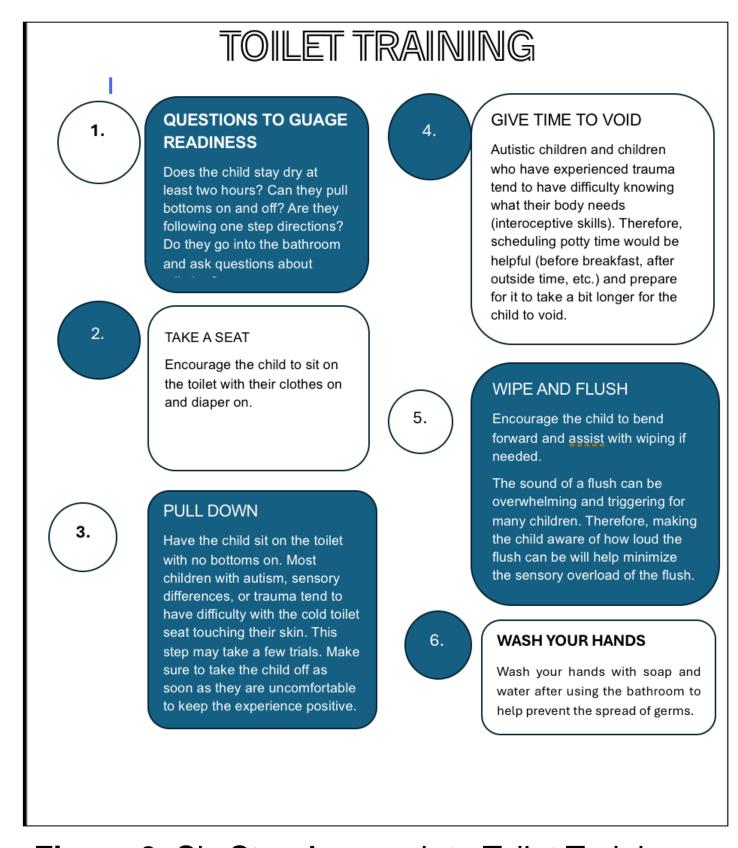


Figure 3. Six Step Approach to Toilet Training with a child with autism/trauma.

Results

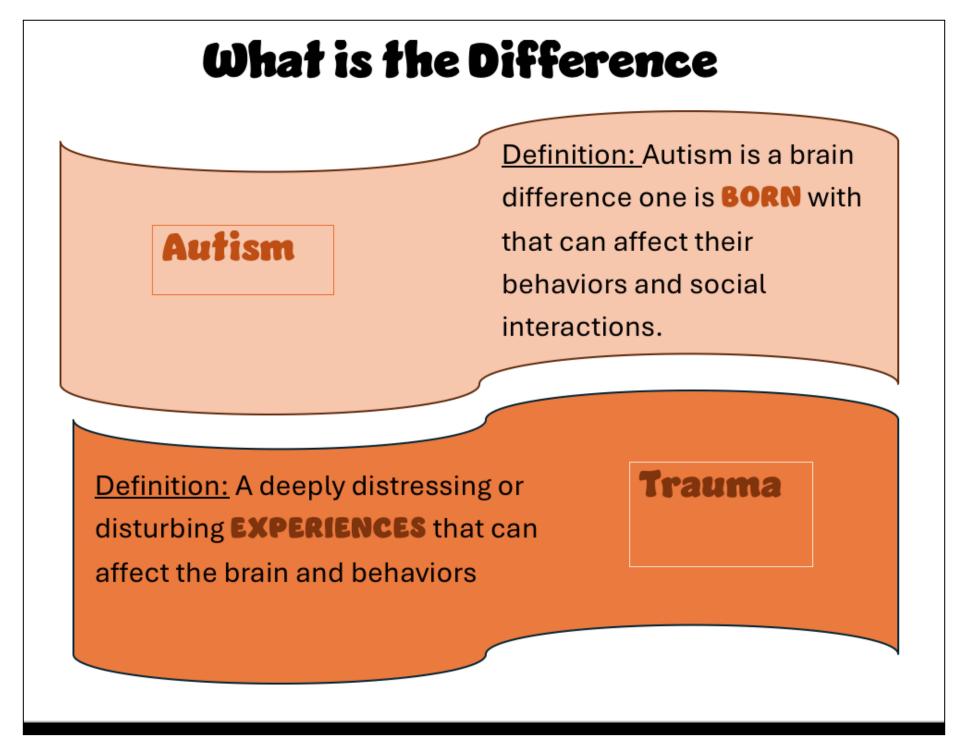


Figure 2. The difference between autism and trauma



Figure 4. Steps within the sequential oral sensory approach to feeding.

A FEW TO HELP YOUR CHILD **SLEEP WELL** Observation: do they sleep? Are there underlying conditions? Needs: Does the child sleep with a blanket? Do they like music? Do they like to be snuggled? Do they like to be rocked back and forth? Do they like a night light **Build A Routine:** Create a routine based on what you have observed the child's needs and what the child has stated they need if applicable. For example, bath time, then quiet time with a book in the parent's lap, lights off, and weighted blanket. Some recommended bedtimes include: 6 pm- 8pm (1-3 years old), 7 pm- 9pm (4-12 years old), and 8 pm- 10 pm (13-18 years old), Reflection: What is working in the sleep routine you created? What didn't work? Refinement: Maintain the things that work and replace the things that don't. Repetition: Now that you have established a routine, repeat it every day consistency. Return to step one if sleep is still a challenge. Reach out to the child's primary provider for medical recommendations for sleep. Sweet Figure 5. Sleep Challenges Faced by Autistic Children

and Children who have Experienced Trauma

References

- Hartley, G., Sirois, F., Purrington, J., & Rabey, Y. (2024). Adverse childhood experiences and autism: a meta-analysis. Trauma, Violence, & Abuse, 25(3), 2297-2315.
- Kildahl, A. N., Storvik, K., Wächter, E. C., Jensen, T., Ro, A., & Haugen, I. B. (2024). Distinguishing between autism and the consequences of early traumatization during diagnostic assessment: a clinical case study. Advances in Autism, 10(3), 135-148.
- Odachowska-Rogalska, E. (2023). Differentiation of the clinical diagnoses of autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD) and post-traumatic stress disorder (PTSD).



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