



E=quivalent
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Advice and ideas for ASD

***Disclaimer:** The information below has been created by our parent community and is not official or professional information, advice or guidance. It can be used to inspire and explore different methods that may work for your child. You should always seek professional advice if you have any concerns for your child's development, health and well-being.

SLEEP

This is a topic I find is very overlooked, and it affects us all greatly.

Often many people with ASC may struggle with settling into sleep & sleeping for long periods.

Managing this can become difficult as the child and carer giver may both become sleep deprived and find it challenging to manage daily tasks with an upbeat attitude.

Melatonin –

This may be something that is affecting a person's ability to sleep. Sometimes people with ASC produce lower levels of melatonin (a hormone produced in the pineal gland and regulates our sleep and wake cycle) and this ultimately means that they find it very difficult to fall or stay asleep.

Melatonin can be prescribed by a doctor, at a dose that is suitable to meet your child's needs.

Here are a few strategies that may support sleeping:

Timed bedtime –

Having a set time for bed everyday may be beneficial. Be sure to show your child the time on the clock, set an alarm or offer a visual supporting card through pecs, visual timetables or sequencing poster.

Once a routine has been established and working you can move the time forward with planning by giving your child advance notice of your intention and maybe allowing them to be part of that decision.

Hot bath –

This is a good practice to get into as it relaxes the child, allowing them to begin the 'wind down' process.

Massaging –

Some children require sensory input before they can shut off or concentrate on an activity. This is a great way of satisfying that sensory need as well as transitioning into staying in bed. Speak to your child's Occupational Therapist for techniques that will best suit your child's unique sensory profile. They may also support you with any extra resources you may need e.g. brushes, weighted blankets, body socks etc.

Stroking and patting –

Many children enjoy the stimulation created by light patting on the back or stroking of the head. This is often a lot more effective in early years, however it may still present a sensation your child may appreciate.

Reading –

reading is a great way for us all to slow down as we usually focus on listening. Encouraging your child to participate in reading is great for their development, offers an opportunity to explore social situations and 3-way attention. Keep stories as short and simple enough for your child to maintain their interest, and even if they are not yet able to read or vocalise words allow them to look and comment on pictures. Using animated gestures and tones may also help to maintain their attention on the story and you may find that they begin to look forward to your reaction at particular parts of the book.

Black out blinds –

With the absence of a dark sky in summer, it may help to have blackout blinds. Keeping the room dark will help the brain to recognise that it is night and therefore sleep will be on the way.

Removing distractions –

Removing devices at a particular time can be helpful too, as often, children will be happy to sit still and relax whilst watching their devices. So they serve a purpose, however studies have shown that the light emitted by some of these actually disturb sleep. Incorporating some time on their device whilst relaxing in bed may be a good way to settle them. Once you decide on how much time is appropriate for them to spend doing this, remove the device from the room.

This can be the same with any toys or tools they may prefer to use for settling into bed. If it is safe, leave them with it unless you believe it's a distraction.

TOILETING

OK so this is an area of great importance and can often take quite some time to achieve.

Many children may experience issues with toileting and this may be linked to a difference in their Interoceptive (inside of our body) sense. They may not have a strong feeling in their body, telling them that they need to use the toilet. This can often mean that they realise at the very last minute and run to make it to the toilet. Some children experience challenges during potty training, but there are some strategies that can support your child with gaining this independence.

Keep underwear under pull ups –

when your child passes urine in a pull up or nappy, all of this is usually immediately absorbed and can mean that they don't have a consequence or result of passing fluid. By keeping their underwear on inside if the nappy/pull up, they will begin to make a link of having the body function and a result. They will begin to realise that they are wet and why it is happening too. Be sure to monitor this frequently as they initially may not acknowledge feeling wet.



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Seated position introduction –

placing the child on a chair, toilet or potty, whilst they are in pull ups or nappies can often help a child transitioning into using a potty or toilet. This can sometimes be challenging as they won't be used to the seating position or feel of sitting on a hard surface.

Gentle torso rubbing –

many children experience constipation during toileting and training for many reasons. But gently rubbing their torso/tummy area can support bowel movements and can also be calming too. You can do this before or during their bowel movements and can be performed whilst they are standing or seated.

Regular timed toilet breaks –

Create regular opportunities for your child to go to the toilet. Maybe by giving them lots of water between a particular time and then sitting them on the toilet/potty every 30 minutes for the following 2 hours. Give them 5 minute durations for each visit. It may be a good idea to give them something to keep them busy whilst waiting for the magic to happen. Introduce anything you think may be appropriate and can be cleaned after e.g. a story about using a potty on the first visit, a fidget toy on the second or a visual timer etc.

SOCIALISING

Many children with ASC don't display, what we may consider to be challenges children with social interactions, however sometimes they may present some differences.

Many children may wish to avoid socialising all together, however some children may interact quite well with others and only struggle at a later stage of their lives.

Keeping children safe can be a big challenge in this area of development as it may be difficult for them to understand who, where, when and why they are expected to interact with and in the many different ways they may be expected to so this too.

Leading by example –

Around the world there are many different cultural expectations when greeting people, and until you have visited a country or experienced a culture other than your own, you may feel a little uncomfortable meeting new people too. This may be how your child feels each time they meet someone new.

Keep it the same –

Consider what you believe is an acceptable way to greet people and keep it consistent e.g. family member is given a wave, smile and hello. This can be easily transferred to someone they may be meeting for the first time too.

Engage with your child about relationships and families –

This will allow you to evaluate their understanding and after use the tools you think will be most effective to meet their understanding.

Visual supports –

To support understanding, social stories, books about people who help us and a personal space and safety charts may re-enforce understanding.

TOOTHBRUSHING

Apps and songs –

There are a variety of Apps available for children on android and apple store. Using this may encourage your child to brush teeth and keep them engaged for the 2-minute period too. Useful and fun sing/brush along songs can be found on YouTube. Many parents have found that their children are very responsive to this, and it's just a lot more fun!

Mild toothpastes –

Using a mild mint toothpaste is a better for children who may be hypersensitive and therefore avoid strong flavours. There is a selection of mild mint toothpastes available in your local stores, however if your child is still experiencing difficulty with the flavour, consult their dentist as they can often recommend products suited to your child's need.

It's a good point to remember that although your child may enjoy strawberry flavour ice cream, it doesn't automatically mean they will enjoy the flavour of a strawberry toothpaste. Treat each option in isolation to the next to figure out what they prefer.

Leaving a little toothpaste in the mouth can also help children who may not be benefitting from a more thorough brushing routine due to sensitivity.

Chewing on toothbrushes –

Keeping a smaller head toothbrush may help to get to the hard to reach areas of the mouth, even as children transition. Allowing them to chew on the toothbrush head will still have a cleaning effect, and may satisfy a sensory need too.

Dentist –

Your local children's School Nursing service may visit your child's setting and perform routine health advisory services as well as oral health checks with advice for maintaining oral hygiene. This happens at primary schools upwards, if you have any concerns with a child under 4 years old, contact your local health visitors service. Referrals can be made for specialist services if they are required too.

SCHOOL

Are you thinking about schools?

It's very important to consider what your child's needs are before you think about choosing a school. Some of the areas you may wish to consider is:



The curriculum –

Is the curriculum well suited to the level of your child's learning or learning style? E.g. expect children to learn seated VS outdoor math lesson, counting trees.

Distance from home –

Some children go on the Brent transport bus to school, and can sometimes be on the bus, both long and short periods. How do you think your child will manage this, or is would you consider driving, using a bicycle/scooter or walking to school?

Staff interaction –

Often you can tell quite quickly if your child is comfortable with someone. How do they interact with the child, their colleagues and you?

Parents, carers and teachers will be the child's main caregivers and often be the first people to notice changes in a child's overall behaviour and well-being, so it's very important to maintain a good relationship for effective information sharing regarding your child.

Information sharing –

What tools will they use to communicate what your child has experienced that day/week etc.

Having a home communication book is a great idea for any setting. This means you can write about what your child is experiencing at home that may affect them when they're away from home e.g. 'Ben's tooth is falling out and he is eating less'. This means that his teachers have the information that answers why he has been eating less at school too. This can support parents too as you feel informed and involved.

Many settings will have some kind of rewards system in place for children. This can prove to be a very motivating and positive behaviour tool, but also allows children to recognise that they can achieve success. Look at whether or not they have positive processes for celebrating each child's unique/individual achievements. On the other hand, how do they deal with conflict or poor behaviour. Are they managing this in a way which will allow a child to reflect and understand why their behaviour is being challenged?

Parents opinions and Ofsted reports –

You can find out about a settings Ofsted rating by typing the name into the link below:

<https://parentview.ofsted.gov.uk/parent-view>**Celebrate a child's achievements & behaviour management –**

w-results

<https://reports.ofsted.gov.uk/>

It's a great idea to speak to parent's who already have children attending the school/setting, however each individual will may have a different experience and yours will often also different too. But using this tool to review the school's performance and read a number of opinions may allow you to come to a more informed decision.

EATING

Some children with ASC present restrictive eating, choosing to avoid colours and/or textures. This may be due to sensory differences such as being over sensitive to taste, usually resulting in avoiding strong flavours. However, sometimes some children seek strong flavours if they are under-sensitive, as it may better stimulate their taste receptors.

Some children will also eat everything, rocks, soil, playdough etc. and this is called Pica. If you find that your child enjoys exploring this way, try to purchase non-toxic items from reputable suppliers. You could also consider chew tubes for oral stimulation as well as supporting oral motor exercises.

It can be very difficult when your child isn't eating a variety of foods, but try to be relaxed at meal times as the stress of meal times may cause additional anxiety and result in further refusals or avoidance related behaviours, around meal times.

Professionals -

A speech and language therapist can support with swallowing linked to restrictive eating. A dietitian may support if there are concerns around your child's nutrition. Always consult your GP if you have any concerns about your child's health, well-being or development and they can refer you to the appropriate professionals and support agencies.

PLANNING AND ROUTINES

Planning can be your, go to tool in your box of strategies as you may need to plan almost everything you want to change and implement this slowly and in an environment and circumstance's that are manageable for your child. It's important to remember that routines help us all to be confident about what we are doing and what is going to happen next. We can be prepared in an uncertain world and it is our way of taking control of what we can.

Our children may have strong and fixed interests, prefer to eat the same foods, take the same routes, play with the same toy or be particular about things like their clothes. This may be because keeping things the same allows them to feel certain and re-assured that they are in control.

We all find comfort in routine and our children may prefer to keep things the same to feel safe.

Strategies and resources –

Use visual planners to display the day's events, this way your child can anticipate what's happening next. This may reinforce a routine as well as display when there will be a change.

A great idea is to use pictures of your child's environment such as their favourite toy, food etc. Depending on your child's understanding, you may find it easier to use real photos of objects e.g. a photo of their actual jacket rather than a cartoon/clipart picture.

Using photos to show now and next can help when transitioning from one activity to the next e.g., now you brush your teeth, next you play with your train. This can support behaviour and manage expectations too.



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The use of visuals before the introduction to a new place, item of clothing or person. This can be helpful as it gives your child the opportunity to familiarise themselves with something new without being 'thrown in the deep end'. This has the potential to reduce meltdowns.

SENSORY STIMULATION

Our senses help us make sense of our world, for many people on the spectrum, one or more of their senses can be over or under stimulated, and behaviours such as hand flapping, spinning, and withdrawals and rituals are some of the ways they cope.

Receiving too much sensory input can be due to:

- an inability to filter/shout out excessive information
- delayed processing
- anxiety, stress, confusion and frustration which often turns into hypersensitivity

Often resulting in shutdowns (escape/avoidance behaviours) or meltdowns (attack behaviours)

Oversensitivity – small amounts of sensory input causes stimulation, can easily become too much to process and therefore they may avoid this situation (general or specific) e.g. a child with over sensitive hearing may cover their ears (think about having a hangover or being ill)

Under-sensitive – may take a lot of sensation to stimulate them, they may seek out a particular sensation e.g. loud TV or sit right in front of it.

Identifying what your child is experiencing is the best way to reduce meltdowns and shutdowns and additionally, can support planning.

THE SENSES WE DIDN'T THINK ABOUT

Whilst we know about the traditional senses, Hearing, Taste, Touch, Sight, Smell, did you know someone on the spectrum often have an impairment of one or more of the additional senses below:

vestibular: (sense of balance)

inner ear, related to movement, tells us when we are sitting, jumping, running etc

proprioceptive: (sense of body awareness)

muscles, joints and body parts e.g. put hands in the air, your body tells your brain where your arms are

interoceptive: (sense of internal organs)

regulates body temperature, thirst, hunger, heart rate, bowel, bladder and digestion (e.g. tells you when you are full)

OBSERVING BEHAVIOUR

	Example	
Date	01/01/2021	
Time	3.58 pm	
What behaviour is your child presenting?	Rocking and covering ears	
Where did this happen?	living room at home	
What was happening around the child before or during this time?	Sister turned up the TV and began to sing and dance	
Do you think this is a sensory or communication difficulty?	Sensory maybe, because he covered his ears	
What did you do?	Took him and held him in my arms	
What happened after you did this?	He pushed away and left the room	
What do you think could help?	Turning down the TV	
What wasn't helpful?	Hugging him, he didn't like it	
What tools or resources could be used in this situation?	Ear defenders or headphones	

Area of difference/difficulty:

- Communication
- Sensory
- Social interaction
- Imagination, routine and rigidity

Please explain how you believe the child may experience this difference/difficulty:

This can be used to identify possible differences your child may be experiencing, but also any environmental factors that may be causing them to behave in a particular way.



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EXTRA TIME TO PROCESS OR EXPRESS INFORMATION

Try to be patient when interacting or giving instruction to your child, as they may require additional time to process and understand the information.

Learning may take a little longer too and repetition can be a great help.

Talk slowly allowing opportunities for a response and help your child to realise that their voice is powerful.

LITERAL THINKING & SIMPLE LANGUAGE

Try offering one simple clear instruction rather than any complexed instructions e.g. “get your bag from the kitchen, but get your jacket fist”

This sentence has a number of instructions and it may be difficult to remember it all.

Use key words (you can use Makaton or Picture exchange communication to reinforce the verbal language) e.g. “Get Jacket” allow this instruction to be followed and then “bag from kitchen”

Avoid using idioms as this can sometimes be misunderstood. Use language that is specific and concise. E.g. “Can you get the phone” could be a request or a question.

LOOKING AFTER YOURSELF

Remember you are Important too.

Looking after yourself is one of the best things you can do for child, because when you are at your best, you will be better able to manage your child’s emotions and behaviours, as well as respond to them rather than reacting.

Do things that help you to feel refreshed, rejuvenated and refuelled. This could be visiting friend, walks in nature, physical activities or engaging in a hobby.

We wish you the absolute best of luck X.