

## **Understanding Trauma and Autism Spectrum Disorder in Young Children**

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### **Session Description:**

With increased use of trauma-informed frameworks and growing awareness of neurodiversity, our understanding of effective treatment resources for young children has shifted. Specific evidence-based strategies exist to support assessment/treatment of young children with autism, and of children experiencing trauma- and stressor-related disorders (TSRDs); despite symptom overlap, the ability to differentiate children with TSRDs from those with autism is critical. However, diagnosis is often complicated by overlap in challenges observed for both groups, including difficulties in social engagement, communication, regulating emotions, repetitive behaviors, eating/sleeping, and sensory differences. Furthermore, beliefs about the cause, meaning, and treatment of these disorders have a powerful influence over whether a family will seek support, in what form, and the barriers for assessment/treatment.

Research shows that children with autism are at increased risk of maltreatment and children who have experienced abuse/neglect are at high risk for developmental delays. Thus, a child may experience both autism and TSRDs, requiring modification of assessment and intervention. In this presentation we will discuss our experience providing comprehensive developmental and diagnostic assessments of children birth to 3 with concerns for autism as well as trauma exposure. Using de-identified case examples and a case-based learning approach, we will discuss how to differentiate between the impact of autism and trauma for these children. Additionally, we will discuss lessons learned to inform community-based mental health care and address the complex interplay of autism and trauma.

### **Learning Objectives:**

1. Understand key features of a trauma-informed framework for assessment and intervention practices.
2. Identify red flags for trauma and how trauma symptoms are exhibited by infants and toddlers.
3. Give at least 3 examples of overlapping concerns for trauma and autism spectrum disorder.
4. Identify when to refer families for treatment, available resources, and how to discuss Infant Mental Health or trauma treatment referrals with families.

**Julia Oppenheimer, PhD, IMH-E (III)** is a Clinical Psychologist and Associate Professor at the Center for Development & Disability in the Department of Pediatrics at University of New Mexico Health Sciences Center. She completed her doctorate at the University of Oregon and trained at the University of New Mexico, with specialization in early childhood development and Infant Mental Health. She serves as the Director for Early Childhood Clinical Services, overseeing Infant Mental Health and Early Childhood Evaluation programs. Her areas of interest include Infant and Early Childhood Mental Health, early childhood assessment, treatment, and consultation, and the impact of trauma in early childhood.

**Janeth Nunez del Prado, LCSW, IMHE-III** is a Licensed Social Worker at the Center for Development & Disability in the Department of Pediatrics at University of New Mexico Health Sciences Center. She completed graduate school at the University of California, Berkeley and

received post-graduate training at the University of California, San Francisco. Janeth serves as senior social worker in the Early Childhood Evaluation Program, and provides Infant Mental Health treatment services using Child-Parent Psychotherapy (CPP) to children ages 0-5 who have experienced significant trauma. Janeth is bilingual (Spanish-speaking) and bicultural. She has provided training to various professionals working with young children, parents, child protection workers, and attorneys and judges in Children's Court regarding the impact of trauma on young children and coping with secondary trauma.