

TBRI® for Autism Spectrum Disorder



Transitions Are Tough

Pictured is a child with Autism Spectrum Disorder having trouble with a transition. Visual schedules and verbal reminders about upcoming changes can help ease the shock of transitions throughout the day.

Autism Spectrum Disorder

Though Autism Spectrum Disorder (ASD) has long been defined using a wide range of symptoms and various behaviors, recent DSM-V criteria have simplified the diagnosis of the disorder. Children with ASD are diagnosed based on two domains: (a) social and communication deficits and (b) execution of repetitive behaviors. Social deficits include the inability to read social cues, being the subject of bullying, and even preferring isolation to companionship, while communication deficits can range from delayed, impaired, or even lack of language (Larsson et al., 2005). Repetitive behaviors often manifest as physical gesturing, fixating on a certain topic or toy, and resistance to change, including trouble transitioning (Mooney, Gray, & Tonge, 2006). Often, these symptoms are not seen until later

in infancy, with diagnoses most commonly made when the child is around four years old (Morbidity and Mortality Weekly Report [MMWR], 2017).

Common Interventions

Although early intervention is ideal, many beneficial evidence-based interventions and therapies exist for those who receive the diagnosis at any age. Applied Behavior Analysis (ABA) Therapy is perhaps the most common therapy sought by families of children with ASD; and it involves several behaviorist techniques, such as an emphasis on positive reinforcement and behavior shaping (Foxy, 2008). In addition, many behavioral plans include supplementary items like a visual schedule or token board to ease challenges with transitions, create

predictability, and visually reinforce appropriate behavior. Often, undesired behaviors among children with ASD are attempts to communicate feelings of distress in unstructured environments. These tools meet the need for structure, thereby reducing undesired behaviors (Foxy, 2008). Simply implementing ABA strategies can facilitate amazing strides in a child's behavior, and improve the overall relationship between the child with ASD and their caregiver.

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In general, children are more vulnerable to being maltreated than are adults due to their dependence on others—a risk factor heightened in children with development disabilities. Additional issues such as social isolation, family stress and poor communication skills increase maltreatment risk and are also more common in developmentally disabled children.

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-Kerns et al., 2015

ASD and Trauma

Unfortunately, children with ASD are at least twice as likely to be exposed to trauma than typically developing children (Mandell et al., 2005). Additionally, once in the child welfare system, children with ASD spend significantly more time in foster care than their typically developing counterparts (Bilaver & Havlicek, 2013). With the challenging symptomology combined with a potential lack of awareness about the needs of the child, researchers hypothesize that parents of children with ASD might have lower stress

thresholds, resulting in abuse and/or neglectful behavior (Berg et al., 2016).

Further, having the disorder predisposes children to a variety of conditions and situations known as Adverse Childhood Experiences (ACEs; Felitti et al., 1998). In fact, in a study by Berg et al. (2016), children with ASD were more likely to be exposed to income insufficiency, neighborhood violence, parental divorce, mental illness, and substance abuse. Intensity of ASD symptoms also increased these risks. Therefore, it is imperative that caregivers of children with ASD are aware of these risks and proactive in repairing relational trauma.

In addition to the increased risks for exposure to trauma and related issues, trauma symptoms may be overlooked during assessment, leading to unidentified needs. Because the symptoms of trauma and those of ASD are similar, differential diagnosis can be difficult as trauma symptoms are incorrectly attributed to ASD. In fact, many of the deficits in brain functioning among children who have experience trauma are also observed among children with ASD who have no trauma history (Kerns et al., 2015). In particular, the typically strong connection between the prefrontal cortex (the center for logical thinking) and the amygdala (the center for emotions) was poor. Therefore, the ability to logically regulate emotions was reduced in both groups. Note that the ASD group presented here had not knowingly experienced trauma, so these results suggest that children with ASD are already vulnerable to being far less resilient when experiencing traumatic events. Because of the difficulty discerning between the symptoms of these independent conditions, it may be beneficial to use an

approach that helps children with or without a history of trauma. Trust Based Relational Intervention® (TBRI) is one such approach that aims to connect with those who have experienced trauma through building trusting relationships, empowering them by providing basic needs, safety, and predictability, and correcting their maladaptive behaviors to facilitate better outcomes moving forward.

TBRI® Application

Many ABA Therapy strategies provide an excellent foundation for TBRI and seem compatible for children with both ASD and histories of trauma. TBRI is organized into three principles: connecting, empowering, and correcting. Within each principle lie strategies to facilitate felt safety, empower the child through their environment and their body, and provide the balance of structure and nurture that sets children up for success. The following areas of clinical interest are recommended focal points for integrating TBRI strategies into ABA Therapy techniques. Before beginning, please note that no child with ASD is the same, and the following information does not generalize to the entire population with ASD.

Connecting

Included in the Connecting Principles are important strategies on how to connect with a child and provide a healthy and safe relationship to assist in healing relational trauma. While many children benefit highly from the use of strategies such as eye contact and healthy touch, these particular actions may be the most challenging, even being undesirable or aversive, to children with ASD (Tottenham et al., 2014). In fact, Tottenham et

al. (2014) found that some children with ASD interpreted eye contact as threatening and a stress response was triggered. Therefore, a focus on achieving eye contact might be counterproductive because it increases the stress level of the child (Caminha & Lampreia, 2012). It is important to be mindful of the optimal level of stimulation in relation to sensory input; that is, this sharp increase in stimulation might cause the child to shut down rather than connect with the caregiver.

Because of the several common characteristics of children with ASD, the following alteration of these strategies is suggested. It might be wise to play alongside the child and ease one's way into an interaction rather than initiating conversation and physical touch right away, as some children with ASD are also hypersensitive to touch (Caminha & Lampreia, 2012). If the caregiver takes an interest in the child's activity, the first interaction may build trust by meeting the child where s/he is, rather than expecting an immediate connection. Taken from ABA techniques, caregivers should not place many demands on the child right away, and allow them to get used to the caregiver at a slower pace than other children (Foxx, 2008).

Empowering

Perhaps one of the most important focuses of TBRI concerning children with ASD is the Empowering Principles, which include strategies that set the child up for success in both his or her environment or within their own body. First, a main topic of interest when discussing environmental empowerment is transitions. Uncertainty within a schedule can trigger a meltdown in a child with ASD, similar to that of a child who has been exposed

to trauma (Caminha & Lampreia, 2012; van der Kolk, 2014). This is a great place to be proactive with the creation of a visual schedule, if a child's daily schedule is predictable. Add stickers representing activities along with words to allow the child the best possibility at understanding and refer to the schedule often. Though transitions are an important focus when working with children without ASD, this is a particularly important area for children with ASD. It is crucial to make transitions as predictable as possible because they are even more sensitive to change.

In addition to environmental empowering, physiological empowering is equally important, involving strategies such as having a snack every two hours and addressing sensory needs. Sensory sensitivity is a common trait of children with ASD. Often, sensory sensitivities manifest in behaviors such as being selective about foods, agitation when touching certain fabrics or wearing certain items of clothing, or extreme aversion to light or loud noises (Caminha & Lampreia, 2012). Due to challenges in communication, a child with ASD might not be able to express what is bothering him or her (King & Desaulnier, 2011). A caregiver can help empower the child by being mindful of these sensitivities and by setting the child up for success. For example, a caregiver could try dimming the lights or cutting the tags out of the child's clothing in an attempt to find the child's unique sensory triggers. Simple awareness can make a huge impact on undesirable behaviors.

Correcting

The Correcting Principles include strategies for proactively teaching appropriate ways to negotiate needs and for responding in the moment when the behavior is occurring. Eye-contact and healthy touch are both responsive strategies, known among others as the IDEAL[®] response (Purvis, Cross, Dansereau, & Parris, 2013). This responding technique emphasized being immediate, direct, efficient, action-based, and leveled at the behavior when responding to "in the moment" behaviors. As discussed previously, a child with ASD might not only dislike eye contact, but might also experience increased stress due to sheer aversion (Tottenham et al., 2014). Thus, the caregiver must learn to read the child's cues to assess whether or not eye contact stress, or to identify goals a child could reach through learning. If the behavior seems neutral, the caregiver may focus on smaller steps, such as having the child's body face the caregiver (when TBRI might otherwise suggest eye-contact), or even by lowering the expectation through simply having the child pause his or her activity and stand still. With TBRI, caregivers must be flexible and creative in their responses and customize the intervention to each child.

Children with ASD often have trouble comprehending speech, and therefore, take longer than others to react to directives (Naigles & Fein, 2017). An alteration to the Levels of Response, another responsive strategy which includes being playful first, then moving into structured or calming engagement if emotions escalate, might be necessary. It would be wise to caution a caregiver from moving from playful engagement to structured engagement too

quickly because the child is taking his or her time to respond. Often, instructions, particularly verbal instructions, must be repeated to be fully understood, so having a few tries at being playful could yield the desired response without escalating the situation farther than necessary.

Another aspect to focus on is the mental capacity of taking the perspective of another or even understanding one's own behavior. Research shows that children with ASD often have poor Theory of Mind (Begeer et al., 2015). That is, children with ASD have trouble attributing emotions to themselves, and also have trouble understanding that other's emotions, feelings, or ideas might be different from their own. The child might not be able to understand concepts like how their behavior makes another feel, and then be overwhelmed by the large number of words required to explain it. This is an area where ABA Therapy techniques may be the better option. According to ABA Therapy principles, redirecting undesired behaviors or replacing them with desired behaviors is more effective than using logic to increase the likelihood of making correct behavioral choice (Foxy, 2008). The child receives positive reinforcement when performing the redirection, increasing the chance of it happening again. This idea is similar to the

Action-Based piece of the IDEAL response, specifically the action of a re-do (Purvis et al., 2013). However, instead of the potential wordiness of explaining the re-do, a caregiver might instead choose to communicate the correct behavior by modeling the behavior, and immediately reinforce when the child imitates the desired response. Another tactic may be to physically prompt the child to, for example, use gentle hands instead of aggression. The child may hear the words "gentle and kind hands," but the addition of the physical prompt of taking the child's hand and placing it gently on a surface can increase understanding.

Concluding Remarks

In sum, many of the strategies taught in TBRI can be incredibly effective at healing relational trauma in children with ASD. Understanding how to adapt the intervention to meet the unique needs of children with ASD is crucial to creating a predictable, trusting environment for a child who so desperately needs consistency. It is the author's hope that caregivers will apply this information with kindness, patience, and love, all the while knowing that all children, no matter their background or current state, can succeed when given the proper tools and encouragement.

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Practice Brief Summary



Children with ASD are at least twice as likely to experience trauma, hence the need for a trauma-informed intervention tailored to meet their unique needs.



Autism Spectrum Disorder (ASD): Children with ASD are diagnosed based on two domains: (a) social and communication deficits and (b) repetitive behaviors.

Trust-Based Relational Intervention (TBRI): aims to help those who have experienced relational trauma through: connecting with them by building trusting relationships; empowering them by providing basic needs, safety, and predictability; and correcting their maladaptive behaviors to facilitate better outcomes moving forward.

CONNECTING

- Eye contact may be more harmful than helpful. Determine if it is a stress-inducer or simply not a learned skill.
- Create a relationship and use healthy touch.

EMPOWERING

- Transitions are very important. Utilize tools like a visual schedule to help create predictability and ease the stress of change.
- Be mindful of environmental factors that could trigger a behavior and eliminate them when possible.

CORRECTING

- Spend time in playful strategies. Often, comprehension takes a bit longer. Keep raising that bar and believe in the child's capability!
- Rather than stopping to explain behavioral expectations, redirect and praise positive behavior. Focus on proactive strategies to teach the child appropriate responses.

TBRI® Life Skills Group Tips

Pair actions and words when teaching life value terms. This will increase comprehension of less concrete constructs. Use stories to help illustrate these constructs even further.

TBRI® Nurture Group Tips:

- Give the child the order of events one-on-one so they know what will happen ahead of time.
- Let the child try the candy before starting feeding to ease any anxiety around a new food.
- Give the child words to use if they seem uncomfortable participating.