

## Dealing with specific behaviours



## QUICK TIPS

- *It's important to provide your child with simple, clear alternatives to being aggressive and to reward positive play.*
- *Some ways of helping your child develop regular sleeping patterns include establishing a routine at bedtime and staying with your child until they go to sleep.*
- *Using locks on just about everything is one way of dealing with the child who gets into everything, but everyone must remember to relock after use.*
- *If your child is an escape artist, you need to pay careful attention to possible escape routes. You may need to use restraints when out, and child or window locks in the car if possible.*
- *Using social stories or role plays is a good way of dealing with or preparing a child who is afraid of visiting the doctor, dentist or hospital.*
- *Encouraging water play and using goggles when washing hair may be useful for children who have a fear of water or bathing.*
- *Food that is refused by a fussy eater can be disguised or hidden, or rewards offered for trying new food.*
- *Setting a timer is one way of dealing with a child who dallies over their food.*
- *To make mornings a bit easier, develop a morning routine that your child can learn through repetition.*
- *How you deal with a tantrum will depend on the cause of the behaviour and whether the tantrum is severe or mild. Try to be aware of the triggers and warning signs.*
- *A star chart is a great way to help your child learn how to use the toilet. It's also a great way to motivate or reward other positive behaviours.*
- *You can help your child learn how to give and receive attention by such methods as teaching them to maintain eye contact and using progressive exposure to touch.*

Now that you know some of the strategies you can use to deal with your child's behaviour, you may be interested to find out how other parents have used these strategies, in combination with their own ideas, to deal with the problem behaviours of their special needs children.

## Aggression towards brothers, sisters or other children

Aggression towards brothers and sisters and other children is a common problem that most parents will have to deal with at some time or another.

Strategies that parents have found successful when dealing with aggressive behaviour include: verbal explanation, providing your child with alternatives to aggression, time-out and rewarding positive play.

### Verbal explanation

Talk to your child about their aggressive behaviour. Tell them that this behaviour is not acceptable and give your child the reasons why. For example:

*Jesse, stop hitting your brother. Hitting is not acceptable in this house. When you hit your brother you hurt him.*

Remember to keep your explanation simple and at the level of your child's understanding.

### Alternatives to aggression

Your child may not want to give up their aggressive behaviour if they do not have any other way of dealing with their feelings of frustration and anger towards others. Therefore, it is very important that you provide your child with simple, clear alternatives to being aggressive.

Introduce your child to the idea of verbally expressing their needs and wants in an appropriate way. For example:

*When someone annoys you, tell them, 'I don't like it when you do that' instead of hitting them or calling them 'stupid poo head'.*

Encourage your child to look at different things that they can do physically in frustrating situations.

*When your friend won't let you have a toy that you want, find another toy to play with for a little while. Your friend will finish playing with the toy soon and you can play with it then.*

Think about the ways in which you deal with your own feelings of frustration. Can you teach your child any of your strategies?

Providing your child with alternative behaviours is an important last stage when you are using the verbal explanation approach to dealing with your child's aggression.

1. Tell your child that their aggressive behaviour is not acceptable.
2. Provide your child with reasons why.
3. Offer your child an alternative method of dealing with the situation.

## **Time-out**

Time-out is a very useful strategy that can stop an increasingly agitated and aggressive child in their tracks. It involves removing your child from the scene of their behaviour and placing them in a less stimulating, secure environment for a set period of time, giving your child a chance to calm down and cool off.

Once they have calmed, you can discuss their behaviour with them, using the verbal explanation technique. Following your explanation, you may like to encourage your child to apologise to their sibling or any other children involved.

## **Rewarding positive play**

Notice and reward your child's positive play with others: 'Great playing John'.

Pay particular attention when your child uses alternative approaches to aggression to get what they want: 'I noticed how you offered Julie one of your toys to play with when you wanted to play with her toy. I thought that was really great. I am really proud of you'.

## Bedtime and sleeping

There are few things that can sap your energy as much as a child with a sleeping problem. Common difficulties faced by parents include: the child who is reluctant to go to bed, the child who wakes repeatedly through the night and the midnight run into mum and dad's bed.

### The child who is reluctant to go to bed

The hours between your child's bedtime and your own are golden. Peace reigns in the house as you work to complete the tasks of the day. Then, it's free time. A glass of wine and a good book; a personal project; a favourite television show or some uninterrupted time with your partner—bliss!

For parents of a child who strongly resists bed, such thoughts of peace and time on their own can seem like a dream. Some children stubbornly refuse to go to bed, pulling out all the stops as they become increasingly tired. Others seem to pop out of bed as soon as they are put into it, again and again. Bedtime can seem like a war zone as parent and child pit their wills against one another.

Strategies that parents have found to be successful in dealing with a child who is reluctant to settle include: developing a routine, limiting or stopping daytime naps, talking about your child's day, staying with your child until they go to sleep, persistence and locking the door.

#### Routine

Work with your child to establish a regular bedtime routine. An example may include dinner, bath, clean teeth, story and lights out at 7.30pm. Try to keep your child's bedtime as consistent as possible. If your child can read the time, a clock can provide a handy aid for reinforcing that it is bedtime.

Putting a new routine in place will take some time. The key to success is to be consistent and persistent. Once the new routine has been put in place, it needs to be followed strictly, every night, until the child accepts that this is how it's going to be.

*Our daughter Vanessa did not want to go to bed. We decided she needed to learn to fit in with us a lot more than she was doing. We persisted with a routine over months, months, months. It is now expected that Vanessa goes to bed between seven thirty and eight.*

John, parent of a child with cerebral palsy and intellectual disability

### **Stop or limit daytime naps**

A child who has a sleep during the day, and then finds it difficult to settle at night, may simply not be tired enough for sleep when bedtime approaches. If this sounds familiar, try reducing daytime sleeps or stop them altogether.

### **Talking about your child's day**

Some children can find it difficult to settle at night because they are still wound up from their day. If you feel that this may be the case for your child, encourage them to talk about their day during the rundown to bedtime. A few minutes of discussion before your child's nightly story may make all the difference.

### **Staying with your child until they go to sleep**

A child who is reluctant to go to sleep may drift off serenely when a parent stays beside them. However, you may find your child prolonging the experience of your one-on-one attention with conversation, questions and attempts to make you laugh. In this case, the strategy backfires. If you decide to use this approach, make it clear to your child that you are there to help them settle and go to sleep. If your child keeps talking or tries to get you to respond to them, then you must leave the room. If your child does not settle, return to the room, but make the conditions of your being there clear to your child.

### **Persistence**

If your child gets out of bed once you have said goodnight, calmly return them to their bed and tell them that it is time to go to sleep. It is important to be persistent. Every time your child appears, walk them back to bed. Some parents find that an increasing firmness of tone can be helpful here.

### **Locking the door**

Another option that parents can use to deal with a child who keeps getting out of bed, is to lock the bedroom door. This can be an uncomfortable choice for parents, even when they feel like they have tried everything else.

*A specialist suggested that we put a lock on the door. I said, I can't do that, and he repeated, put a lock on the door. Three nights later, our son was sleeping through the night.*

Sharon, parent of two children with autism

## The child who wakes through the night

Most children will wake at some time during the night. Generally, they will have a wriggle or a scratch, before rolling over and going back to sleep. Some children however, do not go back to sleep and remain awake for some time before sleeping again.

Wakers tend to be one of two types: the quiet, non-intrusive waker and the waker who wants their parents up, *now*. The child who wakes and plays quietly with their toys before falling asleep again, does not usually present parents with any problems—apart from the possibility of an over-tired child the next day. It is the child who wakes up crying for mummy or daddy many times each night, or the child who gets up and turns on the lights, television and stereo, who can reduce their parents to quivering, sleep-deprived wrecks.

Strategies used by parents to deal with this sleeping problem include: setting a rule for quiet play, videos, locking doors and sedation.

### Quiet play

Talk to your child about the way they behave when they wake up during the night. Let them know that their behaviour is not acceptable. Set a rule that your child has to stay in their room and play quietly if they wake up. Give your child an incentive to do this, for example, permission to watch a cartoon in the morning. Do not give your child this reward if they do not follow your rule.

### Videos

If your child refuses to play quietly in their room when they wake, you may like to try setting them up on the couch with a pillow, blanket and video. The advantages of this approach are that, first of all, this is a quiet activity that will not wake the rest of the house and secondly, many children will fall asleep before the video finishes. The main disadvantage of the approach is that one parent will still have to get up during the night.

### Locking doors

Locking your child's door will prevent them from getting access to the rest of the house when they wake at night. For some children, this will be enough to get their sleeping back on track after a short while. After all, the confines of the bedroom can be quite boring when you have had the run of the house. For others, a locked door will prompt mass destruction. If this is the case for your child, remove all items that could put your child at risk of injury and persist. You can encourage your child to help you clean up the mess in the morning.

## **A walk around the block**

One parent developed a unique strategy for getting her child to stay in bed through the night and sleep.

*He was so spasmodic. At one stage we couldn't get him to stay in bed. He'd be up, he'd have the heater, the computers, the telly or lights turned on at two o'clock in the morning. Mate no, get back to bed. So it was another hour trying to get him back and work on him and the other kids are going off. My elder daughter would say, oh come on I've got to work in the morning, so I'd have to take over. Sometimes I'd hop into bed with him and try and keep him quiet because the others hadn't had much sleep. In the end I thought right mate, you and me kid, the only way I could get him to stay in the bed was to take him for a walk that was on my terms around the block. This is what we did, you get out of bed mate, you're going for a walk, a walk, walk, walk.*

*I'd take him out there half past ten at night and he'd be screaming all around the avenue. He didn't like it. No, you stay in bed or you go for the walk. And it's on my terms. My pace, I've got your hand, I'm in control of this and you're walking. I'd take him for a walk right around our block and I'd make sure I went this way first because we had nosy people up the other way. Hopefully by the time I got to that stage he'd settle down. I notified the police. So if you hear this kid squealing, this is what it is and if you want to take him, by all means you go right ahead but this is behaviour management. You don't stay in bed and you're going for a walk. And so I'd bring him back and I'd put him into bed, tell him, get out of bed and you go for another walk, so he'd get out of bed, round we'd go and then at eleven o'clock, round we'd go again.*

*He got the message. It took about ten days. He got the message and he'd weigh it up, he'd go back to bed and think well, do I want to go for another walk or don't I and then next minute he'd be out here, so right, round we'd go again. Of course, he absolutely scratched the heck out of me, my fingers would be bleeding by the time I'd come in. Oh yeah it wasn't pleasant but he gave up in the end. And then we'd go in another cycle and another cycle after that. And then I only had to walk him once or twice but he knew, he knew. It was the only way I could get him into bed.*

Lou, parent of a child with autism

## **Sedation**

If you are all out of strategies, and your child is still not sleeping, talk to your child's doctor about whether or not it is appropriate to sedate your child at night.



*We have tried a variety of things to no avail. Once a week I give him medication so I can get a decent night's sleep and his brother as well because that affects him. But yeah, bedtimes are a nightmare.*

Melanie, parent of a child with dyspraxia and epilepsy

## The child who comes into your bed

Parents can vary widely in how they feel about their child or children joining them in their bed during the night. For some parents, this is not a problem at all. Others put up with it because it means that they will get some sleep, rather than none at all. For some parents, it can be a real problem. A restless kicking child can take over the bed, and stretch out comfortably, while mum and dad cling to the far reaches of the mattress. Sleep is difficult and privacy impossible.

If you would like to get your midnight wanderer back into their own bed, all night, you might like to try one of the following techniques.

### **Social stories**

Develop a social story for your child that focuses on their sleep behaviour. Show pictures of your child getting ready for bed and then sleeping in their own bed until morning. Include pictures of each member of the family staying in their own beds. Use simple statements to show that sleeping in your own bed all night is a very good thing. Finish the story with mummy and daddy giving their 'big grown up child' lots of cuddles and praise for staying in their own bed all night. Read the story to your child in the early evening, just before lights out and again in the morning.

### **Return your child to bed**

Every time your child appears in your room, or slips under the covers almost unnoticed, return them to their room, straight away. It's going to take some work to convince your child that their own bed is preferable to the warm, comfortable security of your bed. Understandably, they will probably resist being evicted. Once again, success comes down to persistence.

Being persistent does not mean being overly rigid. If your child is sick or has had a nightmare, and wants to come into bed, it can be difficult to say no. A cuddle at these times can be very healing for both child and parent. However, children know a good thing when they are on to it. So you may find yourself dealing with phantom tummy aches and bad dreams as you wean your child out of your bed and back into their own.

## The child who gets into everything

Little fingers can be very curious, and very destructive. Just ask the parent who has spent two hours cleaning the margarine and vegemite out of their child's ears, hair and clothes. Highly curious children can create havoc in what seems like seconds. Watchful and creative, they will hone in on any opportunity to touch, taste, unravel, break and smear.

This kind of behaviour needs a huge amount of supervision, leaving many parents exhausted by mid-morning.

One strategy that appears to help parents in this situation is the use of locks, locks and more locks. This can mean putting locks on the fridge, pantry, kitchen cupboards, washing machine, bedroom doors, laundry doors, laundry cupboards and the television cabinet. Essentially, you will need to lock everything that can either damage, or be damaged by, your child.

The main disadvantage of this approach is that it can be very inconvenient for other members of the household. It is also highly dependent on other family members remembering to relock everything as they go. However, these disadvantages should be weighed up against no longer needing to constantly watch your child.

*My husband had a real problem in regards to putting locks through the house. So I left him with our child for the weekend, while I went off and did my own thing. He was very understanding after that.*

Melissa, parent of a child with autism

## The child who seeks to dominate and control their home environment

A child who tries to dominate and control their home environment may be doing so because they feel unable to control what happens in their day-to-day life outside of the home. Being able to control things at home can help them to restore their sense of feeling safe and secure. However, if your child's need to control is getting out of hand and making life difficult for you and other family members, it will need to be managed.

Compromise can be a good way to deal with this situation. Decide on certain activities or areas that it will be okay for your child to control. These may include

collecting the mail, packing their school bag, arranging the furniture in their room or managing a part of the vegetable patch. Let them know that these areas or activities are under their direct control. They get to set the rules and run the show.

Then, clearly define the areas and activities that your child is not allowed to dominate or control. For example, if your child always tries to control the television or video, point out that everyone has to share this equipment. Incentives can be used to help your child to manage their behaviour. Cooperation and sharing can earn your child extra time on the computer or a game with a parent. Attempts to dominate and control on the other hand can mean a privilege being taken away, or time-out.

## The escape artist

Containing a child who wants to escape can be a constant challenge. Parents have to be vigilant, plan ahead and draw on physical aids such as locks, restraints, barriers and fences.

### Securing your home

The most common method parents use to make their homes secure is to use locks. Locks on doors and windows. Locks on the sheds in the yard and any gates that provide access to the road. Fences are important, and should be high and in good condition. If you have a wooden fence, make sure that the smooth side of the fence faces inwards. Think about the layout of your home and yard. Look for possible escape routes, and put barriers or locks in place that will make them secure.

Educating friends and family is an important part of making your home secure. Locks and barriers will only work if everyone participates. Locks need to be relocked, and barriers need to be replaced as people go.

### When you are out

A child on the lookout for an escape opportunity can make shopping trips a nightmare. Your main strategy for managing this situation is the use of restraints. The most common restraint used by a parent is a firm grip on their child's hand. This will work for children who are able to stand quietly beside you, or will not wander too far when you release your hold for brief periods.

If your child bolts the moment their hand is freed, a harness or lead may be needed.

*We used to put a harness on him when we went out, because that was the only thing that he couldn't get out of. This particular harness is wonderful. It has crossovers and it does up at the back and it's light. It was the only way to keep him next to us. People probably thought I was awful walking around with a doggy lead but it was the only way to make sure he didn't bolt.*

Judy, parent of a child with autism

Parents of young children may find it helpful to contact their early intervention centre for tips on restraining their child. One parent who did this found out about a specially designed pram harness to prevent escape.

## Visiting a friend's home

Before you visit, explain your needs in regards to security for your child. Lock your friend's front door behind you as you enter. If your child is going to play in their backyard, check it to make sure that it is secure. If it is not, remain outside with your child and keep them in view throughout your visit.

*You just constantly have to make sure that whatever situation they are in, they cannot get out. It doesn't matter whether it's in the house, or in the backyard, or at anybody else's house. You just always had to make sure that there was no way on this earth they could get out.*

Amanda, parent of two children with autism

## The playground

Look for playgrounds that are securely fenced. If you are taking more than one child to the park, try to take a friend or another parent with you so that there can be more than one set of eyes on the lookout. Encourage older children to look out for their brother or sister.

## The car

The first time your child escapes from their seat belt and appears beside you, or opens the car door mid-travel can be heart stopping.

*Sometimes something catches my son's eye out of the window, and he can be out of the seatbelt, window down, and almost out of the car in seconds.*

Vicky, parent of a child with autism

There are several things you can do to manage this behaviour:

### **Child lock**

Most cars have a small button or lever on the side of the back doors known as a child lock. When moved into position, this lock will disable the door handle, so that the door cannot be opened from the inside.

### **Window lock**

If your car has electric windows, use the central locking facility near the driver to lock the car windows.

### **Set rules**

Make it a set rule that the car does not move until seat belts are on. If a child releases their seat belt, immediately stop the car and repeat the rule.

### **Large car seats**

Car seats have now been developed that can securely harness older children in the car. Contact your local council or disability service for more information in regard to these seats.

### **Toys and car games**

Provide your child with some toys to play with on the journey. You might also like to play some car games, such as 'Spot the green cars', or 'Can you see any animals'. Some children might enjoy a parent-led game of 'I spy'.

## **When your child escapes**

As a parent, it is natural to expect your child to answer you when you call out to them. However, experience has taught some parents that this is not always the case. Try to be very literal when you call out to your child:

*You can be calling and calling but even now I'll call Mason's name and he won't answer. I'll say, Mason answer me please, and he'll say, yes. He won't say, what do you want. You always have to say, Mason can you answer me, so I'll know where he is because if I'm looking around and just calling him he won't think to answer.*

Judy, parent of a child with autism

## **Why children like to escape**

Some parents have observed that their escapee just wants to run. For these children, being contained in a house or a yard can be difficult. If you have the time and energy,

set your child some interesting physical activities in the yard. Challenge them to a race. For example, use a stopwatch to time how fast they can run around a particular route, such as to the back fence and back. If finances allow, a trampoline in the back yard can be a godsend. It can give your child the thrill of freedom and use up some of their excess energy.

## The underlying strengths of your escape artist

Many escape artists are gifted problem solvers. Your attempts to contain them will be viewed as a challenge to be explored and solved. Indeed, some of these children can become so good at problem solving, that they make Houdini look like an amateur! While this ability is a strength that will serve your child well as they move through their life, it can create major headaches for parents who are trying to contain their child.

Locks on harnesses, doors and windows will need to be double locks. Supposedly child proof locks? Too easy. Equally, high fences will only be useful if there are no objects in the yard that your child can move and climb. A ladder in your yard? Yippee, escape and adventure beckon:

*We had left a ladder against the side of our shed in the backyard. Our son shimmied up the ladder, over the roofs of two sheds, and was dancing on a third when we found him. We moved the ladder to where he was, but he ran back to his starting point as happy as Larry and got down the ladder. The good points were that we stayed calm, and then removed the ladder.*

Vicky, parent of a child with autism

A problem solver enjoys a challenge. Another way to deal with your escape artist may be to change the focus of their challenge, from escape to something else. Check out your library or the internet for ideas about problem solving activities that you can set up for your child. You might like to collect some building materials, such as toilet rolls, icy pole sticks and pipe cleaners and challenge them to build a tunnel or bridge for toy cars. Look for a video game that involves a lot of problem solving. For a treat, set up a treasure hunt with simple clues, for example, 'Look at the bottom of the pole where mum hangs out the wet clothes' or 'You put your head on this every night after your story'.

## Fear of visiting the doctor, dentist or hospital

Three strategies that parents have found useful when dealing with their child's fear or resistance to visiting a health professional are social stories, role playing and preparing the specialists.

### Social stories

Social stories can be very useful when working with your child's fear of visiting a health professional. This story can be used to familiarise your child with the events that they are going to experience, the people they are likely to meet and the place that they will be visiting. You can also use the social story to reassure your child that you will stay with them throughout their experience.

Check with your health professional to make sure that your understanding of the events that are likely to occur is accurate. If possible, include actual photos of the clinic or hospital that the child will be attending, and the names of some of the people that your child will be meeting. A close match between your social story and your child's actual experience will improve your child's ability to manage any anxiety or fear that they may be feeling.

*He had to have dental surgery at the hospital and so Judy did the social story, took photos at the dental surgery beforehand. And so he knew actually what was going to happen.*

Ed, parent of a child with autism

### Role playing

A similar activity that will increase your child's familiarity with the process of visiting a specialist is role playing. This involves physically acting out some of the things that will happen when your child visits the health specialist.

Using a visit to the doctor as an example, show your child how the doctor will look into their ears, listen to their heartbeat and look into their mouth. A toy doctor's kit can be a very useful aid when you are doing this.

Take turns with your child at being the doctor and the patient.

## Preparing the specialists

You can work with your specialist and their staff to prepare a positive, user-friendly environment for your child. Contact the clinic at least two weeks prior to your child's scheduled appointment or procedure. Advise the staff of the nature of your child's disability and any special needs that your child may have. Request the involvement of staff who have had experience or training in working with special needs children.

Ask your health professional and their staff if they can suggest anything that will help minimise your child's anxiety or fear during their visit. If possible, meet with the staff who will be working with your child prior to your child's visit.

*Our son needed an operation. It was a day stay. We knew that we were going to have a terrible time so we rang the hospital, let them know that our son had behavioural difficulties. Could we possibly have staff that were going to be able to deal with that, and weren't going to be aggressive because we sometimes find that people get upset because he's so upset. If people are willing to deal with him, it's much easier. We also got a disability nurse who had spoken to me beforehand about what she could expect from him and it was wonderful. They had a bed set up for us instead of a chair where they usually put the day stay surgery people. We also made sure that we had a doctor on call when we got home so we could get more sedatives because we had to travel for three hours. She'd already contacted the hospital as well. We felt like we handled that one really well.*

Kristy, parent of a child with autism

## Fear of water and bathing

When your child is frightened of water, getting them in the bath or washing their hair can be a nightmare. Here are a couple of simple techniques that you might like to try if you are faced with this situation.

### Encourage water play

Put some water in the bath, and add some fun toys such as boats, plastic cups, trucks or soap pens (crayon-like sticks made out of soap).

Get into the bath while your child watches and start playing with the toys. Encourage your child to join you. Play with the toys together. Let your child draw all over themselves with the soap pens. (You might want to set a rule here that drawing on yourself is for bathtime only!) Get out of the bath together, and get dried.





After a few sessions in the bath together, you might like to suggest that your child gets in the bath on their own and shows you how they can bomb the boat with water from the plastic cup. Follow this pattern until your child feels comfortable about bathtime.

### Goggles for hair washing

Many children fight having their hair washed because they do not like getting water in their eyes.

Elaine, mother of an autistic son, aged six, came up with a fun and successful solution to this problem: giving her child swimming goggles to wear while he was getting his hair washed. The goggles were introduced with slapstick humour and the child was given lots of positive reinforcement for both wearing the goggles and having his hair washed.

## Getting your child out of the shower or bath

Some parents have the opposite problem to that described above, and have trouble getting their water loving child out of the shower or bath.

*I tell my son that he has to get out of the shower soon. I tell him that I will count to 50 and then I will come in and turn off the shower. I count very loudly so that he knows when I am coming.*

Judy, parent of a child with autism

This technique can be useful in many other situations, including getting your child off the computer or away from the television. After a few repetitions of the counting game, your child should get the message.

## Mealtimes and eating

There are a range of problem child behaviours that can develop around eating, and behaviour at the dinner table. These include the fussy eater, refusal to sit at the table, and dallying over food.

### The fussy eater

Most children will have preferences for some foods over others. Some children take this preference to the extreme, refusing to eat anything but a very limited range of foods. As a parent, it can be very frustrating to spend time selecting and preparing family meals, only to see your child turn up their nose at your offering and push their plate away.

Strategies for dealing with a fussy eater include compromise, hiding less-liked foods, using rewards, giving ultimatums and serving your child the food that they want.

### Compromise

One way of dealing with fussy eating is to compromise. When preparing your child's meal, give a preferred food along with a small amount of a different food that your child has been reluctant to eat. This might consist of meat, carrots, broccoli or other vegetables.

Encourage your child to try this other food and be accepting if they refuse. Continue to present your child with at least one non-preferred food at each meal. You never know, one day they might try that carrot and discover a taste sensation!

*I place a new food on his plate every night and encourage him to try it. Sometimes if the food is presented consistently over time he will adopt it as part of his repertoire.*

Kristy, parent of a child with autism

## Hiding food

Another strategy used by parents is to hide unfavoured foods, such as vegetables, in foods that their children like:

*James won't eat fruit or vegetables. So I have to hide. If he needs some sort of goodness, it's hidden in his food so that he doesn't know it's there.*

Barbara, parent of a child with autism

Hamburgers, pies and pureed soups are just some of the foods that offer a good hiding place for vegetables.

A similar idea is to disguise food. A piece of chicken that is refused outright, might be accepted when it is crumbed and cut into small pieces like chicken nuggets. Potatoes may get a very cool reception when they are mashed, but be wolfed down when they have been sliced and cooked in the oven as chips.

*My son goes through phases where he only eats food of one colour. When he is on a particular colour, I use food dye to dye different foods that colour.*

Elaine, parent of a child with autism

## Rewards

Verbally reward any attempts that your child may make to try new foods—even if it results in them immediately spitting it out. Another way to use rewards for fussy eaters, is to use them as an incentive for eating core foods. For example, let your child know that if they eat their meat and potato, they can have some dessert, or an extra story before bed.

## Giving ultimatums

Ultimatums about food have been given by parents for generations. A common one that is recognised and remembered by most people is 'eat what you're given or you go without'. The theory behind this ultimatum is that a child can refuse what they are given for only so long, before hunger makes them less choosy about what they eat.

While this may work in theory, it can be a lot harder to apply in practice. The will of a child can be very strong, as can be a parent's guilt over 'starving' their child. If you decide to use ultimatums, you have to stand by your word. Relenting and giving your child a preferred food after an ultimatum will not only reinforce their fussy eating, but also teach them that they can get what they want if they resist hard and long enough.

### **Giving your child what they want**

Some parents will resign themselves to the limited food preference of their child and simply give them what they want. This approach will ensure that your child is eating something, and can mean peace rather than war at the dinner table.

The disadvantages of this approach are that you, as a parent, will need to cook two sets of meals each night. You may also have to deal with some arguing from your other children, when they realise that their brother or sister is having what they want for dinner, while they are facing liver and onion casserole.

### **The controlling eater**

A small group of children will demand not only certain foods, but foods presented in a certain way.

*You would make her a sandwich at home and she wouldn't eat it because it wasn't cut in the right shapes. She'd say, now I want six squares on my sandwich. I don't know how to cut six squares in a sandwich. I said, well Jane, they'll be rectangles. She said, well I don't want rectangles, I want squares. So then I'd cut an extra piece of bread into two pieces and she's got six pieces of bread.*

Amanda, parent of two children with autism

If this is a behaviour that you would like to change, simply refuse to prepare the food in the way the child has requested. Initially, your child will probably refuse to eat the food. This may change if you keep refusing to meet their demands.

You could instead consider getting your child involved in preparing their own simple foods. Treat this as a problem solving exercise. Ask your child to show you how the food can be cut into the requested shapes or portions. It can also be an opportunity for your child to learn a basic living skill.

### **The child who refuses to sit at the table**

Setting rules and gentle persistence are two strategies that parents can use to encourage a reluctant child to sit at the table.

Talk to your child about the behaviour that is expected of them at the dinner table. Set a rule that your child must sit at the table while they eat.

When you put the family meal on the table, bring your child to their chair and tell them that 'we sit to eat'. Encourage your child to look at how other family members sit to eat. When your child gets up from the table, gently and calmly return them to the table and repeat the rule 'we sit to eat'. After a few returns, let your child leave the table. Begin the process again the next night.

Do not force your child. A child who is dragged kicking and screaming to the table is unlikely to want to stay there.

### **Dallying over food**

Some children not only sit to eat, but sit for a long, long time. They will pick, dawdle and push their food around, long after everyone else has finished their meal.

One simple idea that you can use to deal with this behaviour involves setting a timer. Explain to your child that you are setting a limit on the time that they can spend eating their meal. You may like to start with a time that is a little bit shorter than the time that they usually take and gradually work your way backwards.

Put a timer with an alarm on a nearby bench, set to go off at the end of the set time. When the alarm goes off, remove your child's plate from the table and put any uneaten food in the bin. Be prepared for some loud complaints about your action. Do not give your child anything else to eat that night. Repeat the process again over the next few nights.

### **Eating with hands rather than utensils**

Teaching a child how to use a knife, fork or spoon requires patience, lots of encouragement, modelling and the use of the hand-over-hand technique.

#### **Encouragement**

Give your child lots of encouragement to use their knife and fork when eating a meal. Whenever your child picks up their utensils and tries to use them, give your child lots of verbal rewards. Talk to them about all the positives of using a knife, fork or spoon, for example, 'no messy hands'.

#### **Modelling**

Your child will learn from you and other people sitting at the table. Show them how you pick up a knife and fork, and how you use them to eat your meal.

### **Hand-over-hand**

Stand behind your child's chair and place your hands over theirs. Gently guide their use of their utensils. This process will help your child to understand the grip and angles required to use their utensils effectively. Remember that using a knife and fork correctly is a complex task. It will take time and it will be messy. Preparing food that is easy to cut and pick up will help the learning process.

### **The child who will not feed themselves**

Some parents complain that their children refuse to feed themselves, even though they have the ability and coordination to do this.

A child who can hold objects, open doors and scratch their face, can feed themselves. If they do not, it is because they have learnt that they don't have to. You will do it for them.

### **How children are taught not to feed themselves**

A child can learn not to feed themselves during the early years of their life. At dinner time one night, they may look at the plate of food in front of them and refuse to eat. Their parent will offer verbal encouragement, but the child will not budge. So the parent picks up a piece of food and offers it to their child saying 'eat it for mummy, there's a good girl'. Initially, the child will enjoy their parent's positive attention and will eat the offered food to please them. The parent leaves the table thinking 'that worked, I got her to eat.'

The next time the child sits down to eat, she may refuse and look to her parent expectantly. After giving her verbal encouragement to eat—which has no effect—her parent feeds her again. The child eats and receives her parent's praise. This child has been taught that refusing to feed herself will get her undivided attention and praise from her parents.

Other children will learn not to feed themselves because they are slow or messy eaters. Time-pressed parents can find themselves taking over and feeding their child because it is easier or quicker.

*I've got other people to get ready and other things to do and I haven't got time to be dressing her and feeding her but she won't eat her food by herself quickly.*

Amanda, parent of two children with autism

There are three strategies that you can use to encourage your child to feed themselves: stop feeding them, give them the time and space to do it for themselves and reward self-feeding.

**Stop feeding your child**

Explain to your child that you feel it is time they learnt to feed themselves. Let them know that you will not feed them anymore. It is highly likely that your child will resist this turn of events and refuse to feed themselves. This is the time for you to remain strong. Tell your child that it is okay if they do not want to eat. Also tell them that you will put their uneaten meal in the bin and that they will not be able to have anything to eat until the next meal. Continue this process for the next few meals.

**Giving your child time and space to learn**

A child's first attempts at feeding themselves will be slow, laborious and messy. Give your child plenty of time to practise this skill. Stay with them and encourage their attempts. Try to close your eyes to the growing mess on the table, floor and your child.

*He's learning to feed himself and that's really hard for me to sit back and watch that because he gets it everywhere. You know what it's like when you teach a toddler to feed themselves and he gets it everywhere, but he's getting there.*

Sorrel, a parent of a 12 year old child with Down syndrome

**Reward self-feeding**

Whenever you see your child feeding themselves, give them lots of praise. Let them know how proud you are that they are developing this ability to be independent.

**Mornings**

Mornings are a hectic time in most households. Stress levels can rise when a child is reluctant to get out of bed and has to be pushed and pulled through the process of getting ready to leave the house.

There are a number of things that parents can do that will smooth the journey from bed to the front door.

**Routine**

Routines come into their own in the morning. A frantic disorganised household can become reasonably ordered when everyone knows what they have to do, in what order and at what time.

A basic morning routine for a child will involve getting up at a certain time, having breakfast, getting dressed, washing face and hands, brushing teeth and hair, packing or collecting their schoolbag and heading out the door.

Additions to the basic routine will vary from family to family. For some children, the morning routine will include medication and physiotherapy. For others, it will include toileting, putting on splints and feeding the cat.

When you are developing a morning routine for your child, consider all of the tasks that need to be completed by each member of the family before they leave the house. Make up a rough timetable that includes times to get up, bathroom and dressing time, therapy time if required and breakfast. When you have a feel for how things fit together, work up a specific routine for your child.

A routine is learnt through repetition. When you put a new routine in place, it is important that the same set of behaviours are repeated at the same time, over and over again, until your child becomes familiar with them.

At the beginning, your child may need a lot of reminders to complete each step of their routine. They will often resist moving from one task to another and may display a range of behaviours that will make your job more difficult. Common examples include whining, staunch refusal, hitting, running and hiding.

Take a deep breath, take your child by the hand and lead them to the next task. Explain to them firmly that 'this is the way we do things in the morning'. Repeat the routine to your child: 'we do this, and then we do that, and then we go to school'.

Persist, persist, persist. Your child will eventually find themselves moving into an organised routine that will make mornings easier for everyone.

*Phillip has to catch a special school bus that arrives at 7.30am. I usually get up at 6.15am and get dressed. Never attempt to get kids ready for school in your PJs or you will get caught out. I turn on the TV and put up the volume. I get Phillip's breakfast ready first so if he gets up by himself he can sit right down and start on it. If he has not risen by then I go into his room with the dog, pull off his doona, open the blind and the window and get the dog to jump all over him. If this does not work I get his big brother to help me pull him out of bed. Phillip usually gets up before we get to this stage. I pack his lunchbox and put it on the table where he eats breakfast so that he can put it in his schoolbag himself. If there is anything else he has to take to school that day it is on the table so that he can put it in his schoolbag himself. While he is eating his breakfast I get his school clothes ready. When it is about 10 minutes before the bus arrives I take him to the toilet and then dress him while he finishes eating his breakfast. With schoolbag packed, breakfast eaten, or still eating, and dressed, we go wait outside on a foldup chair for the bus to arrive. This routine never changes. Most of Phillip's routines are as rigid as a steel beam.*

Margaret, parent of three children, two of whom have special needs



## Prompts

Some children find it difficult to move from one task to another independently, even when they are familiar with their morning routine.

Keep an eye and an ear out for your child's progress. If they are having trouble starting a task, remind them of what they need to do next. If they are still being too slow, you may like to work with your child briefly to get them moving on the task at hand.

Another way of prompting your child is to make up a series of pictures that show your child the things that they need to do to get ready in the morning. Put these pictures in a place where your child can easily see them and keep reminding them to look at the pictures.

## Using incentives

Sometimes a child who is very capable of moving through their morning routine unaided, will not do it. They simply don't want to. The first prompts will be ignored. Follow-up prompts will lead to complaints that increase in volume. At this point, frustrated parents who are in a hurry may wind up the volume of their own prompts, and a battle begins.

One way to avoid the battle is to use incentives. A child who obstinately refuses to get dressed, may rush to throw on their clothes if they know that today is kindergarten day. Similarly, a chance to visit the horses in the corner paddock before school can have a child gulping down their breakfast before dragging you out the door.

## Getting up early

Plan to get yourself and your child up at a time that enables you both to move in to the day without rushing or hurrying.

*Be disciplined. Don't go for that extra ten minutes in bed.*

Robyn, parent of a child with cerebral palsy and hearing loss

Your goal is to make the transition into the day as smooth as possible. The need to rush creates stress, which can in turn lead to flared tempers and slow progress.

*It's important to stay calm at that time because it sets the tone for the rest of the day. So if I start out yelling at them at eight o'clock in the morning they're going to arrive at school and kinder feeling stressed and angry.*

Amy, parent of a child with autism

## Reducing your morning load

Do what you can to reduce your morning workload. Prepare lunches and iron clothes the night before. Empty and repack your child's schoolbag. Prepare your own bag with everything that you will need for the day. Completing a task the night before means one less task for you to do in the morning.

## Carers in the home

Children who have severe physical disabilities can require a huge amount of care in the mornings. Feeding, toileting, bathing and dressing a heavily dependent child can be physically demanding and take a lot of time. Many parents find themselves exhausted before their day has really begun.

If you are in this situation, you may want to give thought to having a carer come in to your home for a couple of hours each morning to help you out.

*We have somebody in the mornings, and this particular person has been with us for twelve years. She actually went to a four-day week about twelve months ago and we felt as much as we didn't want to lose her, we thought well we could afford to lose her for a day rather than lose her all together. She's called mum too, and she's like a sister to me. We share lots of things and they don't go out of this house.*

Lynne, parent of a child with cerebral palsy

## Tantrums

A child will tantrum when they are experiencing levels of frustration or stress that they do not know how to cope with. Triggers for tantrums include: a parent saying no to something that the child wants, other children who don't behave the way the child wants them to, or prolonged exposure to an overstimulating environment such as a shopping centre. A child can also tantrum in response to internal triggers. They may be frustrated that they can't communicate clearly or they have trouble completing a particular task.

Once a child has learnt that a tantrum will get them something they want, a new type of behaviour can emerge. You could call this the mild tantrum. It is a handy strategy that your child will pull out when they are mildly frustrated by a situation, and think that a little bit of action will get them what they want. In this case, the tantrum is more about pushing buttons and manipulating others, than feeling overwhelmed.

The method that you use to deal with a child's tantrum will depend on the cause of the behaviour and its severity.

## How to tell the difference between mild and severe tantrums

A child who throws a mild tantrum will still have some control over their feelings and behaviour. They may shout and rant, but you will probably catch them throwing you a glance, just to check your reaction as they tip over the coffee table.

When a child is having a severe tantrum, they will be lost in emotions that are overwhelming them. They can be difficult to reach and extremely aggressive. Eye contact may be fleeting or non-existent. Some children can be so overcome by the storm of emotions that are sweeping over them that they will drop to the floor and kick and writhe.

## Dealing with the mild tantrum

### *Provide a brief explanation*

If your child is beginning to tantrum because you have said no to something that they wanted, provide a brief, simple explanation of why you said no.



### **Ignore your child and walk away**

If your explanation is not accepted and your child begins to rev up, turn your back on them and walk away. Busy yourself in the kitchen or hang out a load of washing.

### **Do not give in**

When you walk away from a child mid-tantrum, you may find that they come looking for you, only to continue where they left off. Many parents can buckle under the strain of a persistent tantrum and feel tempted to give in for the sake of peace. Remember, if you give your child what they want, you have just taught them that tantrums work.

### **Divert or distract your child**

When you see a tantrum beginning to build, try to divert or distract your child: 'oh, did I just hear the mailman? Let's go look'. Some well-timed humour can also work wonders at this point:

*A lot of the time with her it's humour. Like you'll do something stupid, you pretend to walk into something or trip over something or you'll go to put something on the table and you'll drop it and she'll laugh and you know you've broken it.*

Nicole, parent of a child with Smith-Magenis syndrome

### **Stay calm**

Try to stay calm or at least give the appearance of being calm, as you move around your child. Tell yourself 'I am the adult here, I can deal with this. This is just a temper tantrum'.

When you react and raise your voice to a child who is having a tantrum (as tempting as it may be), you will immediately increase the likelihood that they will tantrum again:

*Oh guaranteed [repeated tantrums] if you yell at him. He loves that, he feeds off that kind of reaction, and if someone loses their cool with him he'll keep going back and doing whatever that was that made them lose their cool again and again and again because that's wielding his power.*

Marley, mother of a child with autism

### **Time-out**

Dealing with tantrums is stressful. If you feel your temper starting to rise, it might be a good idea to give your child some time-out. Make this a calm, controlled action. Lift your child gently and place them in their room. Tell them that they are not to come out until they have calmed down.

If you have already reached boiling point by the time you think of time-out, it is probably a better idea to head outside yourself, rather than approach your child while you are so heated.

### **After the event**

When your child calms down, praise them for being able to regain self-control. Make an effort to reassure your child with a hug and an offer of an activity that you can do together.

## **Dealing with a severe tantrum**

### **Stay with your child**

A severe tantrum can be a frightening experience for a child. Stay with them, reassure them. Speak to them in a soothing tone. Let them know that mummy or daddy is there and in control.

### **Containment**

A child who is emotionally and physically out of control can gradually calm if they are being held firmly. If your child will not allow you to hold them, stay close so that you can begin to touch them gently as the tantrum begins to ease.

*Kyle was at his grandmother's just recently. She doesn't understand a lot of the things that he does and why he does them and she tends to treat him like a naughty little boy. And she tends to fuss, tell him not to do this and that so it overloads him. He was really quite cranky and so I had to go into crisis control after he had already smashed a window and put his fingers through, or his fist through a fly screen and smashed a couple of ornaments. I basically just grabbed him and held him. I actually get him in a lock when he's like this and gradually release it so he has the control. It took us about two hours to get him to completely calm down.*

Melanie, parent of a child with dyspraxia and epilepsy

Another way to contain a child who is in the full flight of a tantrum, is to roll them up firmly in a blanket. If you decide to use this option, stay beside them and speak to them soothingly while they calm down.

While containment can be very effective for getting a child to calm down, containing them for too long once they have calmed can cause some children to get agitated again. Once your child's tantrum begins to pass and you feel their body relax, gradually release your hold.

### **Intervene and remove your child from the situation**

If you see your child building up to a tantrum, try to intervene and remove them from the situation. A quiet suggestion of a treat in another room may encourage them to come with you.

### **Don't take it personally**

A child who is having a severe tantrum is reacting to high levels of frustration or stress that have been created by their environment. Even though your child may be lashing out at you, the tantrum is not directed at you personally. Your child is out of control, and lost in their feelings.

*It's frustration against the situation. It's not directed at me personally. It's really important to draw the distinction that although their behaviour might be shocking, it's not a personal affront at me.*

Sharon, parent of two children with autism

When parents realise that they are not the target of their child's tantrum, they may find it easier to step into the role of being a calm supporter to their child.

### **Progressive exposure**

If your child regularly responds to a certain situation with a severe tantrum, you could try using progressive exposure to increase their ability to cope in that setting. As the name suggests, progressive exposure involves gradually exposing your child to a situation that they find overwhelming, a bit at a time.

For more information on how to use this technique with your child, turn to the section in chapter 2 under Strategies for dealing with problem behaviours.

## **Toileting**

Parents of special needs children can experience a variety of problems and challenges in relation to their child's toileting behaviour. Toilet training can be difficult, with children remaining incontinent for long periods of time before they learn to use the toilet.

Constipation can become a long-term problem for some children. Other children will open their bowels with ease, and use the contents to create rather unique works of art. For parents of children with a profound physical disability, toileting can become a demanding, difficult task that will have to be attended to each day of their child's life.

## Toilet training

The strategies that parents use to toilet train a special needs child are generally the same as those used for other children. In most cases, the only difference will be that the strategies are put in place later for a special needs child, and are used for a longer period of time.

Strategies that parents commonly use for toilet training include: waiting for the child to indicate that they are ready, putting pre-trained children in underpants, modelling toilet behaviour and using timed prompts and star charts.

### Child readiness

Most children will begin to give out certain signals when they are ready to be trained. These may include awareness that they are doing wee, or need to open their bowels, increasing interest in the toilet and the toileting behaviour of others, pulling at their nappy and taking off their nappy as soon as they have wet or soiled it.

Your child with special needs may indicate their readiness to be trained a lot later than your other children. It is not uncommon for children with special needs to get to the age of four without showing any signs of wanting to be trained. In these cases, parents will often begin toilet training anyway, in the hope of getting their child trained before they start kindergarten.

### Put your child in underpants

Most disposable nappies are designed to draw moisture away from your child. Putting your child in underpants will increase their awareness that they are wetting themselves. Once they have this awareness, they can begin to learn the feelings and signs of needing to go to the toilet. These signs will eventually prompt them to look for a toilet.

During the first stages of training, try to give your child lots of water, to encourage a few accidents. They will learn the signs that they need to learn through experience.

### Modelling toilet behaviour

Part of teaching a child to use the toilet is showing them how it is done. Take your child to the toilet with you when you go. Talk to them about the process of going to the toilet—whether you sit down or stand up, using toilet paper, flushing the toilet, washing hands afterwards.

*For toilet training, I said to my husband he's got the anatomy that I don't so he's to take him to the toilet whenever he's able to and keep taking Jason to the toilet no matter what. Show him what you do when you sit down, what you do when you stand up. I said as tacky as that sounds, he's not emotionally connected to you so*

*you just show him that's what he needs to know. One day I just happened to walk in there and he's weeing in the toilet. I thought whooo, I didn't even know. I rang my husband up, guess what?*

Peta, mother of a child with autism

### **Timed prompts**

When your child is wearing underpants, take them to the toilet every half hour. Encourage them sit on the toilet for a minute and then let them go.

Many parents can make the mistake of asking their child if they want to go to the toilet, instead of actually taking them to the toilet. It is not uncommon for a child to say no when asked, only to wet or soil themselves a few minutes later.

### **Getting your child to sit**

Some parents find it difficult to get their child to sit on the toilet long enough to have a wee, let alone open their bowels. Remember, your child is rewarded by your company. If you sit in the bathroom or toilet with them, read them a story or sing a song, your child may stay seated a little longer.

*We're trying to get him to sit on the toilet at the moment and he won't but if you sing 'Old Macdonald had a farm' and go through about twenty animals, he'll sit there. But the minute you stop ...*

Melissa, parent of a child with autism

### **Star charts**

The use of a reward system can be very effective when you are teaching a child to use the toilet. One system that is commonly used by parents of children with special needs is star charts.

A star chart consists of a piece of card that has a grid, or series of columns drawn on it. Whenever your child uses the toilet successfully, they are awarded a star or stamp, which is stuck on the chart.

Extra rewards can be offered for a certain number of stars. For example five stars might earn your child a chocolate biscuit and ten stars a small toy.

When your child gets more practised at using the toilet, you can alter the system, so that your child has to work a bit harder for their reward. Instead of giving out a star every time they go to the toilet, reward them for going a half day, and then a whole day without having any accidents.



Changing the system will mean that your child will be receiving rewards less frequently. Daily rewards, or a reward every two days, will become a weekly reward. To prevent children from losing interest or motivation, it can be a good idea to increase the size of the less regular reward. For example, seven stars might earn your child a trip to the pool.

*We gave small things for weekly effort, so if he only had one accident for the day we'd give him a star. As we went through, the rules changed a little bit. If he had no accidents he'd get a star. And for every week that he had seven stars he'd get a little toy from down at the airport. My husband would drive down there with him every week, give him this little plane from the airport. Once he had the idea that if he got forty stars, mum would give him this big train set that he'd had his eye on in the shop for ages. He'd put his star there and say, mum I'm closer, mum I'm closer. You can imagine what he was like when he actually got it. And by that time, he was trained.*

Sharon, parent of two children with autism

## Accidents

When your child has an accident, calmly remove them to an area where they can be cleaned up and changed if necessary. Remind them that they are learning to use the toilet now. If your child is using the toilet regularly and has an accident, you may like to ask them to help you clean up once they are washed and changed.

## Regression

Toilet training does not happen in a straight line. Most children will take a few steps forward, and then one or two back. A child who has been using the toilet well, may suddenly begin to wee on the floor. A child who has been emptying their bowels on the toilet with no problem, may start withholding and waiting until their night nappy is on. This is a normal part of the toilet training process.

Try not to put your child back into day nappies when they start having accidents. The occasional step backwards should be expected, and training should go on as normal. If your child continues to have accidents, you may find it useful to return to star charts for a while.

## Constipation and withholding

Chronic constipation can be a common problem among children with special needs. For some children, constipation occurs as a direct result of the physical effects of their disability. Other children will actively withhold their bowel contents, due to fear or

discomfort about emptying their bowels. A child's refusal to eat high fibre foods can also contribute to this problem.

Strategies that can help you to deal with constipation include: warm baths, adjusting diet, timed toilet trips, positive rewards and the use of laxatives.

### **Warm bath**

Children who are constipated can become quite tense and tight in the lower region of their abdomen. This tension can make it even harder for them to go to the toilet. A warm bath can work magic on this area, relaxing and opening tensed muscles.

### **Follow-up activity**

Sometimes a bath on its own may not be enough to get things moving. One parent has developed an interesting extra technique that has proven to be very successful:

*I get her to run up and down the hallway, then on to the toilet. I give her a straw and she blows through the straw and she's been pushing a few out that way. If she blows through a straw really hard, you can see her little bottom push down like we would do.*

Lee, parent of a child with spina bifida

### **Diet**

Where possible, try to include lots of fruit, vegetables and other high fibre foods in your child's diet, and adequate fluids.

### **Timed toilet trips**

Give your child lots of opportunities to open their bowels while they are at home. Set a timer and sit them on the toilet every hour for a few minutes.

### **Positive rewards**

Whenever your child does use their bowels, give them lots of rewards. These may include verbal praise, extra time on the computer or choosing what the family will have for dinner.

### **Laxatives**

If you have tried other strategies without success, you may want to talk to your child's GP about using a laxative to help manage your child's constipation.

## Smearing

Smearing, or 'the art of poo', refers to a child's practice of collecting handfuls of their own faeces, and smearing it over nearby surfaces. Common locations include beds, walls, carpets and of course, themselves. While your child may find this experience enjoyable and satisfying, it will leave an awful, sticky, smelly mess for you to clean up.

Tips for dealing with your child's smearing behaviour include: staying calm, asking your child to help with the mess, reducing your child's access to their faeces, using social stories, giving rewards for appropriate behaviour and redirecting your child's behaviour.

### Stay calm

When you discover that your child has smeared, try not to react. There is a good chance that your negative attention will reinforce this behaviour. It may help to step back from the scene for a moment, take a few deep breaths and allow the first waves of your reaction roll over you. Once you feel calm, or can act calm convincingly, re-enter the room.

Lead your child to the bathroom for a clean up, and change of clothes. While you are doing this, talk to your child about the behaviour that you would like them to use when they need to use their bowels. Try to focus on the behaviour that you would like them to develop, rather than the smearing.



### **Helping with the mess**

Once your child is cleaned up, get them to come back and help you clean up their mess.

### **Reduce access**

Cutting off your child's access to their bowel motions can be a very effective way to reducing smearing behaviour.

*One good response to the faecal smearing is that my wife makes these boilersuits out of fabric. The best way to do it is Velcro up the back so that she can't reach around and open up. That's been the extinction of that behaviour.*

John, parent of a child with cerebral palsy and intellectual disability

If your child tends to smear during the day, you could try dressing them in fitted overalls or a similar type of all-in-one clothing.

### **Social stories**

Develop a simple story for your child that will teach them the appropriate way to behave when they need to use their bowels. Include pictures of your child sitting on the toilet, flushing the contents when they are finished and washing their hands. Finish the story with mummy or daddy giving them lots of praise for using the toilet. Read this story to your child regularly if they have begun to smear their faeces.

### **Verbal rewards**

When your child empties their bowels into the toilet, rather than the floor or another location, give them lots of praise. If you are using a star chart, you could treat this as a two-star event.

### **Redirect the behaviour**

Some children smear because they like the sensation of the goo between their fingers and the way it moves under their hands as they rub it on to a solid surface. Giving your child a substitute material that gives a similar experience may stop them from diving into their pants for paint:

*I get shaving cream and let them run it all over a mirror. I try to divert them to that because they smear for a reason, there's usually an emotional side.*

Gail, foster parent to a child with intellectual disability

## Assisted toileting

Some children with special needs will require assistance with toileting throughout their lives. Successful management of their continence will require the use of aids, nappies and the constant support of parents and carers.

### Equipment and aids

The primary continence aid used by many parents is nappies. When your child begins to grow out of the nappies that are freely available in supermarkets, talk to your early intervention worker about a source of larger nappies.

Ask your disability service provider to put you in contact with a continence nurse. This person will be able to provide you with up-to-date information about continence aids, and any funding that may be available to you.

Toileting a child with severe physical disabilities can place a heavy physical demand on parents. This will continue to increase as your child develops and grows. Find out about the lifting equipment and other aids that have been designed to reduce this load. Talk to other parents of children who are highly physically dependent. Ask them what equipment and aids they have used and found helpful. Find out about any funding that they may have accessed for this equipment.

### Carers

Parents who are raising highly physically dependent children can often get a certain amount of in-home care. This support can be invaluable and give parents a break from the constancy of caring for a high needs child. Contact your local council and regional respite care network to enquire about in-home care. If you know of other parents who have access to in-home care, find out which services they use and how to contact them. Be proactive. Do not wait for services and funding to come to you.

### Privacy

Children who are highly physically dependent can find it difficult to maintain privacy during toileting. Parents and carers need to remain mindful of this. It is through their actions that the child's right to privacy will be upheld, or compromised.

*You have to put him in the shower chair, place him over the toilet and so you go ahead but you can't leave him there because he'd fall out. It doesn't matter how you strap him in, because of the equipment you just have to be there. So there's all those issues of his privacy and self-esteem and, and really you just don't want to be there and you think well does he really want me there? I'm his mother after all and a teenage boy doesn't want his mother so we always make sure that we put a towel*

*over him. We call it the modesty towel. So it's reinforcing social values. I think with kids with a disability you have to be continually reinforcing those things.*

Lynne, mother of a child with cerebral palsy

## When your child does not show affection

A lot of parent's communication and bonding with their child occurs through touch—a morning cuddle, a rub of their child's back, their child running to throw their arms around them because they haven't seen them for a few hours.

When a child does not give affection, or does not like to be held or touched, parents find other ways to develop this connection. More emphasis may be placed on talking with their child and expressing their affection verbally. Shared activities can take on a greater significance, as parent and child share space and interact with each other.

But touching can still be missed. For some parents, the lack of affection from their child can be devastating. It can leave them feeling disconnected, unloved and questioning their role:

*I just thought this is really hard being a mum. I just kept showing him love but never got anything back, thinking this isn't what motherhood's meant to be like. That lack of responsive love that you know a normal baby just gives its mum and he just didn't give it. I always remember crying one day when he came up and hugged me.*

Abbey, parent of a child with a benign brain tumour

The ability to give and receive affection can be learnt. It may not be as spontaneous as the affection given by another child and it may occur on the terms of the child rather than the parent. But the affection, the giving and receiving of touch will be there.

Strategies that parents can use to teach their child how to be affectionate include: teaching their child to make eye contact, sensory integration therapy, gradual exposure to affection and verbal explanation.

### Making eye contact

It is through eye contact and scanning other people's faces that we learn what different emotions look like. We match what we see in someone's face, with the tone of their voice, the way they hold their body and their actions. In this way, we begin to understand and recognise feelings. Many children who find it difficult to give or receive affection can also find it difficult to maintain eye contact. A child who finds

it difficult to maintain eye contact, and who does not like to be touched, will have a more limited opportunity to learn about emotion.

The first step to teaching your child to be affectionate is to teach them to look you and other people, in the eye. A simple, effective technique that one parent has used to teach this behaviour to her autistic son, involves the use of well-timed rewards:

*I started off with the basic stuff: Alex look at me and I held a lolly up to my eye. As soon as he looked, naturally at the lolly not my eye, I gave it to him. And I'd say look at me and it was just like dog obedience training. I got to the stage of, look at me and he'd just look at my eyes, great, and I'd hand over the lolly and then eventually we'd move over to different things.*

Peta, mother of a child with autism

## Sensory integration therapy

This technique refers to a process of gradually introducing your child to different sensations of touch, giving your child the chance to touch and get used to the touch of different things. You can use fabric, feathers, fur, shaving cream, slime, cotton wool and blocks—anything that will give your child a sensory experience when they hold it in their hands or when it is rubbed against their skin.

The aim of sensory integration therapy is to increase your child's tolerance to different types of sensory experiences. Even if your child does not like the feel of something, persist with it for a little while. Take your child beyond their comfort zone, but stop when they begin to become agitated. Try your child with this sensory experience again the following day.

Try to do some sensory integration therapy with your child each day. Take note of any sensations that they enjoy. You can use this experience as a reward, when your child is willing to hold or touch something that they don't initially like the feel of.

*I think a lot of the sensory integrative ideas are really good because they actually do work. The kids really need that so much and I find Chris always benefited from things like that. He really likes being firmly rolled up in cushions and blankets and being squashed. He actually likes you to squash him as hard as you can, down under the foam mattresses.*

Elaine, parent of a child with autism

Over a period of time, your child will learn to tolerate, and then enjoy a range of sensory experiences that they would have shied away from before. Once you have reached this point, you may like to start gradually exposing your child to human touch.

## Progressive exposure to touch

Teaching a child to be affectionate will take a long time. Start with very small, light touches and work your way up from there. For example, you may want to start by stroking your child's hand briefly. You could include this as part of your sensory integration therapy with your child.

Initially, your child may pull away. Don't feel bad about this. Your child's dislike or fear of affection is what you are trying to overcome. Persist with a light stroke of your child's hand fairly regularly. When your child accepts this type of touch without becoming agitated and pulling away, move to a slightly larger show of affection.

Introducing gentle, brief tickling may work well at this stage. Always approach your child from the front so that they know you are coming. Give them a gentle tickle and let them go. If you have other children, make sure that your child can observe you tickling your other children and the fun that you are having together. Encourage your child to get involved with the play.

When your child is coping with a bit of tickling, you can begin to work your way towards a quick cuddle, and so on.

*Marnie used to scream every time somebody touched her. She now loves a cuddle and adores a tickle. She'll ask for a tickle.*

Joelle, parent of a child with autism

Once your child has developed tolerance for different degrees of touch, touch them a lot. Vary your touches through the range that your child can tolerate, and for varying periods of time.

*I think it's like any wild animal, the more you handle them and the more you familiarise them with physical sensory stuff then the tamer they get.*

Perry, parent of a child with autism

## Verbal explanation

Talk to your child about affection and touch. Explain that family members and friends use touch to show each other that they care for them. And that this is what you are doing when you touch your child. When you feel that your child is ready for it, also talk to them about the different types of touch that are appropriate for other children, school friends, teachers and carers.