



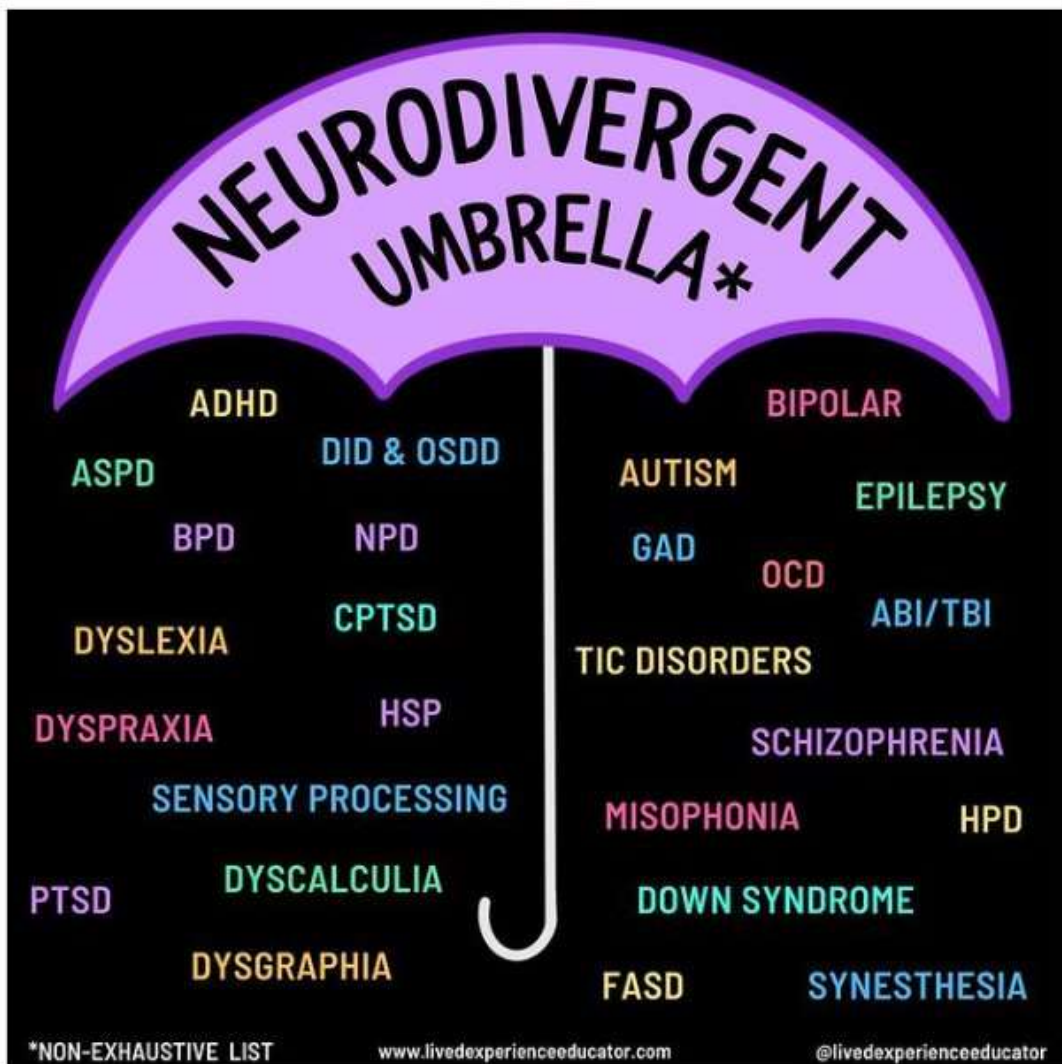
Changing childhoods.
Changing lives.

West Yorkshire Keyworker Service - Neurodiversity in Schools Programme

Kirklees Partnerships for Inclusion of Neurodiversity in Schools (PINS) Pilot

PARENT/CARER INFORMATION SESSIONS





ASPD – antisocial personality disorder

BPD – borderline personality disorder

NPD – narcissistic personality disorder

CPTSD – complex post-traumatic stress disorder

HSP – highly sensitive person

PTSD – post traumatic stress disorder

FASD – foetal alcohol spectrum disorder

HPD – histrionic personality disorder

GAD – generalised personality disorder

OCD – obsessive compulsive disorder

NEURODIVERSITY DEFINITIONS & TERMS

Neurodiversity	→	The natural diversity of human brains
Neurodiversity paradigm	→	The philosophy of neurodiversity
Neurodiversity Movement	→	The social justice movement
Neurodivergent	→	A person whose brain functioning differs from what's considered "normal"
Neurotypical	→	A person whose brain functioning is considered "normal"
Neurodiverse	→	A group of people with different types of brains



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Neurodivergence can be largely or entirely genetic and innate, or it can be largely produced by brain-altering experience, or some combination of the two.

Autism is an example of innate forms of neurodivergence, while alterations in brain functioning (caused by such things as trauma, long-term meditation practice, or heavy usage of psychedelic drugs) are examples of forms of neurodivergence produced through experience.

The neurodivergent umbrella is a great visual to show the many conditions which co-occur with Autism. Sometimes we need to work backwards, so if you notice Dyslexia or Anxiety in a child/young person or adult, it is worth exploring whether they have other conditions under the umbrella as well.

Useful links to learn more about neurodiversity:

<https://www.youtube.com/watch?v=xsfml3yVh1g>

<https://www.youtube.com/watch?v=K2P4Ed6G3gw>

<https://theneurodiversemuseum.org.uk/wp-content/uploads/2021/06/What-is-neurodiversity-and-neurodivergence.pdf>

<https://www.youtube.com/watch?v=HOoASAnYvKc>

<https://www.youtube.com/watch?v=Ezv85LMFx2E>

<https://www.youtube.com/watch?v=11r7CFIK2sc>

<https://www.youtube.com/watch?v=1CNY6BbtgS8>

<https://www.youtube.com/watch?v=1t9UHQgtDfU>





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TOPIC 1: FOOD SENSITIVITIES

- We typically know we accept foods based on their texture, smell and sometimes even the look of foods.
- Early childhood is a period when children experience new foods, tastes, and textures.
- Parents of toddlers & young children often describe their children as “picky eaters” because they often refuse to try or eat a variety of foods.
- Although picky eating is not uncommon among young children who are typically developing, pickiness in children with neurodivergence may be even more restrictive.
- Food selectivity: where a child has a small range of preferred foods and limited variety. For example, children choosing only grain-based or dairy foods, such as noodles and yoghurt, or toast and cheese.
- Food selectivity usually extends beyond the early childhood period or starts even earlier than typical age of toddlers.
- Food selectivity and the duration of it is the key difference between typically developing children and neurodivergent children.
- Strong preference for foods that feel a certain way in their mouths.
- Sensory satisfaction is often through the mouth for ND children.
- Some prefer soft or creamy foods like yogurt, soup or ice cream; others need the stimulation that crunchy foods like carrots. Strong preference for beige foods (chips, chicken nuggets, McDonalds, KFC, toast, cereal etc).
- Strong preferences in how food is prepared and presented, including brands or tableware used – such as only accepting hot chips from one source, or only being able to use one bowl or fork. Not wanting food to touch on the plate.
- Hypersensitive to the smell of certain foods, e.g., crisps.
- Appearance or texture changes will be rejected, e.g. toast is too brown/too crunchy/too cold.
- Becoming fixated on a particular food or meal for a period and then disliking/refusing to have it.
- Hypersensitivity to textures, such as needing foods to be very crunchy or preferring foods that are smooth like puree.



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- Overeating or undereating due to differences in how children understand and respond to body signals, a sense known as “interoception”. This can mean they go long periods without eating, or graze throughout the day. Poor impulse control with food links to this.
- Avoiding eating with others, choosing instead to eat in the lounge room or their bedroom.
- Inflexibility around mealtime routines due to a drive for consistency and sameness to feel safe. This means eating in different places, at different times, or having unfamiliar foods becomes challenging.
- Difficulty transitioning to mealtimes due to hyperfocus on a preferred task.
- ND individuals may struggle to describe their distress. This can result in expressing their distress through other methods such as aggression – which may lead to unsafe behaviours such as throwing cutlery, shouting/screaming or getting up and running around/away. Increased stress and negatively affect family mealtimes and quality of life.
- <https://www.youtube.com/watch?v=KHxBBa1eYLs>
- <https://www.youtube.com/watch?v=8HmauAly8kA&t=1s>

Nutrition worries? You can speak to:

- SENCO
- GP
- Resources online, YouTube, social media
- Dietician – referral via GP or seek a private appointment
- National Autistic Society Web site
- If it appears that sensory issues are a concern, the child can be referred to an occupational therapist for an evaluation of sensory processing. The occupational therapist will typically interview the parent and may administer a parent questionnaire such as The Sensory Profile, which includes a section on Oral Sensitivity.

6. Increase range

- Start with a **known** category
 - Different brand/packaging
 - A new flavour or shape
 - Gives '**back-up**' foods
 - Increases **flexibility**
 - **Desensitises & generalises**
 - Gives **confidence**



Here we can see that the colour of the packet and the flavour of the crisps stay the same, however, the shape, texture and branding is gradually changed. For some Autistic people, this will not be acceptable. Others may become more accepting of the different brands, shapes or textures if range is gradually increased over a period.

Sometimes placing the child's favourite toy near the food can be helpful.

We can build acceptance of food through looking - without pressure to eat. Then encourage them to try it and use their toy as a support. Other children will reject food so strongly that they will not want it near their toy or even themselves!

Grazing

Most Autistic people do not like to have sit down meals. Sitting at the dining table with others can be overwhelming and anxiety inducing. There may be a preference to eat alone, move around whilst eating or watching TV/tablet whilst eating. We should allow Autistic children/young people these adjustments because it is less distressing for them, and they are more likely to eat their food.

Grazing is generally better. Think of a buffet / party layout. If the adult or school leave food and snacks on the table for ND children/young people to pick at, they will prefer this rather than sitting down to eat the food. There is a lot of pressure also to finish everything on the plate which can also be distressing for many Autistic individuals. Grazing again takes the pressure away – because there is not a full plate of food to finish – instead just the snack or food item to finish which they themselves have picked. As with the selective eating, adults may need to sometimes 'pick battles'. Sometimes it is better for the individual to at least eating something, even if it is repetitive or selective, rather than not eating at all.



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5 tips

1. Identify safe foods

If your child prefers a particular food or type of food (such as salty, crunchy, sour), try to find “safe foods” within each core food group (grains, meats and fish, fruit, vegetables and dairy). Offering these foods may help increase your child’s intake of key nutrients from each food group in a way that suits their sensory preferences.

2. A special plate, spoon or set

If your child prefers specific tableware, allow them to use it in and out of the home. This will mean taking items with you when dining out. Introduce new types of tableware outside mealtimes and use them in play (such as a pretend cafe or shop) or other activities to build familiarity before using them at mealtimes.

3. Offer regular meals and snacks

Differences in interoception, or how we feel bodily sensations, can mean neurodivergent children do not interpret feelings of hunger and thirst as neurotypical people do. So your child might not be able to tell if they are hungry or full easily. Offer food on a predictable schedule (roughly every two to three hours). Some children will also get a sense of safety from regular routines.

4. Keep offering a mix of foods

Children may go through phases of wanting only one type of food. This can be due to sensory-seeking behaviours, a need for sameness, or fixations on topics or items. A supportive approach is to offer familiar, safe foods with other foods from the core food groups or the family meal. It is important to continue to provide opportunities every day for your child to try a range of foods. This might look like offering them some of your dinner on a side plate or allowing them to serve themselves from a selection of preferred and non-preferred foods.

5. Manage sensory input

Some children find mealtimes overwhelming due to the sensory input from smells, tastes, textures, sounds and even the sight of food and eating. To help your child manage sensory input, consider using headphones to reduce noise, using a fan to divert strong smells, or offering cold foods. Your child might need distractions such as watching TV, using fidget toys or listening to music. Always set them a place at the family table and encourage them to eat with the family but allow them to move to a separate quiet space if they feel overwhelmed.



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EXAMPLES OF REASONABLE ADJUSTMENTS AT SCHOOL

- Case study: Matthew Year 11 – plated food only.
- Time out pass for snacks
- Early leave pass to go to dinner hall when it is quieter/less busy.
- Teaching Assistant could keep snacks and offer during learning time.
- Provide the correct environment for eating (if possible, e.g. a quiet classroom).
- Allow ear defenders.

How Hunger Affects School Performance

When you feel hungry, how does it affect your focus? For most of us, hunger distracts us from the tasks at hand. Now, imagine you're a child or teenager that is hungry and how it would affect your ability to learn new skills or focus in the classroom.

In a pre-pandemic survey, **nearly 60%** of children from low-income communities said they had come to school hungry, and the majority of those kids admit that it makes school difficult. Of those children, 12% are too distracted by their hunger to be able to tackle their evening homework.

And teachers can see the effects of hunger as well:

- 80% observed the negative impact of hunger on concentration
- 76% saw decreased academic performance
- 62% saw behavioral issues increased
- 47% noticed children getting sick more often

Thankfully, **school meals programs** can make a world of difference for children in schools. While food insecurity among households with children **persists**, it is essential to spread awareness about the short- and long-term effects of hunger and the high value of **school-based meals**.

TOPIC 2: SLEEP CHALLENGES

Children with neurodevelopmental conditions such as Autism or ADHD often experience sleep problems which are long-lasting and more complex than typically developing children.

Children with neurodiversity face key sleep challenges such as:

- sleep onset delay
- frequent nocturnal wakings
- bed-wetting
- nightmares
- transition to bedtime

- *Primary sleep disorders* such as bedtime resistance, delayed sleep onset, frequent awakenings, sleepwalking, night terrors, and nightmares.
- *Secondary sleep disorders* due to medical conditions such as cerebral palsy, epilepsy, asthma, eczema/dermatitis, and vision impairment.
- *Sleep disorders due to neurodevelopmental/mental health conditions* such as Autism, ADHD, phobias, anxiety and depression.
- *Substance-induced* sleep disorders, due to caffeine, sedatives, alcohol and medications.

Other reasons for sleep issues:

- **pain** – [chronic pain](#), or [temporary pain from an injury or illness](#), can make it harder to sleep.
- **bladder or bowel problems** like overactive bladder, interstitial cystitis (IC), [irritable bowel syndrome \(IBS\)](#), or [inflammatory bowel disease \(IBD\)](#) can cause difficulty with sleep, as people with these issues often have to wake up and use the toilet at night.
- **temporary problems with your bladder or bowels**, like a [urinary tract infection \(UTI\)](#) can have the same effect over a shorter period of time.
- **conditions that cause mobility issues**, like [Parkinson's disease](#) or [arthritis](#), make it more difficult to get comfortable and change position – this leads to disrupted sleep and increased pain.

Guidelines on sleep give recommendations for sleep duration by age are based on typically developing children, however, these recommendations do not consider the needs of neurodiverse children/young people.

Previous research has suggested that children with neurodivergence have different sleep profiles as early as preschool age. Following these recommendations can therefore cause stress to families, particularly if their child seemingly does not “fit” into these recommended sleep duration hours, or if the family experience difficulties co-ordinating the sleep schedules of their neurodivergent children and neurotypical children/siblings.

The table below gives an indication of the amount of sleep your child needs on a regular basis to keep them healthy.

Your child's age	Recommended sleep time in 24 hours
Infants 4 to 12 months	12 to 16 hours including naps
Children 1 to 2 years	11 to 14 hours including naps
Children 3 to 5 years	10 to 13 hours including naps
Children 6 to 12 years	9 to 12 hours
Teenagers 13 to 18 years	8 to 10 hours

Circadian Clock

Understand the circadian clock – our body's natural clock which regulates sleep cycles: <https://www.youtube.com/watch?v=2BoLqqNuqwA>

A major problem that confronts adolescents is a biological change to their sleep timing that begins around the start of puberty. This change pushes back their internal clock, often by around two hours, making teens inclined to be “night owls.”. Because they go to bed later, many teens are unable to get enough sleep if they must wake up early in the morning for school or other activities. As a result, average nightly sleep decreases by 40 to 50 minutes between the ages of 13 and 19.



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Autism and Sleep

https://www.youtube.com/watch?v=fhgRVxYW_HI

<https://www.youtube.com/watch?v=Q2a75v8wzqU>

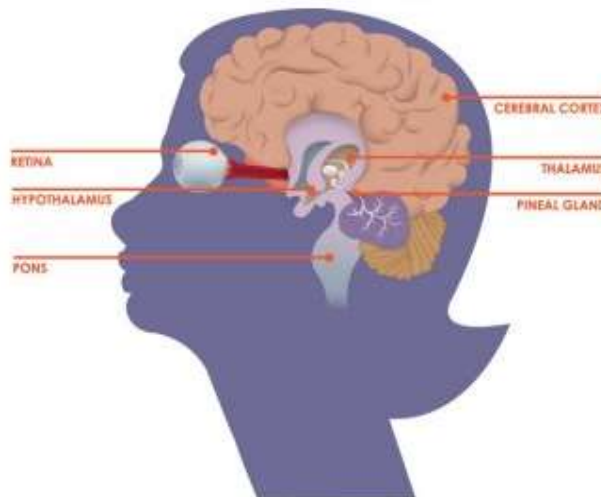
- Some children with autism find it difficult to understand the difference between day and night.
- Others find it difficult to read and express their own body's cues – like hunger, which can make falling asleep more difficult.
- Hypersensitivity to light, sound and touch can play a major role.
- Melatonin – the hormone that regulates sleep patterns in our brains. In people with autism, melatonin secretion may be irregular, and it might not be produced at the right times of the day.
- Hunger - it can be difficult to fall asleep if you are hungry, you could try having a later evening meal.
- Allergies or Food Sensitivities – young people with neurodiversity can be more sensitive to foods like sugar, caffeine and additives which keep people awake.
- An overstimulating room – consider creating a more restful bedroom environment.
- Noise – is there any noise inside or outside the home that may be disturbing sleep? Young people with sensory issues can be particularly sensitive to noise – what may seem quiet for others can seem very loud to them.
- Light – is the room dark enough? Melatonin is produced when the room is dark. You may want to consider buying black-out curtains to make the room

darker.

- Transitions- from sleeping in their parent's room to their own room by themselves difficult. This can be related to difficulty with change but also the need for reassurance around bedtime and sleeping. Coping with waking problems may require consistent reassurance on your part and a creative approach to your child's needs.

Melatonin

Melatonin is a natural hormone made by your body's pineal (pih-knee-uhl) gland. This is a pea-sized gland located just above the middle of the brain.



When the sun goes down and it starts to become dark, the pineal gland is "turned on" and begins to produce melatonin, which is released into the blood. Usually, this occurs around 9 pm. This causes melatonin levels in the blood to increase sharply. This causes you begin to feel less alert. Melatonin levels in the blood stay elevated all through the night.



As the pineal is "turned on" when light turns to dark using screens such a computers TVs and mobile phones can affect the way the pineal glands produces melatonin making it harder for you to fall asleep.

Melatonin

- Not licensed for insomnia under the age of 55.
- Prescribed if a specialist or assessment/diagnosis advises.
- Mixed evidence for its benefits.
- A GP may prescribe if it is absolutely having an impact on family life and if a traditional sedative such as antihistamine (Promethazine) is not helping.
- GP (NHS or private) will use psychiatry evidence and recommendations before prescribing.
- Last resort solution.
- May be available at some pharmacies for acute conditions such as jet lag.
- <https://www.nhs.uk/medicines/melatonin/about-melatonin/>
- **Brand names for Melatonin:** Circadin, Adaflex, Ceyesto, Slenyto, Syncrocin.

Impact of poor sleep on home and school

- Insufficient sleep has been found to negatively impact developing children's cognitive functioning including memory, attention, and learning. Therefore, children will feel less ready and able to learn.
- In the mornings, they will perhaps not want to attend school.
- Poor sleep also worsens family stress.
- Children and young people may display more challenging behaviour at school as well as at home due to lack of sleep.
- *Decreased attention.* The ability to concentrate is vital to learning and academic achievement, but insufficient sleep reduces attention and focus.
- *Impaired memory.* Sleep provides a time for memory encoding, which is when the brain stores and strengthens the recollection of an image or thought. Without adequate sleep, memories may not be properly formed, and it may also be more difficult to accurately recall stored information.
- *Slowed processing.* Short sleep may reduce sharpness, slow reaction time, and hinder the ability to quickly take in and analyse information.
- *Worsened sequential thinking.* The ability to remember a series of steps, such as in a science experiment or when playing a musical instrument, is reduced



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when sleep is curtailed.

- *Reduced creativity.* Creative thinking relies on being able to make connections between diverse ideas, and some research has found that this type of mental activity is harmed by poor sleep.
- *Academic achievement* may also be impacted down by missing school. Sleeping problems have been tied to increased absences from school.
- *Excessive daytime sleepiness.* Drowsiness during school, can have considerable consequences for academic achievement. Dozing off for seconds at a time, known as microsleeps, can occur in the classroom, causing a student to fall asleep at their desk. In addition to interrupting learning, this may be viewed by teachers as a behaviour problem.
- *Poor decision-making.* Limited sleep can hinder the development of the parts of the brain involved in making good decisions, increasing the likelihood of risky or unwise choices that can lead to disciplinary problems in school.
- *Aggression.* Some research in children has linked sleeping problems to a heightened risk of aggressive behaviour.
- *Irritability and mood.* Quality sleep is correlated with healthy emotional regulation, which may make children and teens who fail to get enough sleep more likely to be irritable or upset.
- *Hyperactivity.* Insufficient sleep can affect attention and in one study was associated with levels of hyperactive behaviour reported by teachers. Sleeping problems may exacerbate the symptoms of attention-deficit/hyperactivity disorder (ADHD).

Strategies to improve sleep and education around sleep

- Children can have difficulty understanding the need for sleep. Use books or educational videos to explain the importance of sleep.
- A social story™ (developed by Carol Gray) could be used to explain this. They can also be used to reassure your child that they are safe when sleeping/alone.
- <https://www.leedsmencap.org.uk/wp-content/uploads/2022/05/Bedtime-social-story-1-1.pdf>
- See examples of books below:



Sponsored ⓘ

Why do we Sleep?: Illustrated book for children. Kids. Learning about the human body. Bedtime. (Why ? Life explained to children.)

by Peter J and WonderWorld Books | 23 Aug 2024

5.0 ★★★★★ (1)

Paperback

Ages: 3 - 12 years, from publishers

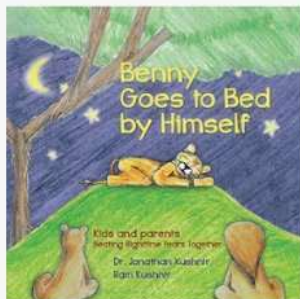
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Benny Goes to Bed by Himself: Kids and Parents Beating Nighttime Fears Together (Kids and Parents Overcoming Night time fears)

by Dr. Jonathan Kushnir and Ram Kushnir | 20 May 2020

4.2 ★★★★★ (235)

Paperback

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At School (if a child is tired)

1. Incorporate Movement: Introduce short physical activities or stretches to get their blood flowing. Simple exercises or a quick dance break can energize the class.
2. Change the Activity: Switch to a more interactive or hands-on activity. Group work, discussions, or educational games can stimulate interest and participation.
3. Reduce timetable/activities/tasks/demands: Explore what is manageable for the child/young person on that day. 'Finish Later' box.
4. Use Multimedia: Show a short video or presentation related to the topic. Visual and auditory stimuli can help capture attention.
5. Break Down Lessons: If the lesson is lengthy, break it into shorter segments with mini-breaks in between. This can help maintain focus and prevent fatigue.



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6. Encourage Collaboration: Allow students to work in pairs or small groups. This can make the learning experience more engaging and less monotonous.
7. Staff Journal: of when children are showing hypo/hyper behaviours so they can monitor and aim to change tasks a few minutes before this change to help with regulation.

At home strategies to help a child fall asleep

1. Alter environmental – does the lighting, smells, bedding textures, sounds from around the house, temperature need changing?
2. Sensory lights (lava lamps, fairy lights)
3. Reduce the colours/items in the bedroom – reduce distractions
4. Stick to a routine/keep each night as consistent as possible for ASC children
5. Soothing and emotion regulation before bed
6. Reassure the child that you are around – can you have a walkie talkie or camera monitor so they can see you are around? Can you spray a toy with your perfume to comfort them?

Texture and touch are common sensory triggers for children with ASD.

One of the most common problems comes from lumpy socks, which can be particularly distressing and uncomfortable—and that's why seamless socks are so popular with ASD people.

The texture of pyjamas and bedding is important for the same reason.

Weighted blankets and duvets give a sensation of substance, where lighter ones can feel annoying or even evoke feelings of disgust—an almost-tickly sensation that gnaws at your skin, like having creepy-crawlies on you.

Make sure you have plenty of smooth, bobble-free bed sheets made of pure cotton.

Good quality, breathable cotton bedding will ensure maximum comfort, even with a thick and heavy duvet.



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Weighted blankets

Can alleviate the anxiety that light fabrics can cause. It's a hard sensation to describe, but it boils down to not feeling safe unless the blanket or duvet covering you has some weight or some substance to it, like it holds down to the contours of your body.

Sleep Routine

Dinner time, wind down, bath, bedtime stories and lights out – however you do your routine, it's important to stick to the plan as tightly as possible, every night.

Sleep Diary

Keep a sleep diary to see which strategies work and to notice any patterns.

CYP to write down all the positives from their day – accessing the positive/intelligent part of their brain before sleep.

SLEEP STRATEGIES.

Bedrooms

Reduce any distracting or overstimulating elements in their bedroom, like toys and lights, and consider decorating their bedroom in muted tones to minimise potential for overstimulation.

Sleep Hygiene

- Sleeping in a dark, cool, and quiet room.
- Putting away technology two hours before bed.
- Reduce screen time at least 2 hours before bed. Try colouring instead!
- Avoiding caffeine and naps after 2 pm.
- Moving the body regularly, avoiding rigorous exercise two hours before bed.
- Going to bed and waking up at the same time every day.
- Avoiding heavy meals two hours before bed or having a light healthy snack if the CYP sleeps later/body clock is shifted. Hunger impacts sleep.

<https://www.youtube.com/watch?v=TEEx1t7h-g-E>

<https://www.youtube.com/watch?v=H8uR2DeqU10>

<https://amzn.eu/d/7VnoMau>

<https://www.youtube.com/watch?v=y6dviuVRkbA>



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TOPIC 3: TRANSITIONS

Definitions:

- “the process or period of changing from one state or condition to another”
- “the act of experiencing a change”.
- Synonyms: growth, switch, shift, adjustment, adaptation, transformation, or evolution.

A transition in action involves 2 steps:

1) the capacity to stop what you're doing currently

2) the capacity to start doing the next thing

- Transitions are a normal part of our everyday lives.
- Transitions require individuals to stop an activity, move from one location to another, and begin something new.
- For a lot of people transitions occur naturally and without much difficulty, but for neurodiverse individuals' transitions can be challenging.
- For autistic children and young people, **change** can be particularly difficult.
- Transitions can be defined as changes and many autistic and neurodivergent individuals have differences in this area, preferring predictability and routine.
- Preparing for transitions and management of them is key to minimising their anxiety and stress.
- By using transition strategies, neurodiverse children can be supported to transition from one activity or location to another, increasing their independence, positive participation in relationships and activities at school, home and elsewhere.
- Transitions are a large part of any school day, as we move to different activities or locations. Studies have indicated that up to 25% of a school day may be spent engaged in transition activities, such as moving from classroom to classroom, coming in from the playground, going to the lunch hall, putting personal items in designated locations like lockers and gathering needed materials to start working.
- Factors such as the **length** of an activity, the **difficulty** level, and the **interest** level of an individual all may contribute to transition issues.



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“moving from the known to the new”.

Many of these children cannot picture what is not right in front of them and they are living in the moment, so they are doing something familiar and then suddenly must move on to something they have no concept about, which is very dysregulating for them.

E.g. A child may be enjoying their time in the playground (having fun moving and swinging and sliding) so then when they are told to leave and are put into a car seat which restricts your movement so much – what do expect will happen?

Why do neurodivergent individuals struggle with transitions?

Neurodiverse children often struggle to recognise the relationship between steps of an activity leaving them unprepared when the transition occurs. This in turn can feed the child's anxiety and impact their behaviour.

When a teacher announces that an activity is finished and provides multi-step directions related to upcoming activities, students with ASC may not comprehend all of the verbal information.

Difficulty sequencing information and recognising relationships between steps of an activity can impact one's ability to transition as well. Individuals also may not recognize the subtle cues leading up to a transition (i.e. students packing up their materials, teachers wrapping up their lecture, co-workers getting their lunches out of the refrigerator) and may not be prepared when it is time to move.

Hyperfocus - neurodivergent individuals get immersed in what they're doing and it's like having to suck them out of a black hole and having to focus on something else. Particularly in ADHD: find something rewarding - they tend to hyper-focus on it, which explains why someone with ADHD seems all over the place but then can play video games for hours. Ask them to do something less rewarding (like stop playing your game), and you might face resistance.

If an area is too crowded, loud, over stimulating or aversive for some reason, individuals may resist transitioning to that location.

All of these examples create anxiety – which can then lead to poor behaviour or 'meltdown'.

<https://childmind.org/article/why-do-kids-have-trouble-with-transitions/>



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Primary school to high school – a huge transition for all children, and especially for neurodivergent children.

Physical changes in the environment can be emotionally demanding for a child. During the transition from primary to secondary school, children often move to larger spaces with more than one building and multiple classrooms.

It has often been reported that these physical environmental changes increase the chances of distress to children as they risk getting lost and that can increase anxiety.

Pedagogical changes, such as being taught by several teachers as opposed to one teacher for all subjects, increased homework, and expectations of independence can negatively impact adjustment to the new environment and affect children's participation in the classroom. Finally, social changes can create anxiety during school transitions.

Peer relationships change during the primary to secondary school transition, causing fears about losing old friends, making new friends, and bullying.

Based on previous research, neurodivergent pupils are more likely to be bullied across school years compared to neurotypical pupils which subsequently can have a significant impact on their mental health.

Strategies to support transitions

If the individual has difficulty with transitions, try to strategically sequence certain activities so individuals are moving from. Some will prefer to go one way; others would prefer to go the other way. Think about whether you would prefer to do something you find easy/ enjoy first, or at the end. Where do you place your reward? Do you have the reward first, middle or last?

- non-preferred activities to preferred activities
- from preferred activities to neutral activities

Autistic individuals need to be prepared – so they need to know what to expect next – this will help to reduce anxiety about what lies ahead.

Moreover, they need to be able to visually see what is next – otherwise they may not process what you have said/told them.

E.g. instead of saying 'we are going to the library after this', use a visual aid to show this. This will reduce anxiety and behaviour challenges.

Plan ahead, prepare them and give them enough time to process the information. Sudden changes and transitions will cause distress.

Visual aids

<https://www.youtube.com/watch?v=N4nATOlAgM4>

Transitions Visual Cards



We can split up support into pre, during and post transition:

Pre-

Preparing an autistic child ahead of a transition can be effective in supporting a positive transition.

Sometimes, a **brief verbal cue** is sufficient e.g. "it's group reading time now", but often it will not be effective.

When deciding if a verbal cue is appropriate, consider if the child is able to process verbal information in their current setting or environment (e.g. a noisy classroom), and if the child has had sufficient time to shift their attention from the task they were doing.

Autistic children benefit from having **extra time** to prepare for a transition.

They also benefit from **non-verbal cues**.

Consider the child's anxiety and how to reduce it using:

- *transition toy or object that the child finds comforting.*
- *minimising time spent waiting and providing fun and interesting objects or activities to engage the child while they wait*

During

- *Visual timer* will help the child to visualise the time remaining before the transition. Sharing how long is left without a visual cue is often too abstract for neurodiverse children. You can use a sand timer if preferred.
- *Other specific visual cues such as pictures, photos, written words and transition objects* can be helpful, signalling to the child that the transition is upcoming. An example of this may be the teacher giving the child a picture of the library, a card with 'Library' written on it, or a book that the child connects with the library.
- *'First', 'After', 'Then' cards* are another useful visual tool to cue a transition and can be used when the child is struggling with the visual schedule and when preparing for an activity that the child does not prefer. It should be followed by an enjoyed activity e.g. 'First, reading circle, Then, snack'.
- Use sensory breaks between activities. Sensory breaks can be short and simple e.g. hopping on one foot, or longer e.g. going for a walk depending on



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the child's need and what is possible in the setting.

- Don't try to discipline.
- Come to the child's level and let them know with your body language and facial expression that you are there with them through this discomfort but stay quiet and calm.
- Imagine in your head what the child is experiencing, think about what just happened to make them distressed, and don't try to solve the problem. See if you notice the child move through their dysregulation without you having to do anything for them.
- Respond to the child consistently and avoid hurrying the child through a transition. It is likely that this will lead to stress and may impact the child's ability to transition smoothly.

Post-

Following a transition, it is important to be attuned to any additional situational needs for the child.

Depending on the new activity, environment, specific needs and strengths of the child, they may require additional support.

This can include things like access to a quiet space, one-on-one supportive adult, transition object that is familiar and comforting or a sensory break.

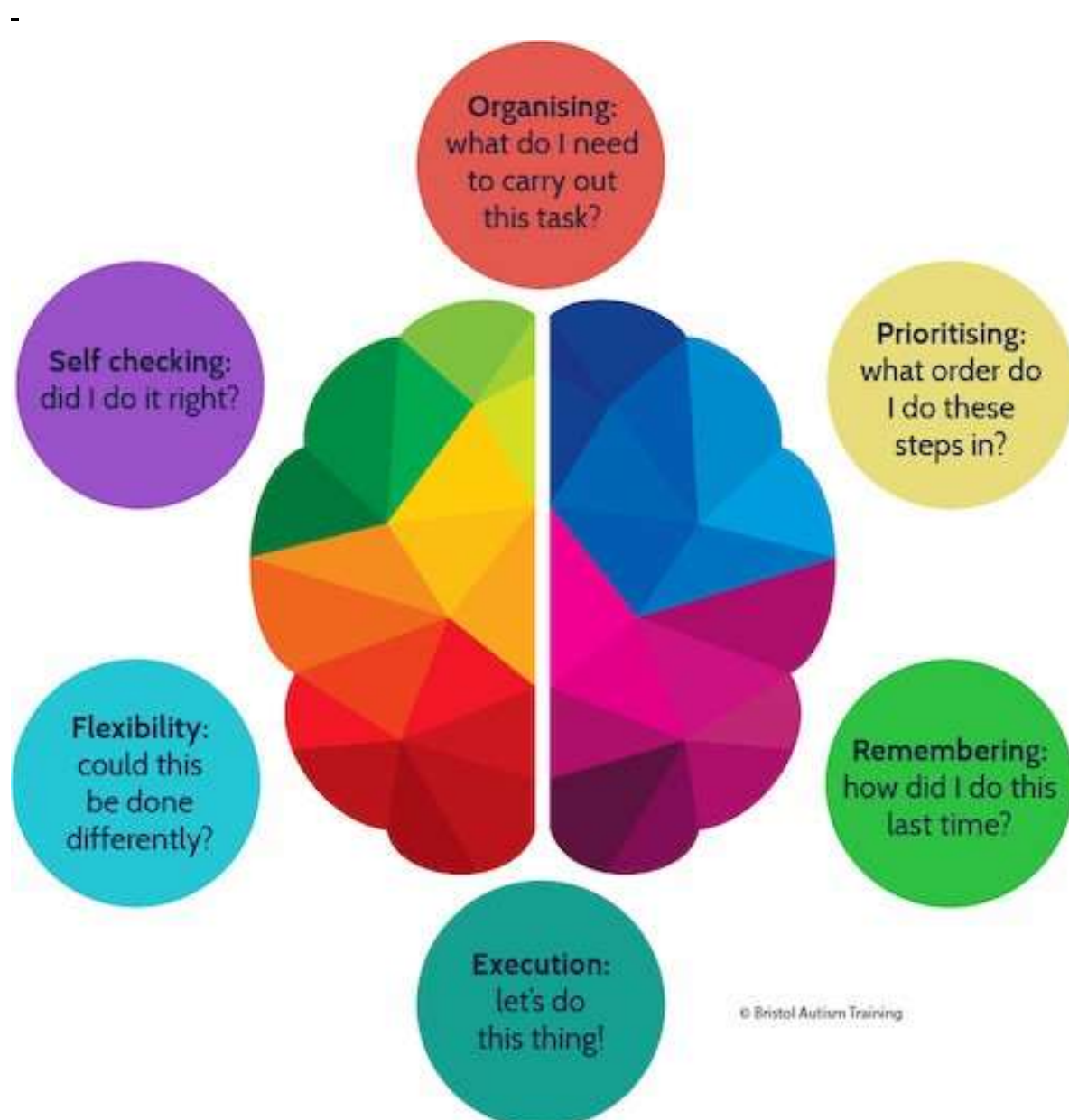
SOOTHING is key at this stage

TOPIC 4: Executive Function

Executive functioning is the set of processing skills that help us to plan and organise what we do across every day.

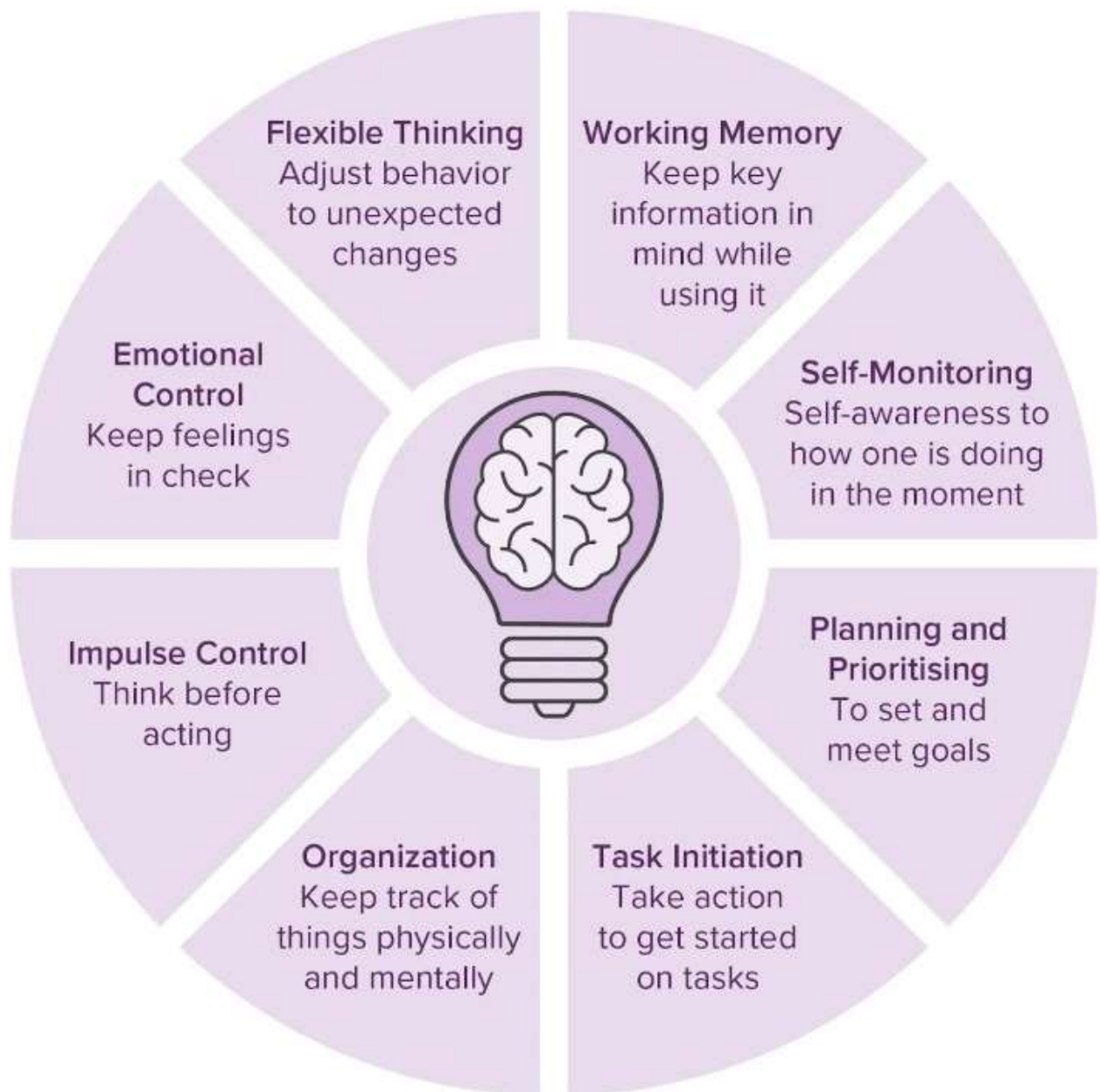
One task can involve many parts such as planning, starting a task, keeping focus, finishing, and transitioning to new tasks. This all comes from our executive function skills.

Our executive functioning skills significantly impact our learning skills, how we interact with others and how we regulate and control our thoughts.



EXECUTIVE FUNCTION SKILLS

<https://www.youtube.com/watch?v=8R0GKqGZ8g4>



10 Executive Functioning Skills for Success

www.thepathway2success.com



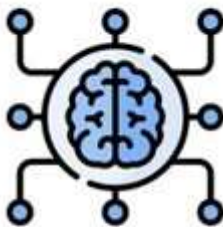
Planning



Organization



Task Initiation



Flexibility



Attention



Self-Control



Metacognition



Working Memory



Time Management



Perseverance

Read this guide for more information and a break down of each of the executive functioning skills:

<https://www.thepathway2success.com/10-executive-functioning-skills-the-ultimate-guide/>

Case Study - Charlotte

Background

Charlotte is 21 and lives with her dad and sister. She often has arguments with her family about her being 'lazy' and not doing chores around the house.

She thinks her family assume she knows what needs doing and thinks she should just do it. This leaves her feeling confused and angry. She needs them to ask her to do tasks/chores on the day. Sometimes she needs help getting started and for some tasks she needs a break down of the exact steps she needs to take.

What helped

- Having a clear rota
- Being shown and told the specific steps for each job
- Having lists to help her remember
- Being given support when she was struggling to start, get organised, stay focused or finish tasks on time.



Lived experience – James who has ADHD

I consider my executive functioning difficulties one of the most disabling aspects of my being autistic. These struggles manifest themselves in several different ways, all of which are extremely frustrating. I've struggled with executive functioning since childhood, but I didn't have the words to describe my experiences with it until I was an adult in my mid-twenties.

I have the hardest time with daily life tasks. For example, cleaning my room without direction or prompting is really difficult. It's hard to turn the whole into parts, and once I've taken care of one part, I run out of energy to deal with the rest of the room. Trash bags accumulate in corners of my room because I keep forgetting to carry them down with me when I go downstairs. Plates, cups, and kitchen utensils lie on my dresser and bookshelves because I forget to put them in the dishwasher. It doesn't help that I tend to perceive messes as part of the environment if they've been there too long.

Bills and paperwork lie on my bedroom floor. I'm terrible with paper. I pay all my bills electronically. It's often the case that the only time my bedroom is spotless is when I'm ready to move out, and have the landlord do the final inspection so I can get my security deposit back. It's easier for me to deal with common spaces in my apartment because my housemates and I chip in to cover a housekeeping service,



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but this is relatively recent. The housekeepers only deal with the kitchen, bathroom, dining room and living room anyway; I'm all on my own when it comes to my disaster area of a bedroom.

If I'm already drained and have exhausted my executive-functioning spoons for the day, it's nearly impossible for me to cook a substantial dinner. I'll end up ordering delivery instead. I like delivery every so often, but I feel like I'm spending more money on these orders than I'd like.

On top of that, I sometimes struggle with disordered binge-eating. I find it hard to start and stop activities generally—I'll get stuck in an activity and won't be able to unstick myself for a while—and eating is no exception. I'm trying to be more mindful of my eating habits, but it's taking quite a bit of time.

My executive functioning is questionable at any time of day, but it tends to be even worse before 10 AM. This is despite my using an alarm every morning to ensure that I get up on time. I'm usually awake when I'm supposed to be, but it's difficult to get started, until I've been awake for several hours. Morning classes and meetings are a challenge for me much of the time, because I just don't have the bandwidth to give my full attention, and it's highly likely that I'll be too tired to follow along with the class as well as I'd like to.

My executive functioning problems affect my professional and academic life.

I find it difficult to make plans for class- or work-related projects if I don't already have a framework for them in my head. Once I have a system for doing something, tasks become much easier. I sometimes need prompting and check-ins to finish projects. I consider myself a reasonably independent worker, but I need an initial push to get into the groove.

Check-ins while a project is underway can also help. I also benefit from collaborative to-do lists from supervisors and clients. Sometimes I find myself waiting until the deadline is perilously close and then start a project in earnest because the deadline makes things feel more real.

Having executive functioning issues make me feel like a crappy adult because I do care about getting things done. It's just that I don't always have the bandwidth to develop a workable system that I can stick to. I worry constantly that people think I'm lazy or a procrastinator, because I frequently get stuck. I used to get screamed at constantly by my parents because of executive functioning difficulties, but I didn't have the language to describe what I was going through, to help them understand.

I've been self-medicating with caffeine, for a while. I bought a case of 24 Red Bulls two weeks ago, and after I ran out, I bought extended-release caffeine pills to take instead. Caffeine helps me to actually sit down and start things like work projects. It has its side-effects, but it's more effective than doing nothing.



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I think I would benefit from ADHD medication or something similar, but I worry that I'll come across as meds-seeking. My psychiatrist wants me to go for an assessment, but the waiting lists for those exams are long, so that won't help me right now. And right now, is what's frustrating me. Professionals may consider me to have "mild support needs," but that doesn't mean that I don't have legitimate support needs.

Neurodivergent individuals face several executive function challenges:

- Difficulty prioritizing and sequencing steps to complete a task
- Failure to meet deadlines
- Difficulty staying focused
- Trouble regulating emotions
- Late to appointments, events, meetings, or social activities
- Lose important items and forget details
- Struggle to switch between tasks
- Problems with motivation
- Impulsive and make poor decisions
- Difficulty multitasking
- Mentally rigid and/or inflexible
- Getting distracted when completing tasks
- Struggling to organize a schedule, activities, and work materials
- Forgetting important dates, meetings, or appointments
- Showing up late to meetings and appointments
- Losing essential items needed for work or daily activities
- Lacking the motivation to do certain task

"We often identify executive dysfunction when a student goes off to school but can't keep up with the schoolwork.

These can include finding it difficult to prioritise assignments, not knowing how to seek out support in a timely fashion or not knowing or remembering when assignments are due.

This often comes up as school anxiety or school refusal.

It often has very little to do with intelligence level.

It's about how a student takes in information, takes in all the variables surrounding the information, organises it all, processes it, and then understands how to navigate the impulses that might come up that might make them say: 'I'm not doing this,' or 'I can't do this'.

Spoon theory

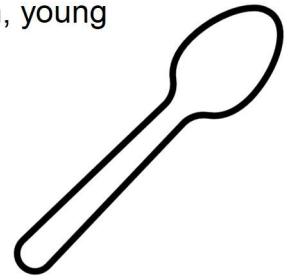
<https://youtu.be/NVd6zb4Z6Rk>

(Play from 1:30 onwards)

Everyone will have a different number of spoons, based on their individual strengths and needs. This will also vary day to day, depending on different environmental and internal factors.

Once you have run out of spoons or resources, you need time and rest to gain more resources and spoons back again before you can do anything else. Tasks which involve lots of executive functioning can take up a lot of your spoons!

Burnout is very commonly experienced in neurodivergent children, young people and adults.

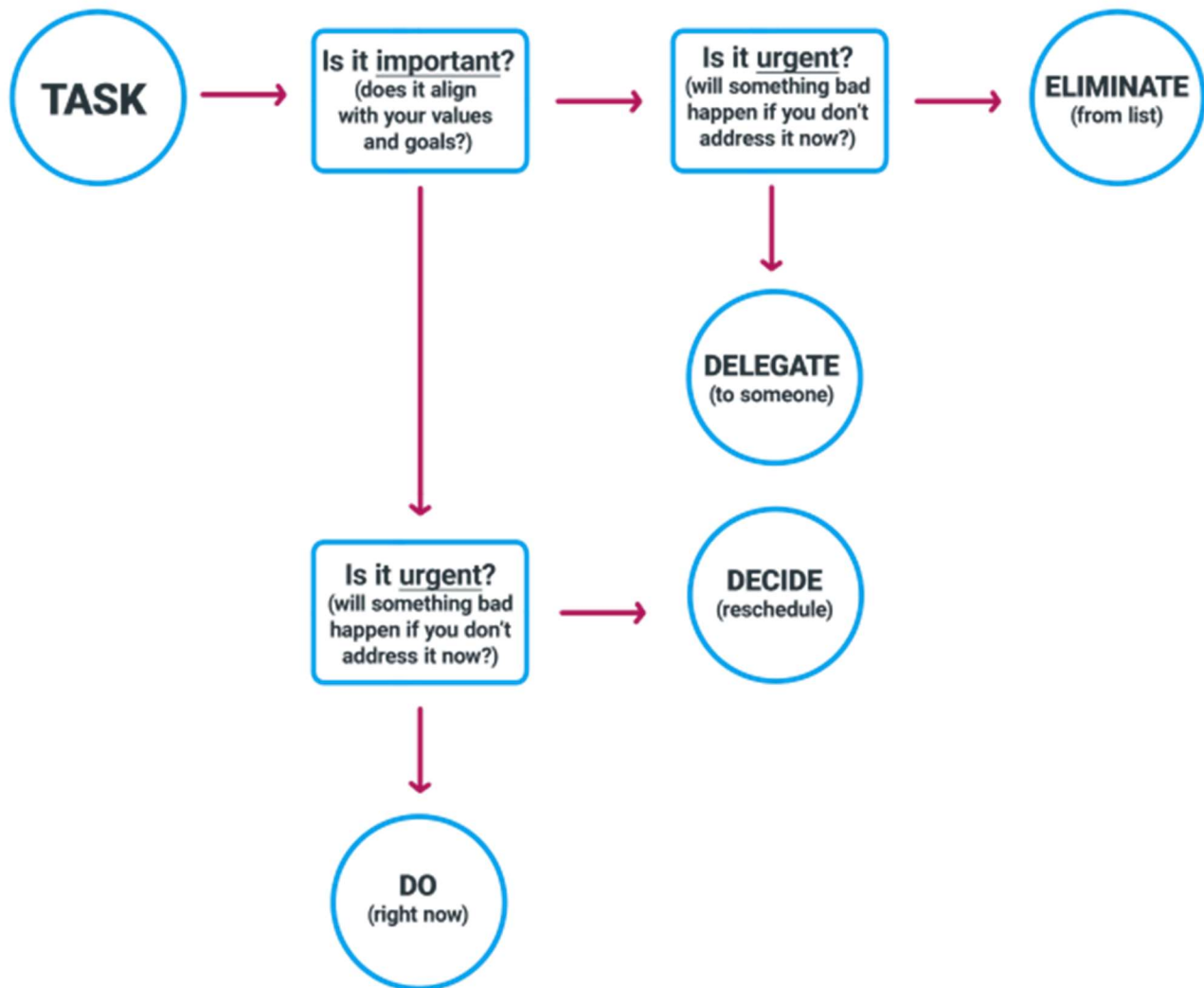


Strategies to support executive functioning

- Cleaning - divide the house/apartment into quadrants and only look at this one quadrant and consider what tasks we have here.
- <https://goblin.tools/> A brilliant website where you can enter your task, press the magic wand and the task will be broken down into simple steps for you!
- Pick your battles – you don't have to do everything all together or on the same day. Be kind to yourself. Use a planner to section up your tasks across the week.
- Recognise that all tasks require different executive function skills, so you must adapt the energy/time/mental investment required. E.g. cleaning dishes is very different to admin and admin is very different to doing laundry!



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Break the task up

TASK: Write a 5-page draft by tomorrow

Use time to section up the tasks:

8-10am Research the topic

11-1pm Write the first two pages

1:15-3pm Write the second two pages

3:30-4:30pm Write the last page

Pomodoro technique

The Pomodoro technique is a time management technique which encourages shorter bursts of work followed by a 5-minute break (25 minutes working, 5 minutes break). This can support concentration and break down tasks.

Pros and cons

Sometimes making decisions can feel really hard – this can lead to procrastination as it can feel overwhelming to solve some problems, leading to 'decision paralysis'. Using a pros and cons list and breaking the problem down can be useful when feeling stuck.

Sensory support

Finding a quiet space to work, using noise cancelling earphones/headphones, listening to white noise or using fidget toys can all support with concentration. See [more information on about sensory processing on MindMate](#)

Using alarms

Using alarms can support with "time blindness" as a reminder for how far through you are during tasks, and how long there is left.

Body doubling

Body doubling is where someone completes the same task (or a different one) alongside you, this can help as it allows for a level of encouragement and support to remain on task.

Sticky notes, reminders, and visual prompts

Putting sticky notes, reminders, and visual prompts the house, near your working space, can help create cues and reminders to support memory. For example, putting your drinks bottle by the door to remind you to fill it up and bring it with you when you leave the house!

Timers

Timers can help support transitions from one task to the other. It can be helpful to have these as visual as possible, so the young person can see how much time is left.

Movement breaks

Movement breaks can be useful for both in-between (transitions) or during tasks. Often neurodivergent children/young people need more stimulation and movement to support regulation and concentration. Sensory circuits can be useful too. See [more information on about sensory processing on MindMate](#)

TOPIC 4: Boundaries

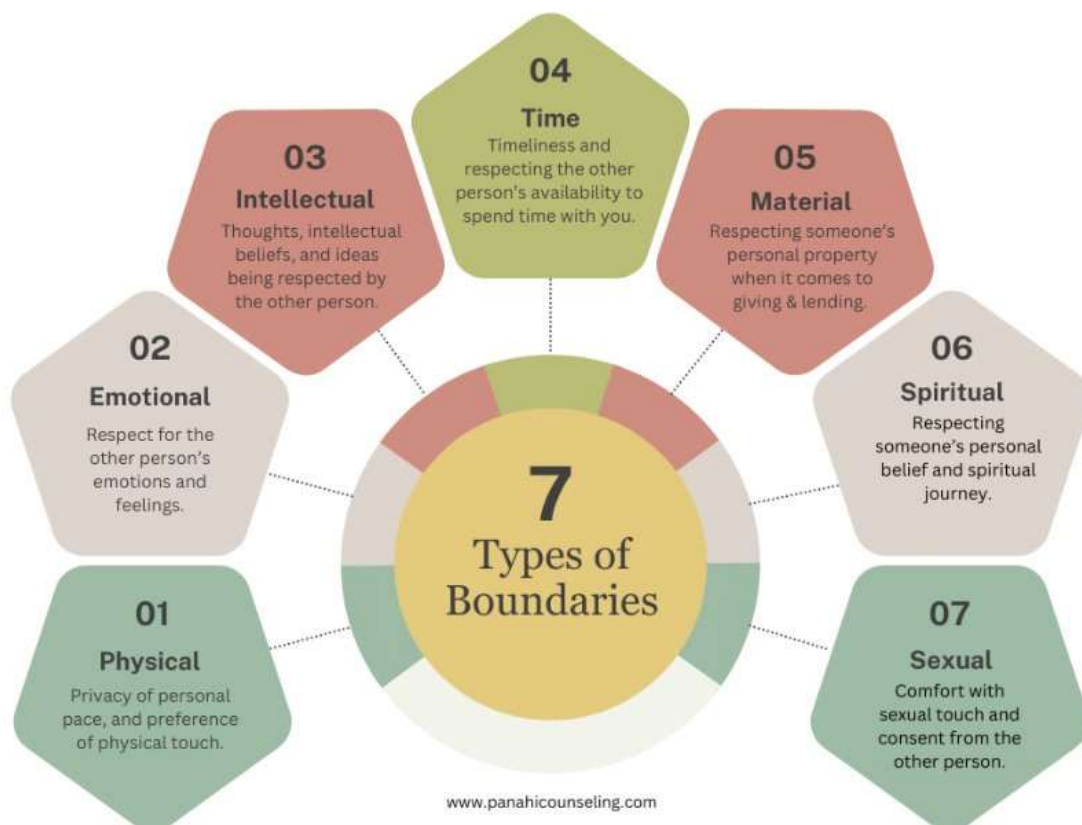
One of autism's defining features is challenges with understanding and interpreting social situations/the social world.

This can lead to people with autism not understanding boundaries.

Lack of understanding of boundaries then again feeds into many of the social difficulties which people with autism have.

It can also lead to safeguarding risks.

Helping people with autism to understand boundaries is critical.





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"I understand boundaries from a textbook perspective. I can set them in extreme situations, but I realize that I probably violate others' boundaries and let other violate mine all the time. This is because my social impairment makes it difficult for me to see when a boundary is being violated. It is also because I have been trained since childhood to mask my autism and focus on others' needs above my own".

When is it appropriate to say what I think, and when is my opinion better left unsaid?

When is it appropriate to submit to authority, and when is doing so being too passive?

And when—gulp—should I hug or air-kiss friends and relatives? When is it OK to stand there, hands in pockets instead?



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Why do ND individuals find it difficult to set and/or understand boundaries?

- *People-pleasing*
A desire to please others can make it hard to focus on yourself and your own needs.
- *Sensitivity*
Neurodivergent people may be sensitive to others' thoughts and emotions, which can lead to feeling overwhelmed.
- *Impulsivity*
People with ADHD may have trouble with self-regulation and impulsivity, which can make it hard to set boundaries.
- *Social struggles*
People with ADHD may have social struggles and low self-esteem, which can make it hard to set boundaries.
- *Difficulty understanding emotions*
People with autism may have difficulty understanding their own emotions, such as anxiety or jealousy.

"It all starts with self-acceptance. It starts with teaching those with autism that it is OK to say no to things that make them unhappy. It is ok to say no if we don't like something even if what we don't like seems weird to neurotypicals. It also starts with realizing that just because you are autistic doesn't mean you are always wrong".



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Teach children about their bodies and establish their personal body boundaries. <https://raisingchildren.net.au/autism/development/physical-development/bodies-boundaries>

Use books and songs instead of discipline – reduces feelings of guilt, shame and embarrassment if they are rejected from affection or if another person sets a boundary.

<https://www.youtube.com/watch?v=aSFvJbSQdA4>

<https://www.youtube.com/watch?v=qJOXoxAcB3E>

Strategies to set a boundary

If they seem to stand too close to you, be kind but gently direct. For example, you could say "Could you please stand about this far apart from me when we're talking? Thanks so much".
You can raise your arm a little to give an idea of how far apart you mean.

If the person touches your hair, hugs you inappropriately or similar physical interaction, you can start by moving away out of reach. If it is persistent or bothersome, ask the person to stop. You could also distract them by redirecting them to move their attention to something else like an activity. You can also model the physical distance and appropriate place for your own hands at your sides, in your pocket, arms folded and the like.

If the person shares personal information, you're not comfortable with because you're not a friend or that close to them, try to change the subject to something more appropriate. If that doesn't work, you can gently tell them that topic is a little too personal.

TOPIC 5: Demands

What are demands?

Demands in PDA are many and cumulative.

It can be helpful to think about some of the different 'types' of demands including:

Direct requests or questions from others - such as 'put your shoes on', 'sit here and wait', 'pay this bill' or 'would you like a drink?'



Indirect demands - such as **praise** (which can lead to anxiety over future expectations rather than the intended positive reinforcement) ... **other people's 'energy'** ... **time** (an additional demand on top of the demand itself) ... **uncertainty** (research from the University of Newcastle found intolerance of uncertainty is a significant factor in PDA, with PDA autistics needing to know *and* feel in control of what's going on).

Demands within demands - the smaller **implied** demands within larger demands (e.g. within the demand of going to the cinema are the demands of remaining seated, responding appropriately, sitting next to others you don't know, being quiet etc. etc.)

- A direct demand (an instruction, such as 'brush your teeth', 'put your coat on' or 'complete your tax return').
- An internal demand (for example willing yourself to do something, or bodily needs such as hunger or needing the toilet).



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- An indirect or implied demand (including any expectation, such as a question that requires an answer, food in front of you that you are expected to eat, or a bill arriving that needs to be paid).

Children/young people may avoid demands by:

- **giving excuses:** 'I can't because I am a tractor, and tractors don't have hands' or 'I can't because my legs are broken'.
- **distraction or diversion:** giving affection or compliments; changing the subject; making noise that makes further discussion difficult; or creating a situation that needs more immediate attention, for example, by knocking something over.
- **point blank refusal:** saying "No" and not entering into negotiation; physically resisting.
- **passivity/withdrawal:** becoming floppy; curling up into a ball; not responding; walking/running away; withdrawing into fantasy.
- **aggression:** pushing someone or throwing something away; hitting or kicking; biting. Aggression may be a form of resistance, but it may also be a panic response to overwhelming anxiety.

Demands, requests and instructions can be very overwhelming for individuals who are neurodivergent.

They will therefore avoid demands or struggle to cope with them, leading to meltdowns and behaviour which challenges.

"There was something I was going to do, I planned to do, but before I could actually do it, before I had a chance to do it, someone intervened and asked me to do it – and now, I can't do it. ... When I say unable, I do not mean 'don't feel like it' ... it's an inability."

The PDA society video about demand avoidance explains how a neurodivergent individual feels and thinks when a demand or instruction is placed upon them: <https://www.youtube.com/watch?v=CCsfKxyuH1I>

Demand avoidance vs Pathological Demand Avoidance:
<https://www.esht.nhs.uk/wp-content/uploads/2021/07/Demand-Avoidance-Vs-Pathological-Demand-Avoidance-PDA.pdf>

Pathological Demand Avoidance

<https://www.youtube.com/watch?v=diHUmhPWXUY>

<https://www.youtube.com/watch?v=KnISHWH35I8>

<https://www.autism.org.uk/advice-and-guidance/topics/behaviour/demand-avoidance>

Strategies

Helpful approaches

Conventional approaches based on firm boundaries and the use of rewards, consequences and praise, or approaches often recommended for autism (such as routine, structure and predictability), are often ineffective and even counter-productive for a PDA profile.

Low arousal approaches, which keep anxiety to a minimum and provide a sense of control, are good starting points when thinking about what works for PDA. A partnership based on trust, flexibility, collaboration, careful use of language and balancing of demands works best.



The giant panda is our ambassador, since they also need a tailored approach in order to thrive, and the letters **PANDA** also provide a useful summary of helpful approaches ...



P

PICK BATTLES

- minimise rules
- enable some choice and control
- explain reasons
- accept that some things can't be done

A

ANXIETY MANAGEMENT

- use low arousal approach
- reduce uncertainty
- recognise underlying anxiety and social/sensory challenges
- think and plan ahead
- treat meltdowns as panic attacks: support throughout and move on

N

NEGOTIATION & COLLABORATION

- keep calm
- proactively collaborate and negotiate to solve challenges
- fairness and trust are central

D

DISGUISE & MANAGE DEMANDS

- word requests indirectly
- constantly monitor tolerance for demands and match demands accordingly
- doing things together helps

A

ADAPTATION

- try humour, distraction, novelty and role play
- be flexible
- have a Plan B
- allow plenty of time
- try to balance the amount of "give and take"

There's lots more detail, information and resources about helpful approaches for PDA on our website.

1. **Choose Your Words Thoughtfully:** In our household, we've discovered that certain words, like "No," can trigger intense reactions. For my son, this simple word symbolised a loss of control. By selecting our words carefully and finding alternative ways to communicate, we've been able to navigate these situations more smoothly.
2. **Plan Ahead:** Neurodivergent teens often thrive with structure and predictability. Before embarking on any outing or activity, take the time to answer their questions and address their anxieties. Show them photos of the destination, discuss the route, and provide them with ample time to process the information.
3. **Reduce Demands:** The sheer number of daily demands can quickly overwhelm a child with PDA. From morning routines to transitioning between tasks, every demand adds to their stress. By spreading out tasks, allowing extra time, and preparing in advance, you can help alleviate some of this pressure.
4. **Prioritise Battles:** It's essential to pick your battles wisely. Consider what truly matters to you and your child's well-being. Is it worth engaging in a power struggle over teeth brushing, or would you rather prioritize a peaceful transition out of the house? By focusing on the bigger picture and letting go of minor battles, you can create a more harmonious environment for everyone.



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- Video which shows how we can support individuals who struggle with demands: <https://www.youtube.com/watch?v=Z88YuR8eLmA>
- Pause after giving directions to allow the person to process the verbal information.
- Offer to provide simply worded written directions or a checklist for routine or novel tasks.
- Give the person some choice in the conversation (i.e. "Would you like a cheese or ham sandwich?" - keeping the boundary of the food being a sandwich).
- Questions should be worded to only provide acceptable options when possible. For example, if a boss says, "Would you like to join us in this meeting?" the autistic person saying "no" and returning to their desk is a potential response. This is because a command is being worded as a question. Instead, say, "Please come with us for a meeting in the conference room at 10:00 am." (You may need to get them depending on their level of functioning.)
- Have the person repeat important information to confirm understanding (i.e. ask, "where are we going?" after you've shared that information).
- Use pictures or drawings to help the person communicate (i.e. pictures of food or activity choices).
- Visual schedules in which you provide a photo or graphic to designate different activities planned can also be helpful.
- Although some people can carry on conversations that last for hours, some individuals may only be able to answer a single question or engage in a conversation for 5 minutes. In these situations, building in breaks for the individual can be productive and help them stay calmer and more focused.
- Always face them when talking to them even if they don't appear to be paying attention.
- Always communicate what you are doing even if you don't think they understand.



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Information about sensory difficulties - seatbelts

Some parents/carers had asked in the PINS Barnardo's information sessions about how to manage children/young people who take off their seatbelts whilst the adult is driving. It has been very challenging as the adult has sometimes had to park up to strap the child back in. 1 parent mentioned that it took her 20 minutes to get the child back into the seat. 1 parent has tried to use consequences, e.g. mentioning the police will come - but it doesn't often work. Both are primary school age children.

The William Merritt Centre in Leeds provide full assessment and adaptations, have their own Occupational Therapist and are also the DVLA assessment centre (which is useful for if a child then distracts the driver resulting in an accident).

Asking these questions would help to plan and identify the triggers:

- What need is my child trying to tell me?
 - Have I identified the issue? e.g. can they sit in their seat with the belt on when the car isn't moving, is the sight of the road moving making them feel sick?
 - How have I explained it to them? Have I done it in a safe environment away from the car and when they are in the 'green zone'?
 - How have I modelled the behaviour?
-
- You can get a cover that fits over the release button. It would be least restrictive, but still a restriction.
 - There is a harness that can be used, would probably take some acclimatising
 - Help children/young person to understand why it needs to be worn.
 - Is it sensory about the seatbelt covering them? Would be good to look at the positioning of the belt on the child - i.e. touching their neck or feeling tight on their tummy. You can get covers for the belt which has a softer feel and prevents digging in to the neck.



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- Level of restriction would depend on if the child/young person doesn't understand due to the way things are being explained or if there is an issue of capacity.
- Maybe speaking with school about talking about road safety in lessons and including this as a subject?
- Social stories
- Does the child/young person want to be at the destination?

If it is about increasing comfort in the car:

- Maybe some pictures of places they drive to on the back of the headrest they are facing. E.g. a picture of the place they are going to.
- Making sure the length of the journey is communicated in a way the child understands. Might be telling them 'X minutes' but do they know what that means? Is saying 'short' or 'long' too vague? what ways of measuring time do they understand
- Soft/sensory seatbelt protectors
- This is a potentially annoying one but 'soundtracking' to a journey. If we are going to school, we put on the same playlist and know that when it gets to around a certain song we are nearly there. Communicating clearly when there is bad traffic or roadworks etc - we are going to have a couple more songs today.

TOPIC 6: Managing Emotions

<https://www.youtube.com/watch?v=olaRDYYEQxU&t=531s>

Watch this video – a clinical psychologist explains why neurodivergent (Autistic) children/young people may find it difficult to express and manage their emotions.

Emotion regulation is 2 -step process.

We must be able to:

- 1) identify our emotions
- 2) know how to express them.

Emotional well-being

Emotional-regulation involves being able to **recognise and monitor** what you are **thinking, feeling** or how you are **acting**. Neurodivergent children often don't 'Stop and Think' about how they are feeling before responding.

Some reasons why neurodivergent individuals find emotion regulation difficult:

- Do not always understand social rules and cues
- People on the spectrum may have trouble recognizing their own emotions
- They feel emotions more intensely
- Difficulty expressing themselves – hence the 'challenging behaviours' such as tantrums, rage, meltdowns.
- Struggle to cope with changes in routine
- Struggle to understand how other people may be feeling
- Sensory issues combined
- Some may have the condition: '**alexithymia**' where they are not able to recognise most of the body signals that indicate their emotions.
- Exhaustion from masking all day at school or elsewhere
- Feeling different to their friends and others (neurotypicals)
- Some research to suggest that there are biological differences in the arousal systems in the brain.



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- Social challenges
- Sensory sensitivities
- Difficulty with change all may increase frustration and stress levels
- Trying to fit into a society that is not attuned to neurodiversity.
- Interoception
- Neurodivergent individuals can often find it more challenging to regulate their emotions and keep their 'lid on'.
- They can also experience higher levels of daily overwhelm and therefore fatigue. This can lead to reactions which seem sudden, and extreme compared to the original event or cause. It can also be more challenging for neurodivergent individuals to re-regulate themselves and calm down.

It is therefore understandable that a ND individual would have more emotional dysregulation ('meltdowns').

Some triggers which can cause emotion dysregulation:

- meeting strangers
- being given too many choices
- not being able to communicate their emotions, thoughts or needs
- changes in routine
- new activities or places
- experiencing unpleasant sensory sensations, e.g. dog barking, flashing lights, crowded and noisy environments, overpowering smells
- transition from one activity to another — even small transitions
- trauma – remembering unpleasant events e.g. having a haircut, seeing the dentist or doctor, which when being asked to repeat makes them anxious

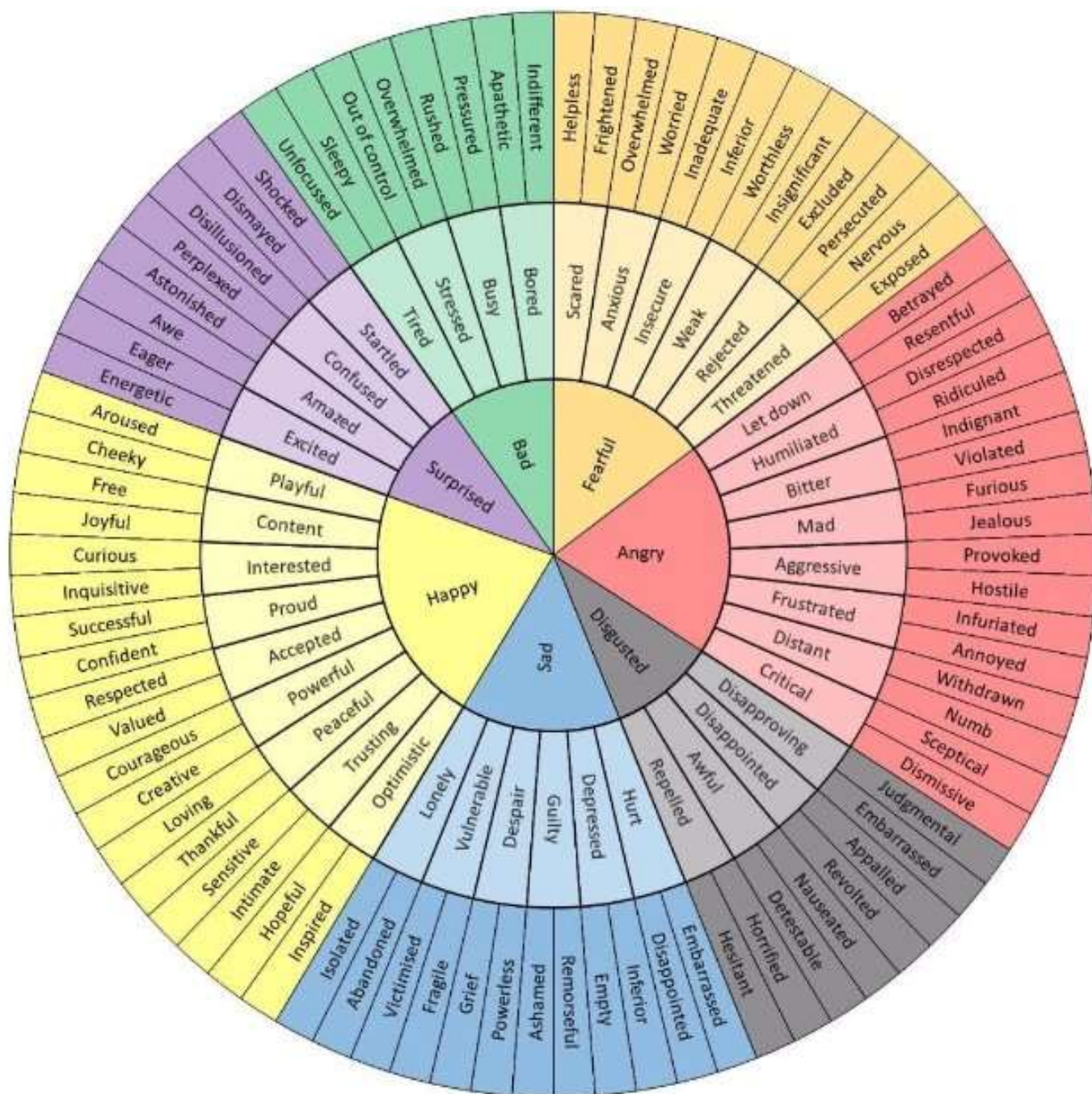
Following the 2-step process, it is important to help children/young people to explore and identify their emotions first – before trying to manage or regulate them.

Emotions can be explored by the child attending therapy, where a therapist can support them to explore their inner worlds.

Tools and resources such as the Colour Monster book, mood cards, and the emotion wheel allow children to learn about emotions, build their emotional vocabulary and therefore be able to identify what it is that they may be feeling.

If a child cannot recognise what they are thinking or feeling, this can impact how they behave. This can lead to **frustration** as they may not fully understand why they acted the way that they did.

A child may benefit from **sensory or movement breaks** to give them **time to reflect** on how they are feeling.

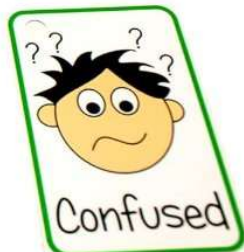




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<https://amzn.eu/d/ibzOCIJ>



THE COLOR MONSTER FEELS



Jump and clap!



Cry lots of tears!



Growl and stomp around!



Hide behind your hands!



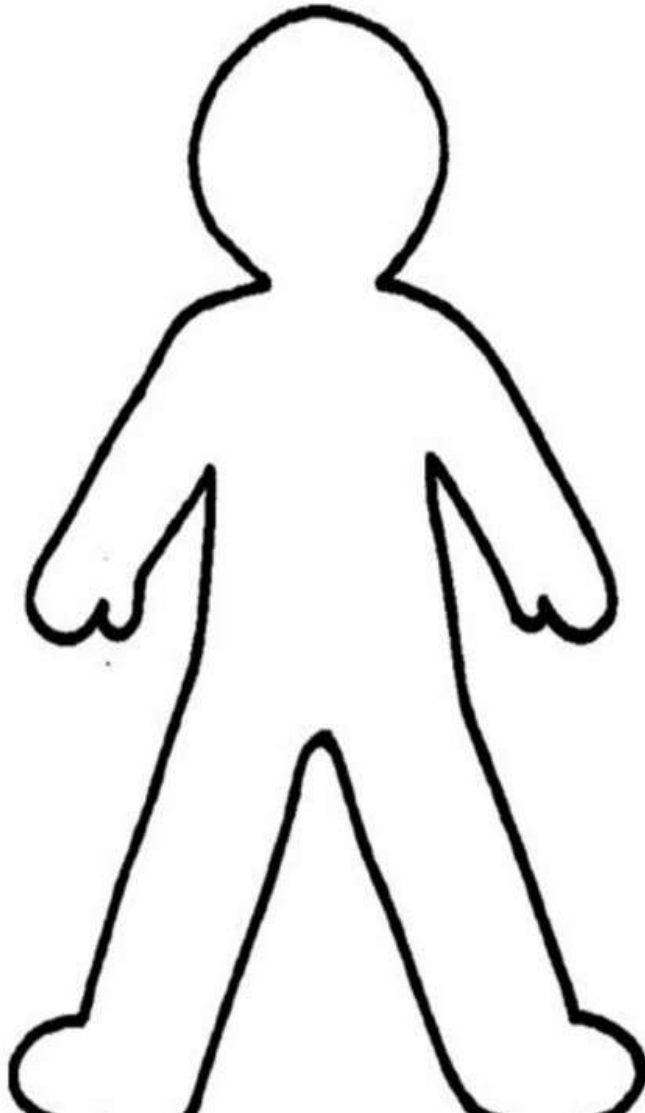
Close your eyes and
breathe deep!



Hug yourself and say
"I LOVE YOU!"

<https://www.amazon.co.uk/Colour-Monster-Anna-Llenas/dp/1783704233>

Where do I feel different emotions in my body?



Activity: think of different emotions, where do you experience them in your body?

Is anger in your hands, head or stomach?

Is love in your eyes or all over your body?

“

I'm being tested for autism. I find it hard to control when I feel angry. I get wound up easily and I scream and hit out. It makes it worse if I get laughed at when I feel like this. I find it easier if they stop speaking and leave me alone while I try to control my feelings and calm down. I wish people understood that you cannot always control your anger.

Henry, 9

<https://www.youtube.com/watch?v=X80Ok2iheTY>

Once the child/young person has completed step 1 (identifying their emotions) we can look at step 2 (manage and regulate).

Strategies for managing and regulating

- Plan ahead and try to prepare for the reactions / challenging behaviour. E.g., you may know that going to a birthday party where it is noisy can trigger the child. Can you ask the party hosts to put something in place, e.g., a quiet breakout space?
- Parents can reinforce regulation strategies by describing aloud the ways they regulate their own emotions, she says. For example, if a mother spills juice, she can calmly say: Oops! but it's OK. I will wipe it up and pour a new glass."
- Carry a soothing toolkit – take the child's favourite toy, or ear defenders for example.



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- A therapist may help children learn to recognise the physical signs that they are getting upset, such as their muscles becoming tense and changes in their breathing.
- A boy who is upset about having to put away an incomplete math worksheet could be told that he can finish it later. He also be distracted with another activity he enjoys.
- Provide breakout space
- Check out the child's energy meter
- Don't judge or assume
- Do not shout at them – especially in front of other students
- Help the child with body mapping – where are they feeling the emotion in their body?
- Understand that flexibility is required with a ND individual's emotional dysregulation
- Can they speak to a teacher or staff member who they are quite close to or have a good relationship with?
- Don't try to discipline during emotional dysregulation – wait for them to become regulated first and understand that this can take a lot longer than a neurotypical child.
- Reduce language. Talking a lot, asking questions and giving instructions to a neurodivergent individual who is dysregulated is likely to make them feel even more dysregulated. Use simple, short sentences, with lots of pauses in-between. It might be most helpful to not speak at all for a while but to stay with the individual to make sure they're safe and they know you're there for them when they need you.

The Gym vs Spa

<https://cdn.sanity.io/files/p6bm7moz/production/3b00e972f4e48eba8500f5d9189ca59faf09e7b7.pdf>

Regulation is not all about “calming down.” Sometimes it’s about “powering up”.

However, we also recognise that creating a Power UP! space and a Power Down! space is problematic as it is not possible that the same tools, objects or settings would universally Power Up! Or Power Down!

Typical calming corners which offer very limited options assume a single direction of regulation.

The Gym and the Spa create opportunities for support that is more useful and individualised.

This regulation setup helps avoid the problem of one person's regulation strategy being another person's trigger.

It could be that for person A, carrying heavy weights back and forth will increase their energy, but for person B, sitting with music in headphones, and smelling interesting scents may bring their energy up.



The Gym is the place for being in motion, perhaps using mats, resistance bands, foam rollers, weights, exercise bikes, exercise balls, medicine balls, etc.



The Spa is for low or no motion activities like a blackout tent, lowlighting, rhythmic/patterned lighting, smelling jars, bubble lights, weighted blankets, beanbags, soft blankets, desk space, coloring supplies, etc.

**WHETHER CYP NEED NO
MOTION OR MOTION
DEPENDS ON HOW THEY
PREFER TO SELF-SOOTHE**



Move Away / Sensory Avoidance

Some autistic people are sensory avoidant, meaning they self-soothe by getting away from sounds, smells and other stimuli.

Come Closer / Sensory Seeking

Other people with autism regulate their emotions by seeking out more sensory input from the environment. For example, they may make loud noises, fidget, pace or rock back and forth.

These emotional regulation behaviours are dynamic and based on many things, including the environment, prior experiences and their physical and emotional state.

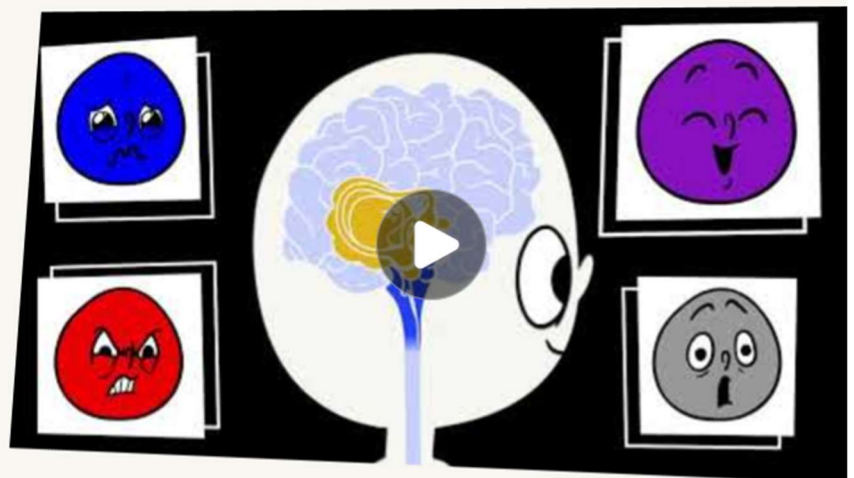
It really is dependent on the person.

5 key steps:

1. **Identify** – help ND individuals to identify their emotions as much as possible.
2. **Understand** – how their brain and body works.
3. **Allow** them to feel and process the emotion with plenty of support and less judgement. Wait for the feeling to pass – it can take longer to regulate and ‘come down’ than a neurotypical child/yp.
4. **Express** – through mood cards, drawings, pointing, writing, or verbally.
5. **Try** the regulation strategies. But do not rush 1-4.

STRATEGY: PSYCHOEDUCATION

Psychoeducation and feeling safe because of knowing what's happening in the brain can help to normalise experiencing emotions, especially negative ones.



<https://www.youtube.com/watch?v=Kx7PCzg0CGE>



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Topic 7: Behaviour

Everyone displays 'challenging behaviours' at some time because it is a way of communicating what they are thinking or feeling. Those with autism may seem to display challenging behaviour more frequently than other children but this is because they see the world differently.

Social constructs and laws teach us what is 'good behaviour' and what is 'bad behaviour'. Being told your behaviour is BAD can trigger further emotions and reactions.

Most children and young people will behave in challenging ways at some point. Feeling upset, angry, stressed, or disappointed is a normal part of life. Because we develop our ability to manage our emotions as we grow up, children and young people learn to control their behaviour.

It's typical for younger children to 'hit out' or 'have a tantrum' sometimes and it's normal for teenagers to shout, lash out or storm out at times. Most children and teenagers will also push boundaries as they test their independence.

But sometimes, 'challenging behaviour' can become more frequent and difficult to deal with. It may start to have an impact on someone's day-to-day quality of life, on relationships and learning at school, and on other family members.

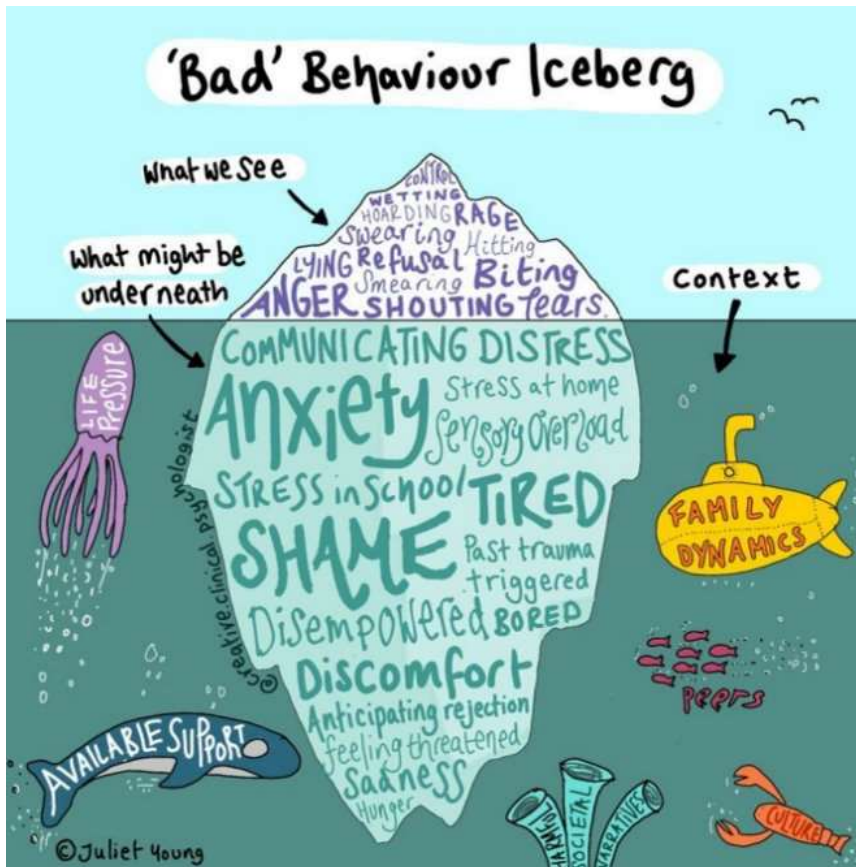
For neurodivergent individuals, we now use terms such as 'distressed behaviour' or 'behaviour that challenges' because 'challenging behaviour' holds a negative tone and suggests that neurodivergent individuals are problematic.

Distressed behaviours or behaviours which challenge commonly associated with autism spectrum condition (ASC) include:

- **Aggression** - may include scratching, biting, hitting, or kicking.
- **Self-injurious behaviour (SIB)** - may include excessive scratching or rubbing, hair-pulling, hand-biting, biting self, hitting self, headbanging, or face-slapping.
- **Destruction** – such as breaking things.
- **Smearing** - such as smearing faeces on walls or objects.
- **Elopement** - running away or wandering off)
- **Pica** - eating inedible objects

All of these behaviours vary in frequency, duration, and severity across the autism spectrum

https://www.youtube.com/watch?v=cn_LtI9uFkM



How to use an Iceberg:

Write the behaviour that you can see at the top of a blank iceberg and then beneath the line write the potential causes of the behaviour, adding as many as you can think of. Here is an example:



CHALLENGING BEHAVIOUR - ISSUES AT SCHOOL

- **Misinterpretation of behaviour**

Pupils may exhibit behaviours that teachers and school staff misunderstand. For example, a student with autism may engage in stimming behaviours as a coping mechanism. We can misinterpret these behaviours as disruptive or non-compliant, leading to punitive measures.

- **Inflexible discipline**

Rigid behaviour policies may have a one-size-fits-all approach to discipline that doesn't take into account the individual needs and characteristics of ND pupils. These policies often rely on punitive measures like detention, suspension, or expulsion, which can exacerbate the challenges ND pupils face.

- **A huge part of the school day becomes about their behaviour** – takes up learning time.

Overemphasis on conformity

Pressure to conform to standard behavioural norms can make it difficult for ND pupils to express themselves or learn in ways that suit their unique needs. This lack of a sense of belonging can lead to feelings of frustration, anxiety, and exclusion.

Challenging environments

Some ND pupils are sensitive to sensory stimuli, which can be overwhelming in a typical school environment. Strict behaviour policies that do not accommodate sensory needs can lead to meltdowns or shutdowns in these students.

Communication difficulties

ND pupils, especially those with conditions like non-verbal autism, situational mutism or social communication disorders, may struggle to express themselves effectively. Teachers may apply punitive measures when students are unable to communicate their needs or intentions clearly.

Inadequate support

Rigid behaviour policies often lack the necessary support systems for ND pupils. Schools may not have trained staff, resources, or individualised education plans in place to address the specific needs of these students.

Disproportionate punishment

ND pupils may receive harsh punishments for behaviours that appear deliberately disruptive, but in fact stem from their neurodivergence. This can contribute to a cycle of negative behaviour and discipline, hindering their academic and social development.

Neurodivergent individuals also tend to have unique behaviours.

Special Interests

Special interests describe an interest that generates an urge to learn everything about it, or to dedicate some or all your spare time to learning more about it.

The focus of the special interest can be a TV show (Dr Who is a common one), a type of animal, music, a genre of films, Pokémon or gaming.

Special interests can be a source of pure autistic joy and can give someone skills that they can use in a career down the line. They can also be helpful for friendships – if you find someone with the same special interest as you, that is the basis for a good friendship – for regulating anxiety and a good hook for therapists working with your child, as an effective “way in”.

There are many examples of special interests being turned into amazing accomplishments.

<https://www.youtube.com/watch?v=qwYBdIL9b90>

An obsession is a form of anxiety disorder and when a special interest tips over into an obsession it can create complications for children and young people - impacting on things like their wellbeing and ability to learn.

Here are some questions to think about to determine whether the behaviour is actually an obsession.

- Is the behaviour causing the person unhappiness - but they are unable to stop?
- It is creating issues for other people, for example siblings?
- Is it undermining their ability to learn? For instance, are they unable to concentrate on anything else at school?
- Is it limiting their ability to make friends or meet new people?

If the answer is yes, it's worth visiting a GP or seeking therapy.



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Stimming

<https://www.youtube.com/watch?v=2LhI23QPoi8>

Stimming is a kind of repetitive behaviour and is usually harmless.

You should not try to stop it if it's not causing any harm to you or your child.

Common stimming behaviours include:

- rocking, jumping, spinning, head-banging
- hand-flapping, finger-flicking, flicking rubber bands
- repeating words, phrases or sounds
- staring at lights or spinning objects

<https://www.youtube.com/watch?v=fexHcGqKIUQ>

<https://www.youtube.com/watch?v=5Dr74yqxmDw>

5 SENSES GROUNDING TECHNIQUE

@avamariedoodles



NAME 5
THINGS YOU
SEE



NAME 4
THINGS
YOU CAN
TOUCH



NAME 3
THINGS YOU
HEAR



NAME 2 THINGS
YOU SMELL



NAME 1 THING
YOU CAN TASTE

"It took me a while to understand that they are not being defiant, they are overwhelmed and upset. Don't take it personally and definitely don't join in - it will make it 10 times worse and last twice as long."

Tips to manage behaviour / meltdowns / shutdowns / behaviour

- letting your child wear headphones to listen to calming music
- turning down or removing bright lights
- distraction techniques, such as fiddle toys
- planning ahead for any change in routine, such as a different route to school
- Parents can reinforce regulation strategies by describing aloud the ways they regulate their own emotions, she says. For example, if a mother spills juice, she can calmly say: "Oops! but it's OK. I will wipe it up and pour a new glass."
- Carry a soothing toolkit – take the child's favourite toy, or ear defenders for example.
- A therapist may help children learn to recognise the physical signs that they are getting upset, such as their muscles becoming tense and changes in their breathing.
- Meet your child's inflexibility with flexibility. For example, you're helping tie her shoes. She pulls her foot away and says, "That's too tight, stupid. That hurts my foot!" Instead of saying, "Don't talk to me that way!" ...you can pause and say, "I guess your foot is a bit sensitive," as you tie her shoe one more time, saying, "Is this way better?"
- At another time, you can raise the more general issue of why she gets so angry at you and calls you "stupid" whenever you're not "perfect." Here, you can help the child reflect on the fact that maybe she is being extra hard on you. As you help them to see this pattern and encourage her to become more flexible, remember that she is probably being harder on herself, calling herself "stupid" or worse.
- Your defensive stance (e.g., "Don't talk to me that way!"), and then getting angry not only doesn't work, but strengthens the child's rebelliousness. You may also intensify their self-criticism – and probably even self-hatred.



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- Empathy and flexibility, coupled with quiet explanations, help them to see that they are being hard on both you and themselves.

Watch this video – a parent explains how she manages her child's meltdowns.

<https://www.youtube.com/watch?v=EEHJ5sNWwyQ>

IF THE INDIVIDUAL IS NON-VERBAL

- ☐ Ask the individual or their caregiver how they prefer to communicate.
- ☐ Learn what assistive devices or techniques they may use. For example, visual schedule, iPad apps, text-to-speech or other voice assistant apps in which a person touches something on their device to speak for them.
- ☐ Always look at the individual who you are trying to communicate with, not their caregiver. If you were using a translator for a person speaking a different language you would look at the person you want to communicate with, not the translator.
- ☐ Pair your verbal communication with gestures (point to where you want them to hang their coat or nod your head yes to confirm a response).
- ☐ If using an assistive device, give them enough time to type in their responses.

Thank you!

Shezray Hashmi

Victoria O'Dell

West Yorkshire Key Worker Service



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