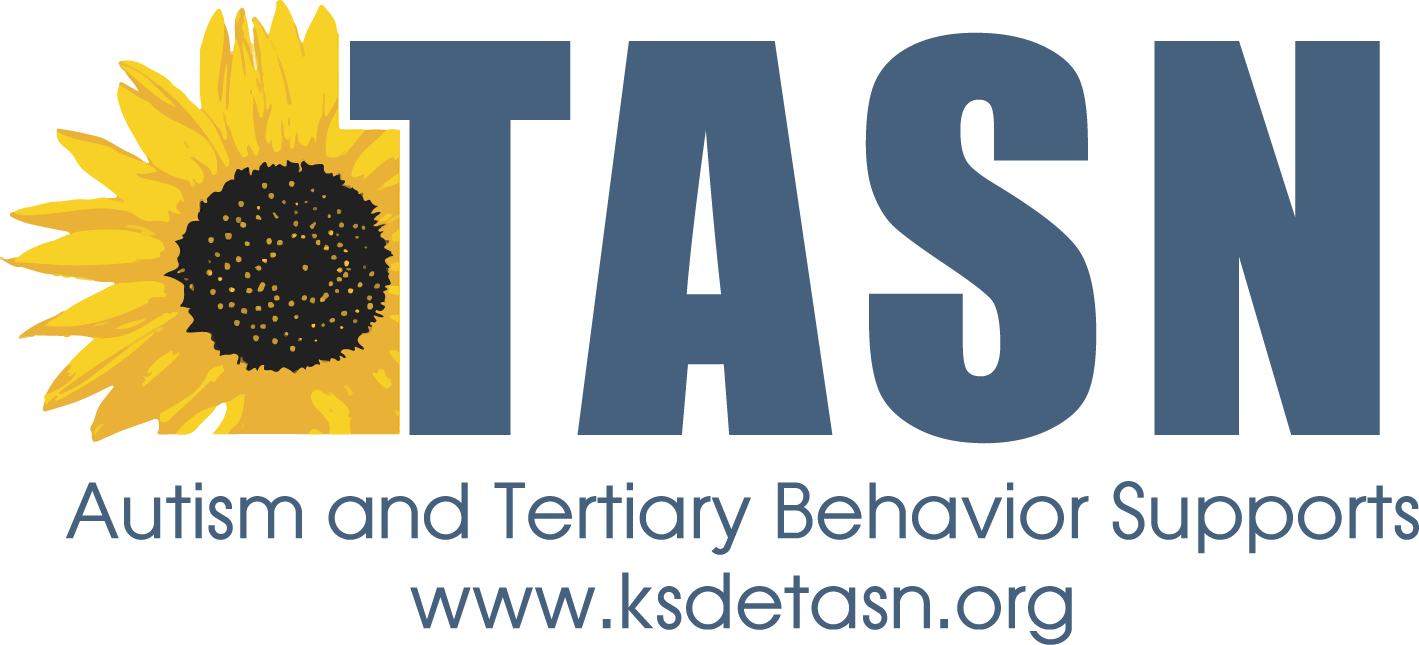
**The Trauma Effect of Sensory and Social Development Issues in Autism: Classroom Management Implications.**

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I have been working in the field of autism for about 20 years now. Over the past 4 years, while training and working as a trauma therapist, I have noticed some interesting trends. This began leading me develop a system of treatment which I have been able to implement in schools in the Kansas City area by working in conjunction with psychologists, counselors and resource teachers through 504 and IEP meetings on behalf of several clients.

Nothing about my research or findings are new. We have known for some time that sensory issues play a major role in behavioral issues. Even that if those sensory issues are auditory, the behaviors are generally more extreme. We have known for some years that mindfulness can work to change the brain’s structure and chemistry. In addition, we know that when sensory issues are accounted for, we begin to see a reduction in the need for behavioral supports.

The environment becomes an assaultive force in the case of children with sensory issues. The brain of the child with autism doesn’t prune the way the neurotypical individual does and he is left with trillions of connections that are unnecessary making the process of discerning sensory input very difficult. In addition, his amygdala (the organ in the brain responsible for triggering the fight or flight response and secreting cortisol and adrenaline) is larger and more dense than neurotypical peers priming him further for a triggered trauma response when met with sensory overload.

So direction of treatment and support becomes very important in autism and should be as follows:

1. Ask yourself what it is that might be making this child feel unsafe.
2. If there are sensory issues do an assessment and begin implementing a sensory diet
3. Begin training mindfulness techniques aimed at the ability level of the individual to train the brain and teach emotional regulation
4. Implement new skills training with sensory breaks as needed (generally more frequent and longer breaks are needed the younger the individual).

Just as with trauma patients we have to first make individuals feel that they are safe. I ask myself what is making them feel unsafe and implement supports to reverse that. So we begin with sensory diets and help them feed the sensory input that they crave, or exclude the input that is overwhelming. Once the diet is in place we begin teaching mindfulness techniques to help them to filter out unwanted stimulus and begin providing tools for emotional regulation.

Only after we have dealt with the security and safety needs by doing these things will we be able to teach new behavioral and social skills (simple Maslow). Often I see well-meaning and good people trying to teach children new skills without really considering why they are fearful, melting down or simply unresponsive. If we think about what it will take to make the individual feel safe first and implement a few simple practices to make that happen we will see them take off from there.

If you would like to know more about some of these techniques, I would encourage you to email me and I have some simple exercises in mindfulness that have been very successfully implemented in schools in the Kansas City area I can make available. Because mindfulness is actually known to rewire the circuitry of the brain, assist in executive functioning and change the brain chemistry in positive ways we are finding these are really powerful techniques.

I encourage you to think first about how the behavior of the child is telling you they do not feel safe in the world. I assure you that the vast majority of seemingly oppositional behavior with autism is based in this safety and security need.