



AutPlay® Therapy and Trauma

It is typically understood that autistic and other neurodivergent children are more susceptible to victimization, experience traumatic effects differently than other children, and may perceive daily common events as traumatic due to their varied perceptions and sensitivity to stimuli (Guest & Ohrt, 2018). Although we know that neurodivergent children experience trauma, it is not fully understood how traumatic stress impacts neurodivergent individuals, and there is limited research on treatment of trauma symptoms in this population. When working on trauma with an autistic or neurodivergent child, it is important to stay flexible and to adapt to the child's individual needs and learning styles. Also, many autistic children may present with a combination of adverse life events and psychiatric comorbidities. Neurologically, neurodivergent children may process differently than neurotypical children. Processing speed, cognitive awareness, receptive language ability, and executive functioning ability may look very differently from working with a neurotypical or non-autistic child. These factors must be taken into consideration when attempting to address trauma issues, especially when using trauma models that have been normed on the neurotypical population such as TF-CBT and EMDR.

Adverse Childhood Experiences (ACEs) and Autism

The ACE study is an ongoing research study that explores the relationship between childhood trauma experience and long-term medical health and social consequences. Research findings suggest that autistic children encounter more ACEs than non-autistic children, and that this difference is especially pronounced in lower income families. As observed in the general population, autistic children who experience an increased number of ACEs are at elevated risk for comorbid psychiatric and medical health problems. Autistic children with an elevated number of ACEs also experience a delay in diagnosis and treatment initiation.

The core symptoms of autism may themselves predispose children to stressful and traumatic situations. For example, difficulty with social navigation could lead to increased peer rejection, bullying, and social anxiety. Experiences known to be distressing for autistic children such as unexpected schedule changes, the prevention or discouragement of repetitive or preferred behaviors, and sensory challenges, could be perceived as traumatic particularly when such distress occurs on a consistent basis, adding to the potential for comorbidity. These core symptoms would make every day social situations and new or unexpected experiences highly stressful for neurodivergent children. It is possible that consistent rumination on stressful or traumatic experiences could lead to co-occurring symptoms of depression, anxiety, and even Post Traumatic Stress Disorder (PTSD) if a significant traumatic event has taken place.

AutPlay Therapy Approach to Trauma Work with Neurodivergent Children

AutPlay Therapy is an integrative approach of play, relational, developmental, and family systems methods. When working with autistic and other neurodivergent children who are affected by trauma, a three-step progression is employed. The three-step process is further outlined in the AutPlay Therapy book – *AutPlay Therapy for Children and Adolescents on the Autism Spectrum* and in the training *Autism and Trauma: AutPlay Therapy and Beyond*. <https://courses.jentaylorplaytherapy.com/courses/autplay-trauma>

A brief explanation of the AutPlay three step process is offered below:

1) Relationship and Safety – Neurodivergent children who have experienced trauma must begin with building relationship with the therapist - feeling safe and familiar with the therapist and the clinical office and environment is essential for trauma issues to be addressed. Therapeutic relationship should be the primary focal point of beginning therapy with strategic implementation of processes that help the child feel familiar and safe with the therapist and their surroundings.

2) Regulation – Neurodivergent children and adolescents may need to learn to regulate their system before a formal trauma protocol can begin. This is often implemented in three phases: *Co-Facilitation* (cognitive instruction) - teaching and providing information about emotions, sensations, and what are feelings and what is regulation. *Co-Regulation* - modeling, supporting, and assisting children with moving through a series of regulation interventions and understanding regulation sensation. *Self-Regulation* – an obtained state where the child can recognize their need for regulation and understand how to access and implement tools on their own to regulate their system.

3) Emotion Recognition and Expression – Neurodivergent children may not understand or recognize emotions and may have a challenging time expressing emotions in an appropriate or constructive manner. Trauma work will require helping neurodivergent children recognize, express, and manage emotions.

It is possible that any established trauma protocol could be effective for a neurodivergent child, but steps should be taken to ensure the above processes have been established before implementing any trauma protocol with autistic and neurodivergent children. Professionals should not attempt to use AutPlay Therapy to address trauma issues in autistic children without having a thorough understanding of trauma, a thorough knowledge of autism, and have been adequately trained in AutPlay Therapy protocol.

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