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TRAUMA-INFORMED PRINCIPLES IN EARLY INTERVENTION PROGRAMS FOR CHILDREN WITH AUTISM SPECTRUM DISORDER

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Abstract

Background. Early intervention is widely recognized as one of the most successful strategies for improving developmental outcomes in children with Autism Spectrum Disorder (ASD) . However, autistic children frequently experience environments that may be perceived as overwhelming due to sensory sensitivities, communication barriers, and repeated experiences of misunderstanding in social contexts. These factors may heighten vulnerability to stress and affective dysregulation. Many children with autism experience trauma, and trauma can greatly complicate diagnosis and treatment. **Aim.** This article reviews contemporary research on trauma-informed care, autism intervention, emotional regulation, and sensory processing. The study analyzes how environmental stressors may affect engagement and learning in autistic children and proposes a conceptual framework for trauma-informed early intervention. **Methods.** A systematic narrative review of peer-reviewed literature was conducted, drawing on studies addressing trauma-informed care, adverse childhood experiences (ACEs), sensory processing, and early intervention in ASD. Sources were identified through database searches and citation tracking. **Results.** The article identifies several key principles that may support trauma-sensitive intervention: emotional safety, organized environments, sensory-sensitive adaptations, responsive communication strategies, and collaboration with caregivers. Established trauma-informed models - including the Six Core Strategies, the Sanctuary Model, the ARC framework, Risking Connection, and Collaborative Problem Solving - each offer clinically relevant applications for early ASD intervention. **Conclusions.** Integrating trauma-informed approaches into early intervention may strengthen therapeutic engagement, promote emotional regulation, and improve developmental outcomes for children with autism. Trauma-informed care should be understood not as a replacement for ASD-specific intervention, but as an essential complementary framework.

Keywords: Autism Spectrum Disorder, early intervention, trauma-informed care, emotional regulation, sensory processing, adverse childhood experiences, developmental psychology

1. Problem Statement

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterized by differences in social communication, behavior, and sensory processing (Cano & Moreira, 2026). Early intervention has been widely recognized as one of the most successful methods for improving developmental outcomes in autistic children (Dawson et al., 2010; Rogers & Vismara, 2014).

At the same time, many children with autism encounter environments that feel stressful or unpre-

dictable. Sensory hypersensitivity, communication difficulties, and frequent misunderstandings in social situations may lead to emotional dysregulation and anxiety (Ben-Sasson et al., 2009; Daniel et al., 2026).

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur prior to age 18 and can have a lasting negative impact on an individual's overall health and well-being (Bikir, 2025). Research consistently demonstrates that autistic children are disproportionately vulnerable to such experiences. A large national study found that the majority (58.7%) of autistic children had experienced at least one ACE, approximately one-third had experienced two or more, and one in ten had experienced four or more (Sadikova & Mazurek, 2025). autistic children are more vulnerable to experiencing ACEs due in part to communication barriers and social challenges (Hoover & Kaufman, 2018; Kerns et al., 2015).

Wilson et al. (2026) suggest that individuals with intellectual disability face elevated trauma vulnerability due to both the nature of their disability and the environments in which they live and learn. Challenges in areas such as emotional regulation, cognition, and communication often mean that these individuals rely more heavily on others for support with everyday tasks, which in turn may increase their exposure to potentially traumatic experiences.

These factors may affect the child's ability to regulate emotions and participate in therapeutic and educational activities, as cognitive processing differences may further influence how environmental stimuli are perceived and integrated (Kurtvelieva, 2019).Adverse and traumatic experiences are known to cause hyperarousal and sleep disruption in the general population (van der Kolk, 2003). At a neurobiological level, ACEs likely lead to dysregulation of the corticotropin-releasing hormone and the hypothalamic-pituitary-adrenal (HPA) axis - systems critical to stress regulation and sleep (Kajeepeta et al., 2015, as cited in Sadikova & Mazurek, 2025).

Trauma-informed care (TIC) is an approach that recognizes how stress and adverse experiences alter emotional development and behavior. This approach emphasizes emotional safety, predictable environments, and supportive relationships as key conditions for effective learning and development (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Despite this evidence base, trauma-sensitive approaches remain rarely applied in early intervention programs for children with autism, representing a significant gap between research and practice.

2. Analysis of Recent Research and Publications

Recent research demonstrates the effectiveness of early intervention programs in improving developmental outcomes for autistic children. Studies show that early therapeutic support can significantly improve communication abilities, adaptive functioning, and social engagement (Dawson et al., 2010; Rogers & Vismara, 2014).

Research on sensory processing reveals that many children with autism are hypersensitive to sounds, lights, and touch, and that sensory overload frequently causes emotional dysregulation and anxiety (Ben-Sasson et al., 2009). Daniel et al. (2026) provide a comprehensive account of sensory processing as involving all eight sensory systems: the five external senses (visual, auditory, tactile, gustatory, and olfactory) and three internal senses (vestibular, proprioceptive, and interoceptive).

Autistic children often experience differences in sensory modulation - including hypersensitivity, sensory-seeking behavior, and sensory under-registration - as well as differences in sensorimotor integration (Daniel et al., 2026). While heightened sensory experiences can offer autistic individuals comfort, creativity, and meaningful strengths, sensory input may also be painful, overwhelming, or disorienting (Kojovic et al., 2019, as cited in Daniel et al., 2026). These challenges occur across the lifespan and vary substantially from person to person and across time.

From an evolutionary and neurobiological perspective, emotional regulation involves dynamic shifts between arousal states - including fight-or-flight and shutdown responses - that are adaptive in the presence of genuine threat. Chronic dysregulation, however, reflects a persistent shift toward hypervigilance or shutdown as a default state (Porges, 2001, 2009; Sterling & Eyer, 1990, as cited in Buczynski & Porges, n.d.). As Porges explains, when escape is not possible, the nervous system may resort to a primitive shutdown circuit (Buczynski & Porges, n.d.). For autistic children who have also experienced trauma, this state of chronic neuroceptive threat detection may manifest as hypersensitivity to sound, avoidance of crowded or unpredictable environments, and significant difficulty in social engagement - presentations that may be misattributed solely to ASD symptomatology rather than understood as trauma responses (Buczynski & Porges, n.d.).

Environmental predictability also plays a critical role in supporting emotional stability in children with developmental differences. Structured routines and consistent contexts reduce anticipatory uncertainty and support children's capacity to engage in new tasks - a factor of particular importance in early intervention settings (Rogers & Vismara, 2014; Shonkoff & Garner, 2012).

Research in developmental psychology further demonstrates that chronic early childhood stress may influence cognitive and emotional development, underscoring the importance of trauma-sensitive approaches in any therapeutic setting (Shonkoff & Garner, 2012). The intersection of ASD and ACE exposure presents a particularly complex clinical picture that standard trauma screening tools - designed for neurotypical populations - may miss or misinterpret (Kerns et al., 2015).

Table 1 Key Research Findings Related to Trauma-Informed Approaches and Autism Intervention

Study	Research Focus	Key Findings	Trauma-Relevance in ASD	Implications for Early Intervention
Ben-Sasson et al. (2009)	Sensory processing in ASD	Autistic children often demonstrate heightened sensory sensitivity that may contribute to emotional dysregulation.	Chronic sensory overload may function as ongoing stressor, increasing vulnerability to trauma-like responses	Incorporate sensory-friendly environments and individualized sensory supports
Dawson et al. (2010)	Early intervention outcomes	Early therapeutic intervention significantly improves communication and adaptive functioning in autistic children.	Standard early intervention models may not fully address trauma-related dysregulation in autistic children	Integrate emotional safety and trauma-awareness into early intervention
Hoover & Kaufman (2018)	Adverse childhood experiences	Autistic children may be more vulnerable to stress due to communication barriers and social challenges.	Communication difficulties increase vulnerability to abuse and neglect	Develop adapted trauma-informed assessment tools for ASD populations
Kerns et al. (2015)	Trauma exposure in ASD	Children with autism may experience increased vulnerability to traumatic stress responses.	Emotional dysregulation may reflect both neurodevelopmental and trauma-related mechanisms	Integrate trauma screening into ASD assessment protocols
Sadikova & Mazurek (2025)	ACEs and sleep in ASD	The majority (58.7%) of autistic children had experienced at least one ACE; more ACEs were associated with reduced recommended sleep.	Exposure to adverse childhood experiences (ACEs) may contribute to chronic stress and dysregulation in autistic children, affecting sleep patterns and overall emotional functioning	Incorporate screening for adverse childhood experiences and sleep disturbances into early intervention assessments, and integrate trauma-informed strategies ti support regulation and sleep hygiene.
Rogers & Vismara (2014)	Early autism intervention models	Evidence-based early intervention approaches support social engagement and developmental progress.	Limited focus on trauma-related stress in children with ASD	Expand early intervention models to systematically incorporate trauma-informed components
Buczynski & Porges (2001)	Neurobiology of stress	Autonomic nervous system regulates stress and safety responses	Autistic children may have altered stress regulation, increasing vulnerability to perceived threat	Focus on co-regulation, safety cues, and relational interventions
SAMHSA (2014)	Trauma-informed care principles	Emphasizes safety, trust, empowerment	These principles are essential but under-adapted for ASD	Adapt trauma-informed care principles to neurodevelopmental needs
Blaustein & Kinniburgh (2018)	Attachment, Regulation, Competency (ARC)	Focuses on relational safety and skill development	ASD-related social differences may complicate attachment processes	Emphasize caregiver involvement and structured relational support
Perry(2006)	Brain-based trauma model	Sequential brain development impacts regulation	Early stress may disrupt neurodevelopment in ASD	Tailor interventions to developmental stage and regulation capacity

Note. Compiled by the authors based on analysis of scientific publications.

The table integrates empirical, theoretical and policy-based perspectives to provide a comprehensive trauma-informed framework for ASD intervention.

3. Aim of the Article

The aim of this article is to analyze the relevance of trauma-informed principles for early intervention programs for children with Autism Spectrum Disorder and to propose a conceptual framework for integrating trauma-informed practices into autism intervention.

4. Presentation of the Main Material

Children with Autism Spectrum Disorder often experience environments that are simultaneously emotionally and sensorially demanding. Sensory hypersensitivity may cause everyday environments to be perceived as overwhelming, while communication barriers may make it difficult for children to express emotional distress (Ben-Sasson et al., 2009). Early intervention settings therefore require careful consideration of both developmental and emotional factors influencing a child's participation in therapeutic activities. Environments that minimize stress and support emotional regulation may enable autistic children to engage more effectively in learning and social interaction. Critically, it is important to screen all autistic children for ACEs, as they can be at higher risk for experiencing them (Sadikova & Mazurek, 2025).

Trauma-informed approaches emphasize creating environments that foster emotional safety and reduce stress. When applied to early intervention programs for children with autism, trauma-informed principles may significantly improve therapeutic engagement and emotional regulation (Brunzell et al., 2016; Phillips, 2024). SAMHSA's foundational framework defines a trauma-informed program or system as one that realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, actively seeking to resist re-traumatization (SAMHSA, 2014, as cited in Wisconsin Statewide Autism and Developmental Disabilities Consortium [WSADCP], 2025).

Trauma-informed care is increasingly recognized as essential in mental health service delivery. A scoping review by Saunders et al. (2023) mapped TIC approaches across acute, crisis, emergency, and residential mental health settings, identifying 31 studies across 27 different settings. The most commonly implemented models were the Six Core Strategies and the Sanctuary Model. Across studies, TIC was associated with reductions in seclusion and restraint practices, improved staff empathy and understanding of trauma, and greater involvement of service users in their own care. However, the authors noted that most evidence remains preliminary, with few randomized or controlled designs, limiting causal conclusions. They also highlighted two key TIC principles that were underrepresented across the reviewed models: recognizing social and intersectional trauma, and co-designing services with trauma survivors - gaps that are especially relevant when serving autistic children, whose trauma experiences may be shaped by systemic barriers, diagnostic misattribution,

and limited communicative agency (Saunders et al., 2023).

Several evidence-based trauma-informed models have been developed to guide organizational and clinical practice. The 6 Core Strategies© to Reduce Seclusion and Restraint, developed by the National Association of State Mental Health Program Directors (NASMHPD), is a widely recognized framework designed to prevent coercive practices and foster trauma-informed environments in mental health settings. The Sanctuary Model offers a comprehensive organizational intervention that targets institutional culture with the goal of providing safety and restoring hope for both staff and clients. For children and families with complex trauma histories, the Attachment, Regulation, and Competency (ARC) framework provides a structured approach to addressing the layered developmental impacts of chronic trauma. Staff and clinician capacity is addressed through the Risking Connection© training model, which focuses on building trauma competence among those who directly support trauma survivors. Finally, the Collaborative Problem Solving (CPS) model shifts the focus from behavioral compliance to skill-building, offering a non-punitive approach that has been shown to reduce behavioral crises. Together, these models reflect a growing body of practice-oriented frameworks that operationalize trauma-informed principles across diverse settings and populations (Saunders et al., 2023).

The application of these established trauma-informed models to early intervention for autistic children offers a meaningful and clinically grounded pathway for addressing the intersection of trauma and neurodevelopmental differences. The 6 Core Strategies© are particularly relevant in ASD intervention settings where restrictive practices such as physical holds and seclusion remain concerns; by prioritizing de-escalation and staff accountability, these strategies reduce the risk of re-traumatization during behavioral crises that are common among autistic children. The Sanctuary Model's emphasis on organizational culture and community safety aligns closely with the structured, predictable environments that autistic children require for emotional regulation and learning, supporting both staff and families in understanding behavior through a trauma lens rather than a purely behavioral one. The ARC framework maps directly onto the needs of autistic children who have experienced complex trauma, as it explicitly targets the developmental domains of attachment, emotional regulation, and competency - areas that are primary targets in evidence-based ASD intervention, including the Early Start Denver Model (Dawson et al., 2010). Risking Connection© addresses a critical gap in the ASD intervention workforce by building trauma awareness among practitioners who may otherwise interpret trauma responses as ASD symptomatology, thereby improving the quality and sensitivity of therapeutic relationships. The Collaborative Problem Solving model is especially well-suited to ASD intervention contexts because it reframes challenging behavior as a skills deficit rather than intentional noncompliance - a perspective consonant with neurodevelopmental understandings of ASD - and prioritizes co-regulation and collaborative communication over punitive responses. Taken together, these models offer complementary frameworks that, when adapted for the sensory, communicative, and relational needs of autistic children, have the potential to transform early intervention settings into genuinely trauma-sensitive therapeutic communities.

The Neurosequential Model of Therapeutics (NMT), developed by Bruce Perry, offers a developmentally sensitive and neurobiology-informed approach to clinical problem solving that is particularly relevant for autistic children who have experienced trauma. Rather than prescribing a specific therapeutic technique, NMT integrates core principles of neurodevelopment and traumatology to guide decision-making across clinical, educational, and community contexts. The model comprises

three key components: training and capacity building, individualized assessment, and specific recommendations for the selection and sequencing of therapeutic, educational, and enrichment activities matched to each child's developmental needs and strengths. As described by Brandt and colleagues (2012), NMT "provides an integrated understanding of the sequencing of neurodevelopment embedded in the experiences of the child, and supports biologically informed practices, programs, and policies." (Perry, 2024). Critically, NMT employs a brain mapping matrix that enables practitioners to identify specific areas for therapeutic focus and to select appropriate evidence-based therapies within a comprehensive intervention plan. For autistic children, many of whom present with trauma-related dysregulation alongside neurodevelopmental differences, NMT offers a structured framework for understanding how early adverse experiences may have disrupted sequential brain development and for prioritizing interventions accordingly, beginning with regulatory and relational foundations before progressing to higher-order cognitive and behavioral work.

Key Principles for Trauma-Informed Early Intervention in ASD

Based on the reviewed literature and evidence-based models, the following key principles are proposed to guide trauma-informed practice in early intervention for autistic children.

Emotional Safety

Children benefit from environments that make them feel secure and supported. Calm interactions and empathetic responses may reduce anxiety and support engagement in therapeutic activities (Brunzell et al., 2016). Practitioners should be trained to recognize trauma responses and distinguish them from ASD-specific behaviors.

Predictable Environments

Structured routines, visual schedules, and consistent transitions can help children anticipate activities and reduce uncertainty. Predictability supports emotional regulation and improves participation in learning tasks (Rogers & Vismara, 2014; Shonkoff & Garner, 2012). Environmental consistency also reduces the cognitive load associated with navigating novel or ambiguous situations.

Sensory-Sensitive Adaptations

Environmental modifications such as reduced noise levels, adjusted lighting, designated quiet spaces, and scheduled sensory breaks may reduce sensory overload and support emotional regulation (Ben-Sasson et al., 2009; Daniel et al., 2026). Sensory considerations should be integrated into intervention planning as a foundational component, not an afterthought.

Responsive Communication

Professionals should recognize both verbal and nonverbal signs of distress and adapt communication strategies to the child's developmental level and communicative profile. Responsive communication involves attending to subtle behavioral cues - including changes in posture, vocalization, gaze, and movement - that may signal emotional discomfort or sensory overload. By responding early to these signals, practitioners can prevent escalation and maintain a supportive therapeutic atmosphere (Buczynski & Porges, n.d.; Daniel et al., 2026).

Trauma-Informed Assessment

Standard trauma screening tools developed for neurotypical populations may be inadequate for autistic children (Kerns et al., 2015). Observation-based and caregiver-report measures are essential

complements to direct assessment. Behavioral presentations such as self-injury, aggression, or shutdown should prompt trauma inquiry rather than automatic recourse to behavioral protocols alone.

Collaboration with Caregivers

Caregiver involvement plays an essential role in supporting emotional development and maintaining consistency between home and therapeutic environments. Caregiver trauma histories should also be assessed and supported, as unresolved parental trauma may undermine therapeutic gains (Shonkoff & Garner, 2012). Telehealth and home-based models can reduce access barriers and allow practitioners to observe children in their natural sensory and relational environments.

5. Conclusions

Early intervention remains one of the most effective strategies for supporting developmental outcomes in children with Autism Spectrum Disorder. However, emotional and sensory experiences within intervention environments require greater clinical attention. autistic children face disproportionate rates of adverse childhood experiences, and their neurological and communicative profiles may make them especially vulnerable to re-traumatization within settings that are not trauma-aware.

Trauma-informed care provides a valuable structure for understanding how stress and environmental factors influence emotional regulation and learning in children with autism. Integrating trauma-informed principles - including emotional safety, sensory-sensitive adaptations, predictable environments, responsive communication, and caregiver collaboration - into early intervention programs may strengthen therapeutic engagement, improve affective regulation, and promote more positive developmental outcomes.

The application of established trauma-informed models, including the Six Core Strategies, the Sanctuary Model, the ARC framework, Risking Connection, and the Collaborative Problem Solving model, offers a rich set of organizational and clinical tools that can be meaningfully adapted to ASD-specific intervention contexts. The central clinical imperative is an intervention culture that asks ”what happened to this child?” before ”what is wrong with this child?” - one that holds both ASD-specific needs and trauma history simultaneously, without subordinating one to the other.

Further research is needed to develop and evaluate trauma-informed protocols specifically designed for early intervention with autistic children, including adapted screening tools, practitioner training curricula, and caregiver support models that account for both neurodevelopmental and trauma-related factors.

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