Guest Post: How Corona Lockdown is Effecting Me – An OT Student with #NotSoTerriblePalsy

This week we are all still in #lockdown due to #covid19. Tim and I are busy working for the NHS #stayathomesavelives #protecttheNHS mostly from home. We are fortunate enough to welcome Georgia – an OT student completing a virtual placement with Mararget Spencer from OT360. Georgia is talking to us about what she is doing to keep busy during #lockdown!
Georgia:

I like keeping busy and I’m not very good at not doing anything. I’m one of those people who feels guilty for having a lazy day. So, I am very fortunate that I’m currently in the middle of my role-emerging virtual occupational therapy placement so I can work from home as it’s giving me plenty to do! But my placement is only 3 days a week, therefore I have been seeking out other occupations that I can do during this time to maintain my wellbeing.

Exercise

I have cerebral palsy and as a result of this my muscles tighten especially now that I’m not walking around as much. So therefore, I have been doing regular physiotherapy in the house to strength and stretch my muscles and keep them from going tight. My goal has been to do this every other day I start off by stretching and then I do my physiotherapy
programme that my physiotherapist gave me 10 years ago, which I can just do on a blanket in my own living room. I want to keep my physio up because if I’m not using my muscles, they will become a lot tighter so therefore it’s important that I remain active during this lock down.

As an OT student I have noticed that being in lockdown means that a lot of us are suffering from occupational deprivation. I want to find activities to maintain the correct occupational balance and maintain a sense of routine.

**Routine**

I have been keeping my routine by getting up at the same time most days; I must admit I’ve not been getting as early as I would have been if I’d had been at university but I’ve not been getting up late either. I like to keep to this routine as it keeps me motivated during these difficult times, don’t get me wrong, I have the occasional day when I don’t feel very well so, I will rest and take care of my body.

It’s so easy to just have a day in front of the TV during lockdown but watching the TV or reading has always been my winding down time in the evening and it makes me enjoy it so much more and therefore I want to keep it this way as when I’ve been watching TV all day I go to bed feeling way less satisfied about my day.

**Goals**

To practice what I preach as an OT student, I need to keep my routine of completing my physiotherapy and doing my work most days. To help me do this I set myself goals, for example, I like to do my physiotherapy every other day – sometimes this doesn’t happen depending on fatigue, but I like to stick to this as much as possible. With my work I also have goals for example now that I am posting a weekly blog every Friday, I set myself a goal to have a first draft by Wednesday evening.
Most of my work at the minute is placement work, therefore, I must complete so many hours to pass the placement and having this goal is motivating me not to waste my lockdown.

Routine are so important during a global pandemic

What meaningful occupations have you been doing during lockdown?

Leave your comments below!!

Thank you for reading,

Georgia

Further information for lockdown activities:

Keep an eye on the Look Hear socials – we are posting activity ideas every day.
There is loads of ideas and support on the NHS websites – you can find them here.

For Occupational Therapists in the UK, RCOT has loads on resources here. For those OT’s in Australia you can find yours here, and in the USA your best bet is you individual state as well as AOTA.

You might also find some of our previous blog posts helpful such as – looking after yourself as a parent, or if you have been thinking about why therapists give you home programs (to maybe work on during #covid-19 #lockdown).

跟随我们

ps — wash your hands!
Psychology for My Child

**TOPIC:**

Psychology for my child.

**WHY:**

Psychology is a broad topic, and there are different psychologists who work in different areas. When working with children, psychologists usually are involved in the following ways:

- Supporting young people with mental health concerns
- Assisting young people to develop strategies to manage challenging behaviour
- Assessing children for behaviour, mental health, and cognitive functioning
- Working with parents, teachers and other professionals to holistically support the child
- Providing training to stakeholders

**HOW:** Psychologists work in a variety of ways. For example, individual therapy, group therapy, parent support, school support, and assessing and report writing. Therapy usually involves an initial session to talk about the current concerns and get a background history of the child, then between 6-12 sessions. Sometimes it may be more or less than this.
WHO:
The main areas of psychology that work with children are:

- Clinical Psychology – Clinical psychologists support children or young people who may be experiencing psychologically-based distress or dysfunction that is impacting on their home life, schooling, social interaction or access to the community. They also promote well-being and personal development.
- Educational Psychology – Educational psychologists help children or young people who are experiencing problems that hinder their successful learning and participation in school and other activities. These problems can include a range of emotional and social problems or learning difficulties.

KEY TIPS:

- Effective psychology input requires engagement from not only the child, but from the parents (and schools) as well.
- Psychologists aren’t scary! Although they might talk about things that are difficult to talk about, they try to make sessions as relaxed and safe as possible.
- Psychologists understand that parents can often feel anxious, frustrated or overwhelmed with what is happening with their child. This is why psychologists may also do some work with parents to support them in supporting their child.

FURTHER INFORMATION

To find a Psychologist in your area, talk to your GP or visit the Australian Psychology Society here.

Take a look at our best Psychology resources and sites here.
Look Hear Ipad & Tablet Management Ideas

With the recent new WHO guidelines coming out relating to screen time recommendations for children and toddlers; we thought it would be good to share some of our thoughts.

Ipads and tablets can be huge problems in families or a huge helps. For some families there can be tantrums and many arguments over screen times; for others it can be a huge help when used as novelties.

With technology constantly changing and becoming more and more embedded in our lives, and children being able to use Alexa to order many-an-item online, as adults we need to try and stay one step ahead.

Here are some of our key tips to try and keep ahead.

Look Hear Ipad & Tablet Management Ideas

- Refer to the Ipad/Tablet as yours.
- Try to mostly have educational applications on the Ipad/tablet.
• Play the iPad/ Tablet with your child, make it an a social and interactive experience.

• Get a quality case – cases like Griffin, Life Proof and Pelican are all good places to start as they are made to be super tough!

• Manage how much time your child has on the Ipad/Tablet, review the guidelines above – general rules are:
  • Children aged 1 and under – no screen time
  • Children aged 2 years – no more than 1 hour per day (but less is better; and should involve an adult sharing the experience)
  • Children aged 2-3 – no more than 1 hour per day (but less is best; and should involve an adult sharing the experience)
You can purchase our information sheet with more information here.

You can also find our favorite apps list here.

How to set up an Occupational
Therapy Private Practice in the United Kingdom – Step 3

This is a follow on blog from our ‘Step 1’ blog which we recommend reading first. It also links to the ‘Step 2’ blog which (you guest it, is best to read before step 3).

TOPIC:

You are thinking of taking on a few private clients, maybe you work part time or want to eventually have a full-time private practice income. You want to know what to expect, what you need to actually do, and how much it is all going to cost… where do you start.

Well; we have done it all (both in the UK and Australia!) so let us give you our tips and advice to help inform your decision about whether you want to proceed and become an independent provider!

Also just for your information, we aren’t tech savvy enough to have set up affiliate links for this stuff just yet, so this is literally what we use.
It’s not hard to make it easy

WHAT:

Setting up a private practice can really take as much or as little work as you would like it to. There are of course key things that need to be in place, but a lot of the other stuff is really up to you. You can read Step 1 here, and Step 2 here, which outlines everything in more detail.

This information is for those who are already HCPC registered professionals with the relevant experience and expertise who are considering becoming independent providers. The information below is not suitable for non-qualified professionals.

HOW:

Please read through the whole blog posts (here and here) before you rush off and start registering for things; there is a lot to consider, which we have tried to outline for you!

We have already explained the must haves in our previous posts 1 and 2, so now we are up to………

You are thinking of taking on a few private clients, maybe you work part time or want to eventually have a full-time private
practice income. You want to know what to expect, what you need to actually do, and how much it is all going to cost… where do you start.

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It’s not hard to make it easy

HOW:
Please read through the whole blog posts (here and here) before you rush off and start registering for things; there is a lot to consider, which we have tried to outline for you!

We have talked through the ‘must haves’ and the ‘should haves’, and now we are up to the……

The ‘nice to haves’:
These are things that are good to have if you can afford them, or you can get them as you go along.

1. Business cards, especially if you are networking with GPs and schools or other referral sources. We also have
an A2 information sheet on what we do.

2. Landyards or t-shirts if you are wearing a uniform (we just have lanyards) so that you look official and people know that you belong to that company.

3. A clinic space or room, we tend to treat children in their homes (or at a play centre/school) however we are working on getting a space that we can treat at!

4. Social media schudauelling; so you don’t have to post every day. We use Stencil to create our images and Later to post them!

5. Accounting and admin support, if you can afford this, great!

KEY TIPS:

Don’t go into this lightly. It is incredibly rewarding but is a lot of work as well.

Think about all the elements and costings before starting, there will be hidden costs along the way so be ready for
If you don’t want to set up by yourself, talk to other providers in your area to see if they want to take a contractor on (we are starting to look into this more seriously now), as it might be a worth while conversation.

Think about what you are willing to do for free, there will be times that you want to just help, however there has to be (for your own wellbeing) a limit to that. Working for yourself you will need to decide this ideally before you will need to think about it. An example of this is that we will do a free phone call with families before starting working with them to discuss their concerns, however this is capped at a maximum of 1 hour.

There are lots of facebook groups that are worth being a part of, which have lots of great ideas and thoughts ‘Occupational Therapy Entrepreneurs’ is a great one, with others like ‘OT in Private Practice’. Search and see what is the best for you.

**FURTHER READING AND RESOURCES:**

Take a look at the OT Hub, which has loads of great information. There are also lots of podcasts available around setting up your own practice too.

We also love the ‘Dare to Lead’ book by Brent Brown; not related specifically to setting up but is a great book about leadership and refer back to.

We will happily provide supervision to those taking these steps, having been through them ourselves. You can find our pricing here.
Is the time now for you? Let us know and comment below if we have missed anything!!

How to set up an Occupational Therapy Private Practice in the United Kingdom – Step 2
This is a follow on blog from our ‘Step 1’ blog which we recommend reading first. It also links to the ‘Step 3’ blog which is out on Nov 10th.

TOPIC:

You are thinking of taking on a few private clients, maybe you work part time or want to eventually have a full-time private practice income. You want to know what to expect, what you need to actually do, and how much it is all going to cost…. where do you start.

Well; we have done it all (both in the UK and Australia!) so let us give you our tips and advice to help inform your decision about whether you want to proceed and become an independent provider!

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WHAT:
Setting up a private practice can really take as much or as little work as you would like it to. There are of course key things that need to be in place, but a lot of the other stuff is really up to you. You can read Step 1 here, and Step 3 here, which outlines everything in more detail.

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HOW:
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We have already explained the must haves in our previous posts 1 and the next one 3, so now we are up to........

You are thinking of taking on a few private clients, maybe you work part time or want to eventually have a full-time private
practice income. You want to know what to expect, what you need to actually do, and how much it is all going to cost…. where do you start.

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**HOW:**

Please read through the whole blog posts (here and here) before you rush off and start registering for things; there is a lot to consider, which we have tried to outline for you!

We have talked through the ‘must haves‘ and now we are up to the……….

**The ‘should haves’:**

These are things you should have or should be getting to start your private practice!

1. **Equipment to do the job and therapy that you want to do.** For example working with kids, do you have the right toys, books, scissors, markers, therapy balls or whatever else you may need? If not, start collecting or hitting the op shops (charity shops) to start building your collection (be sure to have an infection policy or toy cleaning policy!)

2. **Location, how and where are you going to deliver this intervention or assessment?** In clients homes (hello Lone Worker Policy or Plan, and Lone Worker Risk Assessments before you get there e.g. is there a dog I can expect at the home? Who else will be there at the time of the assessment?)

3. **Policies and procedures – how are you going to protect yourself and consider things before they become a problem.** I would suggest having at least: Terms and
Conditions (expanded below), Privacy, Consent to Treat, Consent to Communication e.g. email/ txt, Lone Working (or a plan with a partner of how long the appointment is and that you check in/out with).

4. Brand name; what are you called? This may the same or slight variation of your company name that you registered (for example we are mainly called Look Hear, but are registered as Look Hear Global). This is what you would call your facebook page or instagram. You may also want to consider here things like font, colours and images (again you can go as big or small as you like here), this is your ‘brand’.

5. Social Medias – at least have one, so people can find you! How much effort you put into this is completely up to you. Do think carefully about what sorts of things you want to share/not share on your page and what you want to say about your companies beliefs/ values.

6. Mission statement/ values – regardless if you share them with others. We found they are really helpful to think about what we want to stand for (or not) and what kind of consumers/ providers/ colleagues we want to be. You can have a look at our mission statement here.

7. Website, again this can be as well as social media pages or instead of; we know people who are just as successful with either or both. Lots of business pages will say to have ALL THE SOCIAL medias and websites and SEO etc…. all of that is really important if you want to be the next big thing. If you just want to start small and build up, pick one thing that is achievable for you to manage and start there.

8. Supervision; we cannot recommend this enough. We are supervised by the WONDERFUL OT 360, and we all know the importance of supervision generally but when you are setting up or thinking about your options and solo working, it is very much a should (and almost a must have).

9. Terms and conditions/ consent for treatment forms/
privacy policy; these can be as long or as short as you need them to be. They need to cover things like; how are you going to store and manage patient information, how are you going to ensure things are secure, are you using other apps for therapy (we use TheraTrak, and its on our consent form), are patients happy for you to email them (consent form for this), what happens if patients haven’t paid for services etc. Our terms and conditions and privacy policy are here, though they are slightly different for patient care as they are more for our website. Also if you have a website, make sure you have a privacy policy and all your rights reserved!

Also just a note here about what we use for invoicing and expenses; as mentioned we wanted to be able to send branded PDF invoices to our families, so we found Wave, which we use (there are paid and free versions).
KEY TIPS:

Don’t go into this lightly. It is incredibly rewarding but is a lot of work as well.

Think about all the elements and costings before starting, there will be hidden costs along the way so be ready for those.

If you don’t want to set up by yourself, talk to other providers in your area to see if they want to take a contractor on (we are starting to look into this more seriously now), as it might be a worth while conversation.

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pricing here.

Is the time now for you? Let us know and comment below if we have missed anything!!

How to set up an Occupational Therapy Private Practice in the United Kingdom – Step 1
WELCOME TO OCCUPATIONAL THERAPY WEEK!!

This is the first blog in a three part series outlining how to set up a private practice in the UK. Take a look at Step 2 (out 6th Nov) and Step 3 (out 10th Nov)!

TOPIC:

You are thinking of taking on a few private clients, maybe you work part time or want to eventually have a full-time private practice income. You want to know what to expect, what you need to actually do, and how much it is all going to cost…. where do you start.

Well; we have done it all (both in the UK and Australia!) so let us give you our tips and advice to help inform your decision about whether you want to proceed and become an independent provider!

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It’s not hard to make it easy

WHAT:

Setting up a private practice can really take as much or as little work as you would like it to. There are of course key things that need to be in place, but a lot of the other stuff is really up to you.

This information is for those who are already HCPC registered professionals with the relevant experience and expertise who are considering becoming independent providers. The information below is not suitable for non-qualified professionals.

This blog is aimed at those who want to set up their own private practice; there are loads of companies who are able to help you and guide you to do this. We didn’t use anyone specific in the UK (though have had friends use IMS Accounting) and used the WONDERFUL and AWARD WINNING Crunch Practice Solutions in Australia (who we cannot fault and still get coaching from every time we go home). Again it depends on how much money you want to start with and pay for with the setting up, and how much you want to do (or not do). A word of warning though, do make sure you know what the ongoing accounting fees are going to be so you are prepared.
WHY:
You might just want to see if you can do it, you might have loads of ambitious long term goals, you might just want a little bit of extra work on the side, you might want have more flexibility in your life, you might just want to be your own boss! There are so many reasons why you might decide to explore the idea of private practice!!

HOW:
Please read through the whole blog posts (here and here) before you rush off and start registering for things; there is a lot to consider, which we have tried to outline for you!

The must haves:

1. Become a registered company with Customs House. You will need to have a Name for your company (and there are rules about what you can/can’t be called) and fill in all the forms and pay the fees. Most private practices will be set up as limited company’s (but just make sure you read carefully depending on the goals of your business).

2. Get a business bank account; again this can cost as little or as much as you want it to, there are of course the big banks that offer business accounts, and there are also lots of App based accounts and software that is free or low cost. We use Tide, though there are lots of similar options including Stirling, Anna, Counting Up to name a few. Again have a think about how big or little you want to go and what you need the app to do for you. Some of these apps will also do things like invoices and expenses for you which is great; though we use a slightly different system as we wanted to be able to send PFD invoices with client notes.

3. Register with the Information Commissioners Office; this was something we completely didn’t even know was a thing, but is incredibly important for GDPR and general
data processing.

4. DBS (Blue Card in Australia) that you can produce. Many schools require to sight this on arrival, we have signed up to the update service so we know we are always in date.

OKAY – if you are up to this step now, you have a company, you are registered with all the people that are essential (I’ll share the extras next).

Pause for thought:

Before we move onto the ‘should haves’ and ‘nice to haves’, it is really important to consider how much or little you want to put into your private work.

If this is going to become your full-time job, and if you want to offer a polished and comprehensive service you might put in more time, money and effort, than someone who wants to have a small local caseload to compliment their fullword else where.

This is A LOT of work guys, even if you carry just a small case load. There are lots of decisions to be made such as:
Are you ready to take this step??

- **Is there a conflict of interest with your current work?** This is especially important when considering NHS services as there are often really clear guidelines available about conflict of interest. If you have left another company and want to set up yourself, make sure you read your contract for non-compete clauses (often they will have a certain mileage and time frame {usually 12 months} before you can work in a similar area).

- **What are you going to charge?** What are other people charging in your area? Are you offering something really different from them? We have decided to post all our pricing online (a controversial decision depending on who you talk to), though for us it was important for families to know our price point. Also we (like most people) like to know what things are going to cost before we sign up for them ourselves, so it was important that we extended this to our families.

- **How are you going to store clinical notes (this must**
also be inline with the ICO regulations)? Are you going to send summaries to patients after sessions? Are you going to write notes in session for patients?

- Are you going to charge for travel? Reports? Letters to school? This is your time (and therapy is expensive), what are your thoughts around this?
- How are you going to ensure you are non isolated? Are you going to pay for external supervision? Join independent practice groups?
- How will you continue to meet all your CPD requirements? This is especially important if you are thinking of going full-time – you will still need to meet your requirements (normally 30 hours per year).
- Are there other services or schemes that you should be registered with or for? In Australia and other countries you can be registered for some government schemes which rebate patients care. Look into what is around locally for you as it may be worth getting registered.
- How are you going to get your name out there/ advertise? This will be directly related to how many patients you are willing to take on (I would suggest you have a literal number in your mind to start with). Initially we started through word of mouth (through some other private professionals locally that we linked in with), as well as our website and some facebook posting.

If you have considered most of these things and have a plan or answer to these, excellent. If not, take some time to think about these things before launching in.
What are your meaningful occupations?

**Take a look at our next steps blog here!**

**FURTHER READING AND RESOURCES:**

Take a look at the OT Hub, which as loads of great information. There are also lots of podcasts available around setting up your own practice too.

We also love the ‘Dare to Lead’ book by Brent Brown; not related specifically to setting up but is a great book about leadership and refer back to.

We will happily provide supervision to those taking these steps, having been through them ourselves. You can find our pricing here.
Is the time now for you? Let us know and comment below if we have missed anything!!

Guest Post! What I wish I knew as a new grad Occupational Therapist!
TOPIC: What I wish I knew....

If you have stumbled across this blog post, you are probably a newly graduated occupational therapist! Congratulations on completing your degree! So ...what now?

If you are anything like I was, when you graduate, you are SO VERY READY to enter the workforce after many years of juggling studying and working casual jobs. As such, the prospect of starting your OT career is both equal parts exciting and nerve-racking!

The broad nature of Occupational Therapy can make it difficult to know how and where to start when you graduate. It’s likely, from university placements and possibly other work experiences, you’ll have some idea of your interest area in OT. But, depending on how your university decides your placements, where you live and the unique experiences you may have had leading up to graduating, you may not yet have gained experience in the area you think you might want to work in. This can make it feel like getting your ‘ideal’ first job in your area of interest, is going to be hard.
Below are a few pieces of general advice from us OTs who’ve been around the block.

When looking for your first job...

- **Apply broadly:** Yes, this may seem like generic and
obvious advice but really – apply as broadly as you can. Be open to different job opportunities that may be available to you when you graduate, even if, on face value, they might not seem like your “ideal job” (hint hint, nudge nudge, ideal jobs do not exist!)

- **Be creative:** If you’re concerned about gaining experience in your preferred field, think if there’s another way you can get this outside of your first job? I.e. volunteering, joining an interest group, doing relevant CPD/free webinars. Don’t forget to use your university as a resource as well.

- **Just go for it!**: If you aren’t sure exactly where you want to work, you’ve got nothing to lose! Jump right in and try something. Chances are you won’t know if you enjoy something until you try it.

Yay – your first job!

- **Look for a team environment:** A new graduate may find it easier, and have more support, if their first OT role is within a team environment and where they are not the
sole OT. This allows you opportunity to shadow and learn from others, ask questions often and learn about the roles of other health professionals. The sorts of environments you’ll most likely find such roles include hospital or community teams in the public/private sector, not-for-profit organisations and sizeable private practices.

- **Ask about supervision and training in your interview:** As a new graduate, ensure you ask potential employers about supervision and training. Good questions might include:
  - Is there a structured process as part of your new graduate training? i.e. periods of shadowing/observation, increased supervision or training to complete. This might be particularly relevant if the role is not advertised as a graduate role.
  - How often will you have supervision and who will this be by (i.e. by an OT or another health professional?).
  - And for private companies or smaller businesses – has the workplace had new graduates before?

- These questions will give you an idea if the workplace knows how to support a new professional and the unique learning journey they experience. For many grads, starting their first professional job coincides with their first time living out of ‘home’ and/or moving to a new place, and away from traditional supports like family and friends. With this in mind, it’s important you know your new workplace will be a supportive environment.

It should also be noted...

- Whilst we’ve just said team environments are likely a supportive way to start your OT career, working as a sole practitioner as a new grad has its benefits as well, especially in the long-term. Whilst those first
months will likely be a steep learning curve, the skills you will acquire in sole OT work, such as working autonomously, time management, and self-help skills are invaluable and will help you to no end in your career. Consider what type of person you are and how a role such as this would challenge, but also reward you. If you find yourself needing some extra help, have a look at:

- OT Australia Mentoring
- Plethora of Facebook pages for Paediatric OTs/interest groups around the world.
- ...or write a comment to use below! We’ll point you in the right direction.

**During your first job (and forever after)...**

- **Keep track of your CPD and be organised from the get-go:** No doubt, like many of us, you’ll have no trouble at all attending all your CPD when you start your OT career, however... like many of us... you might not be the best at documenting it. Believe us when we say – save yourself a meltdown in 5, 10, 20 years time and start a folder/excel spreadsheet early – and keep it updated. You never know when you might be audited by your professional body. Check your CPD documenting obligations here...
  - **Australia:** https://www.occupationaltherapyboard.gov.au/Registration-Standards/Continuing-professional-development.aspx
  - **UK:** https://www.hcpc-uk.org/cpd/

**Other quasi-inspirational stuff about OT...**

- OT is a truly global career and we have a professional body to prove it – The World Federation of Occupational Therapy. Our international existence opens up endless possibilities for you in your career. If you’re interested in working internationally, you’ve picked
Despite this, you will still find yourself explaining the OT role everywhere. You go. If it’s not to patients/clients, it will likely be to non-OT colleagues, and if it’s not them, it’s at every dinner party for the rest of your life. Take on the challenge (no doubt, as you did at Uni) and be an OT advocate about our great profession.

Any fixed ideas about what your career will look like, throw them out the window – it will look like something else and that’s exciting. You’ll probably start trying an area OT when you graduate and realise, you do or don’t like it as much as you thought, and this leads you onto roles and things you didn’t even know existed.

Good luck and happy OT-ing!

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Guest Post – Top 10 Tips for Adult Siblings of those with Additional Needs

**TOPIC:**
Top 10 Tips For Special Needs Siblings (from a sibling!)
WHAT:

When we are children, there can be a variety of emotions regarding our siblings. Maybe you were jealous because they got to do all the fun stuff such as horseback riding and playing in a really cool looking gym?

Maybe there were times that the sibling did something embarrassing in front of your friends or peers? Maybe there were just feelings of anxiety or loneliness because you were the only sibling at your school? These are all normal emotions of a child sibling but as we age, there are new roles that emerge when we become adults and those feelings are set aside.

We now become advocates and sometimes guardians over our siblings. Here is a top 10 list of things to help start conversations with parents and caregivers as the sibling enters adulthood.

**Cheryl’s TOP 10 TIPS:**

1. **Learn to communicate:**

We have to get our parents to communicate what the wants/needs are for our sibling. There are also professionals in our siblings lives and it’s incredibly helpful to know the language of the professional whether it be a psychologist, therapists, day program or job trainers, etc. The needs of the sibling should be clearly listed on an Individualized Service Plan or some other document. If the sibling is staying at home with the aging parent, ask why and what is the plan.
2. Support Networks:
Growing up I never had a support network. I was the only sibling in the town. I typically end up in parent support groups because there really isn’t many sibling supports. There are a few organizations like the American Association of Intellectual and Developmental Disabilities that hold conferences for siblings. There is also the Family Cafe in Orlando Florida that you will meet other siblings. I started asking parents if they had other children that I could talk to. This is so important. Times will be stressful. You will be sandwiched between taking care of an aging parent, special needs sibling, and your own family.

3. Have A Plan:
Have a plan! Have a plan! Have a plan! Start talking about the wishes for everyone involved prior to an emergency. This is not just for the sibling but your parents as well. Know where legal documents are located, where everyone is going to live, know facilities in the area if needed and get on waiting lists, etc. No one wants to have this conversation and our parents don’t think they will ever age but it’s much easier on
you the sibling if there is one. From experience, when the plan is not in place it is chaos. Can you afford to leave your family and job for 2 months to sort these items out?

4. Financial Needs:

These will vary from state to state (and country to country) but at this point most US states have special needs trust accounts as well as ABLE accounts. Money can be placed in these accounts and will not go against your siblings benefits. For more information, I recommend finding a special needs law attorney and they will let you know what is available in your state/country.

5. Guardianship/Power of Attorney/Health Care Proxy:

Know what legal documents you need. For your parents, make sure you know who the power of attorney and health care proxy is. If these documents have not been generated, make sure you do so. Wills are also needed. You can not will a human so your sibling oversight can not be written it. Financial needs can be as mentioned in number 4 but not who will take care of the siblings or where they go. This is where guardianship if needed and POA and HCP need to be done prior to parents passing.

6. Know your own limits:

If you can not handle or want legal responsibility for your sibling, that is fine. Just make sure this is communicated. There is nothing wrong with knowing your limits. There are professional guardians if needed. You can also review our blog post about when to ask for help here.

7. Connection:

You may have to take on a new role. You aren’t a brother or sister anymore if you take on guardianship of your sibling.
This is all legal responsibility. You may have to establish a different connection with your sibling and that’s ok.

8. Take care of your own mental health:
This falls under self care. When the time comes, you will be juggling a lot. It really is a much easier transition when you have a plan and take on the responsibilities when it’s not an emergency. Seek someone to talk to and a professional if needed. There is no shame in that.

9. Service Above Self:
Just remember it’s not about you. If parents shut down and don’t want to talk – it’s not about you. If you sibling begins to display behaviors, it’s not about you and they just want to communicate. This is the hardest one to remember.

10. You still have a life:
When everything is said and done, you still have your life. You may have a family or responsibilities to an employer. Once again, this is why it is helpful when a plan is in place.
FURTHER INFO:
Check out our siblings page here.
In Australia: Contact Siblings Australia
In the US: Contact The Sibling Support Project
In the UK: Contact Sibs UK

What is a Whole Class Approach?
What is a Whole Class Approach? Why do therapists talk about it so much?

WHAT:

Being a teacher in this day and age is hard! There are so many expectations and deadlines and benchmarks to meet, all while trying to nurture and teach the next generation.

A big part of therapy is ‘embedding the therapy into everyday life’ and of course this does not just mean at home but also school.

How can therapists expect teachers (who already have so much on their plates) to suddenly understand and support the children in their classes that are accessing therapy?

Good question! Firstly as therapists at Look Hear Australia, there is no expectation of teachers to do this (just for the record).

One thing often talked about is the Whole Class Approach. This is basically taking some of the key elements of the therapy goals and adjusting them to be able to suit the teacher and the class. This means that hopefully (if done well) the teacher is able to embed this ‘therapy’ into their class easily and without added stress.
WHY:

It is widely known that if therapy can be embedded into everyday life, that there are many more positive outcomes for the child compared to a weekly therapy session. If parents can do some therapy at home (post on this coming soon!) as well as some things at school, the child is getting incidental therapy that doesn’t feel like ‘work’ and is in ‘real life’ and not an artificial environment of a therapy room.

Kids also spend a good chunk of their time at school so it makes sense to have some therapy there (HOWEVER – that doesn’t need to be at the expense of the WONDERFUL teachers sanity!!).

HOW:

So – how can this been done as ‘whole class approach’?

** Please note, this section on ‘how’ is designed for teachers (Feel free to point your child’s teacher to this post if you have talked about Whole Class Approaches and they aren’t sure what you mean)

Key Tips for Teachers wanting to adopt a Whole Class Approach:

- Firstly – do what you can. You don’t have to do every
single thing that is recommended in the therapists’ report. Anything that you can incorporate will be beneficial and no doubt you have already added some similar things that have been recommended into your day already. Also it doesn’t have to be every single thing every single day.

- Take the things that work for everyone. Often therapists will recommend things like “movement breaks” – this could be a game of “Simon Says” for the whole class as a transition between tasks. Or simply a full class toilet break (which you are probably already doing, hence no need to add to much more in).

- Visuals work for everyone (think traffic signs) and there are LOADS of free ones that can printed and used straight away. Take a look at our Visuals page if you have been told to use visuals. Sometime therapists are able to help out here by providing visuals they can email or print for you.

- Use the ideas that are working for your class. You might trial “Simon Says” and find there is just fights into lunchtime about who won. In which case maybe a dance video on the smart board might be more suitable.

- Sending children who need more movement or sensory breaks on “errands”, children who may need more breaks that you can provide as a whole class might be the child to take the tuckshop bag up or take some books back to the library. These tasks can be a good way of children having a break in a socially acceptable way (even if you don’t need library books) as it is less obvious and enables you to continue to teach the rest of the class.

- Adaptive equipment. Sometimes therapists recommend pencil grips, specialized seating and other equipment (normally with a sensory based adjustment in mind). To make this a Whole Class Approach you might have different “equipment” (cool pencils etc) available to the rest of the class.
KEY TIPS:
It is ideal to have some therapy embedded into the class day, however this needs to be throughout as to not add extra work or stress to the teachers. You can also look at our Education and Schooling page by clinking on the link.

FURTHER READING:
Take a look at the Inclusive Schools Network website at they talk a lot about the advantages of inclusive teaching.

Together We Learn Better: Inclusive Schools Benefit All Children
The journey to becoming an Inclusive School may be long and challenging at times, but ultimately this journey can strengthen a school community and benefit ALL children. “Inclusion” does not simply mean the placement of students with disabilities in general education classes.

Parents Day 2019 – Top 5 Apps for new Mums and Dads!!

Guest Post
This month we have a guest post!! Farrah is a writer, millennial, and single mother of two – one living daughter, and one son not. She had both children while attending university, and is now studying a Masters degree. She frankly
details life, pregnancy and parenting after the loss of a child, on her blog and Instagram. Today she has provided her top app picks for Mums and Dad for us!

You can find her website here!

The fact of the matter is that technology has very much taken over our lives. If there’s not an app for it, I grumble. I don’t remember the last time I used my bank card other than out of sheer necessity when the shop hasn’t caught up with the times. Rail cards? They’re digital now. Everything is done in the realms of the web these days.

So, as with the rest of life: Motherhood? There’s an app for that!

Here are my top 5 Apps for new Mums and Dads!
Peanut

Tinder isn’t very mum friendly. That’s just a fact. And okay, Bumble has a friend’s side, but nobody truly understands the need to go to a cafe with a soft play and quietly pretend that that child isn’t yours like another mum does.

Nobody else can understand the organised chaos that parenting is, like another mum. You will find that when you go through particular life events your friends who have not yet reached that point will start to slip away. Married? Single friends tend to fall a little by the wayside, the fault of all parties. So check it out! Made by women for women, I met one of my good mum friends on it.

Kidadl
Kidadl / Hoop – these two apps are quite similar, and you’d be forgiven for having heard of Hoop and not of Kidadl.

What Kidadl has that Hoop has not, though, is a section on free stuff, and who doesn’t love free stuff? So if you’re lacking in things to do with your offspring, whether they’re 6 weeks or 6 years, you’ll find something on either of these apps. They both pretty much have the same content when it comes to activities.

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**White Nosie Apps**

It’s supposed to help babies sleep, but frankly it helps ME sleep. Can’t go wrong with that. There’s various different sounds from Air Conditioner to Frogs At Night (these two are right next to each other and there has been times where I’ve accidentally pressed “next” and in my half-asleep daze wondered where the frogs were). There’s a free version and a paid version.
The Wonder Weeks

A week by week breakdown of baby’s leaps in the first year. Handy at explaining those grouchy behaviours when it seems like nothing you do is working. It’s based on due date and generally fits the bill, of course it’s not one size fits all but nothing ever is.

Feed Baby

Feed Baby – the paid version. Everything to do with your baby in one app. Weight, feeds, immunisations, baths, medicines, the lot. Very useful in the first months where having an accurate record of feeds and nappies was like the holy grail. Same with medicines – only 4 doses in 24 hours? When was the last Calpol? Forgotten are the days of “when did I last…..the baby?”. I used it religiously for around six months, tracking
every nappy, feed, and sleep.

Apps a great way to help us with everything from parenting to play; what are your favourite apps?? Check out our top apps here!

Farrah @SomethingRosier

Why do Therapists give me home programs?

Why are therapists family focused? Do we have to be involved? Are home programs that important?

WHAT:

Therapists talk about being “family centered” or “family focused” all the time. What does it mean? Why are therapists family focused?

And why do I as a parent, keep getting homework from my therapist? I thought going to therapy was enough? Aren’t they
meant to do it all?

**WHY:**

We know that children learn the best from their parents (and research tells us this!). That is because they love their parents and their parents love them (we call this secure attachment). When a child falls over, they want to run to their Mum or Dad to get reassurance about the world.

When accessing therapy, it is better for the therapist to teach the Mum or the Dad (or caregivers) how to do the intervention as the child learns faster and better from them (rather than the therapist).

This means that families get a better quality therapy and goal outcomes (because the little ones are learning faster and better off Mum and Dad) but also more value for money as they are able to take bits and pieces and add them into their daily life at home (which means therapy continues more than just in the session).

Sometimes parents can get caught up on having to do ‘everything’ when it comes to therapy home programs. While doing everything prescribed is awesome, even just focusing on one or two things will still be beneficial (as kids learn best of Mum and Dad). It is important that you don’t burn out, especially if you are seeing more than one professional, where you might be getting more than one program.

Home programs are basically the therapy homework that families get given to work on at home (because kids learn best off Mum and Dad).

**HOW:**

If your therapist is giving you homework – ask what is the most important element is to work on and focus on that.

Just be involved in therapy! Ask questions and make sure you
understand what they want you to work on for that week or coming months.

And of course loving and enjoying and playing with your child (whether they have additional needs or not) will improve their development!!

**WHO:**

Who can help?

GPs, teachers, child care staff, other parents, OTs, Speechies, Psychologists, community nurses.

**KEY TIPS:**

Love your child, play with them!
Play
Hi everyone, Tim here. I’ve been in Montreal last week at the International Society of Autism Researchers (INSAR) annual conference. This conference brings autism researchers from around the world together to discuss and share the leading research into the autism spectrum.

**Highlights from Day 3:**

**Transitioning into adulthood**

Are healthcare providers ready to transition ASD teens to adulthood:

Lisa Croen discussed research into clinical providers in California and their ability to support teens transitioning into adulthood.

**Sex differences in health outcomes:**

Julie Taylor discussed sex differences in ASD health outcomes, particularly in transition time points.

You can read more of Julie’s research here.
So much Science and Research over the last 3 days!

**Take home message:**

Services are often underfunded in supporting ASD teens transitioning to adulthood, and this group is often underserved. Ongoing research is required to provide input to governments and service providers on best practice for transitioning teens.

**Also while at INSAR I have discovered so many other great resources, which we have listed below.**

- **Bostons Children’s Hospital**
  - Wonderful stories on going into hospital and what to expect for those who need some preparation. We will be adding this to our resource page for Hospital and Emergency!
- **Molehill Mountain**
  - This was a new discovery for Look Hear from INSAR, we are yet to test it our selves but it looks awesome!
- **Boston Medical Centre**
This Centre has bucket loads of resources available, and are well thought out and visually pleasing. Also has information helpful for siblings too!

- Autism CRC

- This is an Australian website that has loads of links to Universities throughout Australia and NZ, as well as lots of programs and resources available (we have done the Secret Agent Society Training and would recommend!!)

Happy Days! We hope you enjoyed our reflections on the INSAR Conference 2019!!
around the world together to discuss and share the leading research into the autism spectrum.

**Highlights from Day 2:**

**Multimodal Measurement of Sensory Processing**

Measuring sensory reactivity reliably:

Teresa Tavassoli discussed the difficulties in accurately measuring sensory reactivity in autistic individuals.

I am part of Teresa’s team and you can find out more information here.

This is my poster! You can find a downloadable version here.

**Lessons from psychophysical studies of somatic sensation in autism:**

Carissa Cascio spoke about psychophysics, and in particular...
how tactile perception relates to ASD traits.

You can find our more about Carissa’s research here.

**Neural habituation of sensory stimuli:**

Shula Green described sensory over-responsivity and functional neuroimaging. She discussed differences in neural connectivity to touch and sound processing, particularly over time.

**Relating abnormal tactile processing and cortical dysfunction in children with ASD:**

Nick Puts continued the discussion on cortical differences in tactile processing in ASD individuals.

**Take home message from these sessions:**

The assessment of sensory reactivity in autistic individuals requires a multimodal approach that takes into consideration both questionnaire and observational methods. This should include measurement of perception (internal state) and not just reaction (external reaction).

**Psychiatric Comorbidities**

**Adverse childhood experiences:**

This talk by Amy Barrett highlighted the large percentage of ASD children who have adverse childhood experiences, including trauma, and how this is often overlooked in research and in clinical settings.

You can find out more about Amy’s research here.
ASD and suicidal behaviours:
Paul Lipkin advised on his research on suicide behaviours in children and adolescents with autism and their access to medication and interventions. In particular, he looked at exploring factors contributing to suicidal behaviours.

Emotion dysregulation as a risk factor for suicide:
Caitlin Conner outlined her research and showed that increases in emotional dysregulation are correlated with higher reported suicidal ideation.
You can find out more here.

Depressed mood and interpretation of neuroscience data:
Katie Gotham spoke about how depressed mood in autism may obscure our interpretation of neuroscience research data. Analysing mood, anxiety and attention may help interpret research findings more accurately.

Group CBT for ASD and anxiety:
Audrey Blakeley-Smith presented on findings of a trial of group CBT for anxiety in a group of ASD teens with anxiety and intellectual disability.

Executive functioning:
Laura Anthony discussed an online executive functioning intervention – Unstuck. This online program allows for a self-paced, parent led intervention with tips and support.
Take home message:

Whilst research is making strides towards understanding psychopathology in autism, and in particular defining specific vulnerability profiles, there is still a lot to explore. Children with autism are also more likely to mask disorders like anxiety, or not be picked up by standard measures of psychopathology.

If you would like more information or resources, check out our pages on Mental Health or our HUGE Resource Library.

INSAR Conference 2019 – Day 1
Hi everyone, Tim here. I’ve been in Montreal last week at the International Society of Autism Researchers (INSAR) annual conference. This conference brings autism researchers from around the world together to discuss and share the leading research into all aspects of the autism spectrum.

There were too many sessions and discussions to get to all of them, but I will be talking about the sessions that I was able to attend.

## Highlights from Day 1

### Autism and Mental Health

#### Autistic Burnout:

Discussion around Autistic people feeling overwhelmed by the sensory and social environment leading to burnout and meltdown. Christina Nicolaidis spoke about autistic burnout and its impact on adults. Currently there is little research into this area as a stand-alone phenomena in mental health.
You can find more about Christina’s research here.

**ASD and Childhood Trauma:**

This talk was about understanding specific indicators of traumatic reactions in autistic youth. Researchers (Connor Kerns et al.) are developing criteria to better understand and diagnose trauma, including PTSD, in children.

You can find more about Connor and her team here.

**Self-injury:**

Dr Rachel Mosely spoke about self-injury without suicidality in autistic people. Her research looks at the why some autistic people injure without suicidal intent, and what predictors might help understand risk.

You can find out more about Dr Rachel and her research here.

**Assessing suicidal behaviour:**

Cecile Bardon spoke about how to engage people with ASD and intellectual disabilities to prevent suicide. In particular how to adapt services to meet those client’s needs.

You can find out more here.

**Safety Planning Intervention (SPI):**

Brenna Maddox described how her and her colleagues are investigating how to mitigate suicide risk in autistic individuals, including how to inform future clinical guidelines.

You can find out more about Brenna’s research here.
Suicide and ASD:

Anne Kirby discussed suicide in the autistic community. In particular, her research looks at the extent to which co-occurring mental health difficulties influence suicidality.

More information about Anne and her research can be found here.

Emotion regulation and therapeutic alliance in CBT:

Carly Aubaum spoke about how the therapeutic alliance can make CBT more accessible to autistic children, and enhance the therapy outcomes.

Emotion dysregulation in adolescents:

Virginia Carter Leno described research around the drivers of behaviours that challenge using physiological response measurements. She asked an important question; is it defiant behaviour or poor regulation strategies?

You can find out more about Virginia here.

Problem behaviours, GI problems and Internalising symptoms:

Brad Ferguson is currently completing research into the link between gastrointestinal problems, behaviour and internalising symptoms in autistic individuals.

If you would like more information about Brad’s research you can find more here.

Anxiety in ASD and ID:

Breanna Winder-Patel discussed her research around understanding anxiety in children with ASD and an intellectual
disability. In particular developing specific anxiety measures within the ASD population.

You can find out more here about Breanna’s projects and articles.

Quality of life:
Bethany Oakley spoke about how individual differences in QoL impacts on the development of mental health in autistic people.

Molehill Mountain:
Sophie Carruthers presented on a new app to support autistic children and adults understand and manage anxiety and worries. The app is called “Molehill Mountain”.

Sophie’s research and articles can be found here.

You can also find out more about the App itself here.

If you want to look more into some of our favourite apps and some of our reflections on research, take a look around our site!
Guest Post! Overcoming Adversity – The Complex World of Autism and PANS

E’s Journey: The Complex World of Autism and PANS

E was diagnosed with autism at 2.5 years. E developed a complex Motor Movement Disorder and Tourette-like symptoms at 5 years. Intellectual disability followed.

My Journey:

When at high school many years ago, I always remember an English Assessment being “Overcoming Adversity”. At the time I never knew the impact this very deep theme would have on me.

Age 5

Around age of 5 we noticed Enosh was tripping over more often.

We were noticing some increase in aggressive behaviours when Enosh would develop a virus. He would swear more, his anxiety would grow and he was more clumsy than usual. Enosh would then get over the virus and within 5-6 weeks he would return to his Autism baseline. I would question myself “Are we
overreacting as parents?”

I started to tract data and filming Enosh when he was sick, (as further documentation for the doctors’s). Enosh developed a movement disorder at 5 years of age. These included chorea-like movements, as well as tics, ataxia and tremor/s. He was hospitalised but with no real answers. Enosh’s condition would wax and wane. As a result of this waxing and waning, making a formal diagnosis was difficult. Enosh had a relapse when he was 8 years old and he looked like he was having as stroke. We rushed him to hospital. The Doctors had no idea what was wrong as MRI presented normal.

From this point on, I decided to do more research and discovered the condition PANS. (Pediatric Acute-Onset Neuropsychiatric Syndrome)

March 2015

Enosh was presenting with neuropsychiatric symptoms and increased movements. We then did something that was probably goes against various health policies. We drove straight from Rockhampton to Brisbane (620 kilometres/ 8 hours) and turned up at Lady Cilento Childrens Hospital Emergency Department. Enosh was examined and I expressed my concerns that I believed Enosh had PANS. They took my concerns very seriously. Enosh was hospitalised and further testing was completed, though they couldn’t validate my suspected diagnosis. Enosh was diagnosed with Complex Motor Movement Disorder, Tourette’s, and again Autism.

Within 6 weeks of discharge, I was not convinced with this diagnosis. I was still very concerned and pushed for a cognitive assessment to be completed on Enosh. His IQ was presenting very low. An IQ assessment confirmed extremely low range. I started again to tract all his school work and could see the cognitive decline. Enosh was losing memory. Enosh has always had very high thyroid antibodies. They were now sitting
at 1500. Levels should be 5. I asked my GP to order bloods every 3mth. She agreed. My theory of Pediatric Acute-Onset Neuropsychiatric Syndrome was now very obvious and clear to me. I just needed some concrete evidence.

I have a wonderful medical Professor knowing my every move. He never doubted me and encouraged me to keep tracking. The more I researched the more confident I became in presenting my case. Our Professor also had been watching Enosh closely and agreed he was not the same child he had meet 4 years ago on an outreach clinic to Rockhampton.

**June 2016**

The Professor suggested we see a world leader in autoimmune disease and the brain. However, one does not refer interstate unless necessary. The only issues was this Specialist was in Sydney; 1400km away. In June 2016 we made the long 4 day drive to Sydney as Enosh’s anxiety was too high and he would not board a plane.

Within 30mins of consulting, the Neurology team believed in me. Further testing had to be completed which included a lumbar punch.

Within 6 weeks we had the answer. They were able to trace neopetriens double the level in his spinal fluid. This is a marker for inflammation in the brain.
I felt great relief that my years of research were going help Enosh’s future. Having said that we have a long way to go. Enosh commenced aggressive treatment within a week after seeing the neurology team in Sydney. Enosh has now had 10 massive steroid pulses to try slow his regression. He is also having IVIG infusions every 30 days, and more recently commenced mycophenolate (anti-rejection / immune modulating medication) This treatment will be ongoing.

The amazing part of the journey is that Enosh is now contributing towards Research in Children with Autism. Some children with Autism have an immune system that is dysregulated.

I will do my best to continue to represent Autism / PANS.

I am one of those fortunate people who knows that I go home knowing have I made a difference in my community through Advocating for my child.

**To parents and carers. Never give up.**

The best reward is having 2 boys with Autism.

I have overcome Adversity.

Thanking you.

You can follow Sonia’s Journey here

You can find helpful information on families, schooling and sibling support by clicking on their respective links.
Sleep Week 2019! How to promote sleep in my child?

Why is Sleep important?

Sleep is just as important as food, shelter and safety. It allows the brain to recharge and the body to regenerate. Healthy sleep allows people to function at optimal alertness.

Healthy sleep requires:

- Sufficient amount (time)
- Uninterrupted (quality)
- Natural sleep cycle (circadian rhythm)
- Age-appropriate naps

Children need sleep to be able to:

- Remember what they learn
- Pay attention and concentrate
- Solve problems and think of new ideas
- Grow muscle, bones and skin
- Repair damage and injuries
- Fight sickness

For Children – different ages need different amounts:

- Babies – 12-15 hours throughout the day and night
- Toddlers – 11-14 hours/day
- Young children – 10-13 hours/day
- Older children – 9-11 hours/day

How to promote healthy sleeping habits in my child?

- You will need to be consistent bedtime routine (bath, teeth, story, cuddle for whatever works for you family)
- Consistent wake up time for children with enough time to ‘wake up’ before placing demands (getting ready for school)
- Ensure that there is a consistent bed time
- Enough physical activity and outside time during the day
- Reduced screen time before bed (usually no screens within 2 hours of the bed time routine starting)
- Enough fruit, veggies and water throughout the day
- Dark and cosy room and space that promotes sleep and staying sleep
- Modelling the importance of sleep as a family, ensuring that you too are following some/all of these suggestions shows kids the importance that Mums, Dads and Caregivers put on sleep too!
If your child is having difficulty sleeping, a Psychologist or Occupational Therapist may be able to help.

For more information and further resources that might be able to help – LHA Sleep Page and Sleep Council

Child Mental Health Week 2019: Using Sensory Processing to look after my Mental Health
**Topic:**
How can I use my senses and sensory processing to look after my mental health?

**Why:**
According to Sutton and Nicholson (2011), sensory-based treatment has been identified as an effective treatment approach for clients who are distressed, anxious, agitated, or potentially aggressive and as an alternative for more coercive actions; they also determined that sensory modulation approaches are particularly helpful for people with trauma histories, PTSD, and self-harming behaviours.

Scanlan and Novak (2015) did a scoping review (summary of new research areas) regarding sensory approaches; a total of 17 studies were included in the final review. A range of sensory approaches were evaluated. In general, service users reported they were useful for self-management of distress. Positive outcomes demonstrated that adopting sensory approaches may help reduce behavioural disturbances, empower staff and consumers to build positive relationships and provide simple positive and inexpensive strategies that can be used post discharge.
**How:**

Alerting Activities; are the activities that help prepare our brains and body for productivity by ‘waking up’ our bodies sensory systems.

Calming Activities; these activities are aimed at calming the body’s sensory system by being centred and ready for learning/productivity.

**Touch**

- A warm bath (calming)
- A big hug (calming)
- Sequin pillows (calming)
- Velvet (calming/alerting)

**Taste**

- A sour sweet (alerting)
- Chewing gum (calming)
- Something crunchy (calming)
- Something cold (alerting)

**Smell**
- Aromatherapy (calming/alerting)
- Vanilla and Lavender (usually calming for most)
- Peppermint (usually alerting for most people)
- Choosing a shower gel that you like (depending on the smell – calming and alerting)

**Sound**

- Listening to calming music (calming)
- Listening to rock music (alerting)
- Quiet time or space (calming)

**Sight**

- Watching a sunrise (usually calming)
- Watching fish swimming (usually calming)
- Lots of flashing lights or colours (alerting)

**Movement**

- Going for a run (calming)
- Rocking in rocking chair (calming)
- Big breath out – blowing bubbles out (calming)
- Jumping and spinning (alerting)
Balance

- Spinning (alerting)
- Swinging (calming)
- Rocking in a rocking chair (calming)
- Jumping and crashing (alerting)

Further Information:

Key Tips:
- Find what works for you
- Check out our page on Mental Health here!
Whilst in Botswana, we met a young girl named Leina. Leina is 3 years old who lives in a small village in the Okavango Delta with her parents, grandparents and siblings. She was initially introduced to us as “the disabled child of the village” as she was unable to walk due to what appeared to be a congenital foot malformation. Leina’s movements around her house and village were restricted by walking on her knees, and there was
significant muscle atrophy in her calves.

We spoke to the local guide and asked him if it would be appropriate to offer our assistance and take a look at Leina and her legs. Once consent was gained from her parents and Leina herself (through the local guide translating and explaining what we wanted to do), it was established that there is a good chance she may be able to walk with the support of appropriate equipment.
The Village and Leina’s family taking in what was being discussed. Leina’s parents, the local guide and our tour guide all requested any help we could offer. It was explained to us lots
of tour groups drop off sweets and books but this does not help her to move about like her siblings and peers. In discussion with the group and Leina’s parents, it was agreed that equipment could be utilised to support Leina walk and interact more with her peers. Given the terrain and availability of resources (not just physical resources, but also the ability to monitor her progress and ensure that she was safe with whichever equipment was provided), the most appropriate piece of equipment would be a walking frame. We have had previous experience building a wheelchair out of piping and we explained that with a trip to the local hardware store we should be able to whip something up in the afternoon.

*Security Check Required*
*No Description*

The wheelchair we made out of piping previously. We were able to source shin pads to protect her knees while she is learning to walk (as walking on her knees is her current mode of moving around), and were able to build a walking frame out of copper piping. What was special was that it was not just one person helping, but everyone wanted to be involved. The tour guide arranged the materials, the tour group purchased the materials, the camp site management organised two workers to cut and weld, as well as transport to and from the village, and the village got behind and were supporting the family. It really does take a village to raise, and support, a child.
The Shin Pads
As a group we decided from the beginning that we did not want to just support Leina and her village for one day. Our overall goal is for Leina to be able to access education with her peers. We hope that we can continue to be involved with Leina and her community, and support the whole village in their journey.
The building...
You can find out more about Hope for Boro here.

You can support Liena here.
On The Go Tours, who we toured through have shared Leina’s story here.

How we choose the websites we feature....

Topic
How we choose the websites we feature

Why:
It is important for us to be transparent about how we are choosing our websites – it’s also important for our community to know how we do this.

How:
There are several key things we ask ourselves when we chose a website. They can been seen in this chart here:
Firstly, and most importantly, we must have had personal experience with the website or product. That could be us as a LHA team or any of our contributors. It has to be a resource that either ourselves as a team or our contributors have used, read, trialled first-hand, as well as something that we think will be useful to other families or professionals.

We want to ensure the resources are evidence-based, however we also know there are lots of treatments and services that have less of an evidence base that have worked for others. We want to feature them but, of course, we are always transparent. This could be around the limited evidence or that we advise caution when looking into those resources – however we don’t want to discount them completely.

We, of course, we will never be taking money to have websites featured on our page – we make our money in other ways (namely treating children face-to-face – also Amazon Affiliate marketing etc), and LHA is not a paid library (and never will
The single biggest problem in communication is the illusion it has taken place.

George Bernard Shaw

Our How and Why – The Reasons
Behind an Online Library

Topic: The reasons behind an online library – Why Look Hear Australia?

Why did you start LHA?
I want it to be a long-term resource that I can use for my therapy, so I don’t have to send stuff to families or create things for families all the time. I want to empower families to do that for themselves and I want these resources to be available for therapists who are time poor.

How did you decide on a blog/website?
I also want it to be online or cloud so I don’t have to have all these resources on my computer – I can have an iPad or tablet for work, as then all the resources are available to me wherever I am.

Who are you writing a blog for?
Myself, other professionals and families. I am writing it and hosting it so it is a place for parents and professionals to get bite-sized, high quality information and then be able to point them in the right direction for more (expert) information.

What types of values and beliefs do your audience have?

- Professionals; valuing the child and family as
unit and being family-centred.

- Parents and Professionals; a want for high quality information that is easy to read and understand.
- Parents; curious about their child and wanting to know more.

Who are your audience?

- Parents
- Professionals – Allied Health
- Teachers
- The wider community

What style of Blog did you want?

Want:

- Easy to read
- Simple and clear
- Expert and evidence-based

Don’t want:

- Wordy
- Heavy
- Hard to read
- Selling things – pushy

Further information:

Find out more about us on our about us page here!
Parents: What is the difference between a melt down and a tantrum?
What is the difference between a meltdown and a tantrum?

This is a tricky question! Every child has tantrums – it is actually an important part of typical development.

Children with disabilities can sometimes have meltdowns; a full “computer shut down and restart”. This can happen for many reasons that can be sensory-, communication- or emotionally-based. The reasons will be different for each child.

It can be tricky to work out what types of behaviours are “tantrum” and which are “meltdown” based.

Tantrums:

- Child is usually telling you what they want e.g. “I want an ice cream”.
- Child will stop crying/hitting/screaming when they get what they want.
- Child looks and checks you are watching them.
Child keeps themselves safe during.

**Meltdowns:**

- Child is not communicating at all e.g. no words, pointing etc.
- Child does not stop when problem is fixed.
- Child does not check that you are watching them e.g. they are in their own world.
- Child may not be concerned by their safety e.g. head banging.
- Child only stops when they have “calmed down” or “worn themselves out”.

**Both:**

- Hitting, screaming, biting, crying, kicking.

Check out at Behavior Page here and our blog post on looking after yourself as a parent here

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**Why we are an Amazon**
TOPIC:
Everyone loves Amazon! And we do too!

Why is LHA an Amazon Affiliate?
We are Amazon Affiliate Marketers, meaning we can link to a product directly from Amazon, and if someone buys it, we get a percentage of that purchase.

WHY:
- Helps us keep our costs down
- Helps us run the website for free
- If you are ready to buy immediately – it is easy, especially if you use Amazon already!
**HOW:**

- If you are ready to purchase one of the products or books we recommend, you can just click on the Amazon link and it will take you directly to Amazon!
  
  - Its the second link/picture you can click on – as seen below!
  
  - Then purchase the item, and wait for it to arrive.
- At the end of every month, Amazon send us a small kick back from the people we have referred.

**REMEMBER:**

- At LHA we are still only recommending items and books that we or our collaborators have had direct personal experience with.
  
  - We will always link to the original publisher first.
  
  - LHA promises we will never be bombarding you with “buy this here now!” from Amazon.
- Also it makes it easy for parents and professionals as they can add to their basket immediately, after reading about it on LHA.
**Five of the Most Common Questions Clinical Psychologists get asked!**

**TOPIC:**
What are some of the most common questions Clinical Psychologists get asked?

Q: How long will treatment take?

A: Treatment depends on the age of the child, their presentation and type of therapy they are engaging in. Typically therapy would start with 6 sessions, after which there would be a review of the child's progress. After the review the therapist and family would make further decisions...
Q: What is challenging behaviour?

A: Challenging Behaviour/s are any behaviours that have the potential to cause harm. This could include harm to self, harm to others (including animals), and damage to property. Challenging Behaviour any is behaviour that may also result in the child or young person being excluded from accessing community-based activities. This typically includes education, sporting activities, clubs, and community locations such as shops.

Further Info:
Talk to your therapist if you are concerned about your child and possible challenging behaviours.

Q: What do you do in your sessions?
A: This again depends on the age of the child, their presentation and type of therapy they are engaging in. This can include therapy involving talking, play, art, and other techniques (however these may require the psychologist to have completed extra and specific training).

**Further Info:**
Talk to your therapist, as this is highly specific to the child and family situation.

Q: Why do you give parents homework?

A: Often parents will be given homework to reinforce what has been completed in the session/s. This is because the research tells us that when parents implement the suggestions from therapy at home, their children are more likely to make faster gains throughout their treatment. Parents who are engaged with their child’s therapy are often more responsive to their child’s needs. This means that they are often able and likely to identify and respond to problems when they arise. Sometimes therapists will give the parents themselves homework to help them to become more
engaged in their child’s journey. This may also include being giving tasks to help them identify and respond appropriately to their child’s evolving needs.

**Further Info:**

Talk to your therapist, as it is important that the homework provided to you needs to fit in with what your child’s therapist is working on.

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Q: What training have you completed?

A: Psychologists in Australia, Europe and the UK have to complete a minimum of 6 years training to become registered under the protected title of Psychologist. In Australia, this usually includes a four-year undergraduate degree, followed by two-year post graduate study (i.e. a Master’s degree, Doctorate degree or supervised practice). In the UK, this usually includes a three-year undergraduate degree and then a three-year Doctorate degree.

**Further Info for those interested in becoming a Clinical Psychologist:**

APRHA which is the regulating body for Psychologists in Australia

Australian Psychological Society on how to become a Psychologist.
App Review: Why we love Theratrak!

We have been lucky enough to know Laura Simmons from Theratrak since the beta stages of the app.

She has worked incredibly hard to develop an app focused on easy, user friendly home programs for parents and professionals; and I must say, she has done a stella job.

Laura is going to change the world with her app! We are so glad we have been on this journey with her, and can’t wait to
see what else she does!!

8 Things we love about Theratrak:

1. It’s instant. You can do it in session, take photos of the kids doing the exercise and it just happens right there and then. There is no extra work that has to happen behind the scenes or when you leave the session.
2. Theratrak is individualised. Each child and their family has an individual program with photos of themselves – not of some image off google. Making treatment programs individualised is something we do really well at OTs and I am glad Laura hasn’t lost this in her app.
3. It’s secure. It is a really safe and confidential app. The app is password protected and all the photos are not stored on your phone, only within the app. Parents can have a login in to view the program, as you do as a health professional.
4. It works on your smart phone. It is portable and easy to use, so you don’t need to do any extra paperwork as it all can be done right there in the session.
5. It’s made by one of us – not a tech giant trying to solve a problem they know nothing about. Laura has really through this out and has done a fantastic job to boot!
6. It supports families that are far away. Therapists can
easily update the program so that families don’t need to travel into therapy every week.

7. It allows you to add your own activities. There are a tonne of ‘tried and true’ OT activities, but it is really easy and simple to add your own activities! I have added 11 of mine this week and it is so fast and simple. This helps you to keep things fresh and for home programs not to get stale.

8. Families have a really clear idea of when/how long for/and what to do. All the feedback I have been getting from using this app in my practice has been positive – and if it hasn’t, I have fed this back to Laura and her team and she is able to add it to the list of things for the next update!!

**Final Thoughts:**

This app has changed our lives. It makes home programs so much easier for everyone, and while I know there are plenty more updates to come, this app will only get better and better.

**Further Information:**

You can find more about Laura and her team here.

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**GUEST POST: What is Occupational Therapy?**
TOPIC:

“So...what is Occupational Therapy?”

WHAT:

Don’t worry if you find yourself asking this question when you first meet an Occupational Therapist (or even several times afterwards!).

Believe me – we understand! Our job title can be hard to understand from our name alone.

Let us provide some clarity...

Occupational Therapy is an allied healthcare profession that focuses on supporting people to participate in their “occupations” at times when these are challenging or not possible, such as through an injury, condition, disability or an undiagnosed problem. For us as Occupational Therapists (or OTs), the focus is less on what the diagnosis is, but on how it impacts someone’s participation in occupations that are meaningful to them.

As OTs, we see occupation as everything a person
• wants to do (e.g. ride a bicycle)
• needs to do, (e.g. eat, sleep, get dressed), or
• has to do (e.g. go to work)

You’ll find OTs in a number of different settings including hospitals, community centers, schools, private clinics and healthcare-related, not-for-profit organisations.

Whilst the role of an OT can look different in different settings and when working with different populations, the core of Occupational Therapy remains the same – supporting occupational participation!

For the purposes of Look Hear, we’ll be focusing on the role of OTs working with children in the community, meaning the child is not needing the specialist care of a hospital. If we think about the occupations of children in the community, these include:

• Self-care skills: toileting, washing, dressing, brushing teeth
• Student skills: writing, attention in classroom, organization
• Play skills: pretend play, playing video games, riding a bicycle, using musical instrument

...just to name a few! Think about all the things your child does during the day from the second they wake up, until they go to sleep—these are their occupations!

**HOW:**

Occupational Therapists can support a child’s participation in an occupation in a few different ways. They can:

• change or adapt something about the child as a person (e.g. teaching/developing a skill, like the steps to riding a bike, or tolerating a the noisy hairdryer at the shopping centre)
• modify or change something about their environment (e.g. equipment to help them in the bathroom)
• change the way they do the task (e.g. tie their shoelaces a different way)

Following an initial meeting and assessment with the child and their parent/caregivers, an OT will then work with the child and their family in supporting them to achieve their goals. Occupational Therapy intervention may look different depending on the:

• specific difficulties a child has, and challenges they are experiencing with their occupations as a result,
• the specific approach used by the therapist themselves, and
• the service the therapy is accessed through, such as public or private services.

Further information:

How do I find an OT?

Australia

Occupational Therapy Australia
• The best way to find out how an OT can help you and obtain a referral under Medicare, speak to your GP.
• To find a private practice OT, use the private practice directory on the Occupational Therapy Australia website here.
• To find an OT in your local area via the National Health Services Directory here:

United Kingdom

Royal College of Occupational Therapists here.

Finding an Occupational Therapist

• Talk to your GP about contacting an occupational therapist locally, through the NHS.
• Use the online directory on the Royal College of Occupational Therapists website or Health and Care Professions Council (HCPC), including independent therapists who work outside of the NHS.

Check out out Occupational Therapy Page here.

Book Review: Retro Toddler – Anne Zachry: Everything Retro Is Cool Again!!
We reviewed *Retro Toddler* for Anne! See what we thought about it below!!


**First Impressions:**

- One thing I enjoyed about this book was that it was clear and easy to read. The layout really lends itself to this; it does not feel like you are reading a textbook.

- I love the alternating ‘he’ and ‘she’ throughout the book, which is something I would never have thought to do, but a great way to manage gender bias.

- There is a clear vibe from the book about getting down on the floor and playing with your child – it doesn’t have to be expensive or have ‘all the bells and whistles’. There is a real focus throughout this book to get back to basics, which I love! Parents can be under so much pressure these days to ‘promote’ development, and this book is a lovely reminder for therapists and families alike that “promoting development” doesn’t have to be fancy or complicated.
Information Station:

- There is some great information about childhood development and what to expect for each age group; something parents ask about a lot.
- Anne explains brain development clearly and in a way that is easy to read for families and parents. This helps set the scene on why she focuses on different skill sets that children develop. Understanding brain development is helpful for families to understand why a toddler might be doing certain things at certain times.
- I really enjoyed the chapter on play. It was well explained and talks about all things we know as therapists but often forget to communicate to our families. I will be marking this chapter and asking a few of my families to read over it. We often talk about ‘play being the child’s work’, and it is the way children learn and develop their skills.
- Play is not just running around; it is the creating, making, enjoying, thinking, pretending, imagining, reading, building, playing with each other, drawing, and moving that children do with their time.
- Anne explains play in much more detail, why it is important, how to do it, activities that are playful and work on specific skills and things that impact play.

Highlights:

- My key highlight I took from this book was the
clear reminder just to get on the floor and play with our children. It doesn’t have to be expensive or fancy, and in fact it is better (for them) when it is not!

- I also loved the chapter about screen time – always a timely reminder. This is something we talk often about with the families we work with and to have the evidence written out so clearly is a massive help for families and therapists alike.
- The information about how praise influences a growth mindset was eye opening and something I will be changing tomorrow in my next therapy session.
- I also love the glossary at the end, as it is super handy and clear to refer back to as a non-therapist.

**Lowlights:**

- It would have been great to have a few more pictures of the activities, if nothing more to reassure parents (and therapists!) that these toys and creations do not need to be ‘pinterest’ perfect.

**Where to get it:**

- Amazon; for about £15 or $15

**Closing Comments:**

- I loved this book, and it was a pleasure to review it for Anne; I can’t wait for her next book!
- The important reminder about having fun, playing with your child, using what is around you was something I really connected with.
- We can get distracted with all these fancy toy,
tablets and games, whereas, in reality, what our children actually need is us; playing with them, at home and in the community with what’s around us. I loved how Anne highlights everyday learning opportunities for parents.

- The chapters relating to play and screen time were so well written and clear. This will be a key chapter I will be referring parents to immediately.

**Rating:**

- 4.5/5

Check out our website on play here!

Time spent playing with your children is NEVER time wasted.
Bullying — What is the evidence?

BULLYING — WHAT DOES THE EVIDENCE SAY?

Bullying can be defined as a subcategory of interpersonal aggression characterized by intentionality, repetition, and an imbalance of power, often with the element of abuse of power being a primary distinction between bullying and other forms of aggression (Smith & Morita, 1999; Vaillancourt, Hymel, & McDougall, 2003).

Bullying can include direct physical harm (physical bullying), verbal taunts and threats (verbal bullying), exclusion, humiliation, and rumour-spreading (relational or social bullying), and electronic harassment using texts, e-mails, or online mediums (cyberbullying).

Prevalence?

Prevalence rates for bullying vary, however research reveals that between 10% and 33% of school children are victimised, and 5% – 12% of children bully others (Cassidy, 2009; Kessel Schneider, O’Donnell, Stueve, & Coulter, 2012; Perkins, Craig, & Perkins, 2011).
Developmentally, peer bullying is evident as early as preschool, peaking during early high school, then declining towards the end of high school (Currie et al., 2012; Vaillancourt, Trinh, et al., 2010).

The World Health Organisation reports that overall peer victimisation has been decreasing over previous years (Currie et al., 2012), however cyber bullying is increasing (Jones, Mitchell, & Finkelhor, 2013). One reason put forward is that students are often aware of rules prohibiting physical harm to others, but find verbal and social bullying more difficult to identify (Hymel & Swearer, 2015).

Current Research:

Current research reveals that bullies are socially intelligent (Björkqvist, Österman, & Kaukiainen, 2000) and can have considerable status in their peer groups (Vaillancourt et al., 2003). As such, adults may be less able to recognize bullying perpetrated by students who appear to be socially competent, well-functioning individuals. Interventions should emphasise the interaction of individual vulnerabilities, context effects, and experiences with bullying and victimization. This includes understanding and addressing bullying as a systemic problem (Swearer & Hymel, 2015), and having schools implement school-wide, universal antibullying programs (Bradshaw, 2015).

FURTHER INFO:

Take a look our top resources on tackling Bullying here.

REFERENCES:


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Guest Post – Working in Rural and Remote Queensland

This month, in honour of the SARRAH Conference 2018 which is focused this year on ‘Changing Landscapes, Changing Lives’, we have a Question and Answer Interview with Myles Chadwick, Psychologist, working in rural and remote Queensland.
Hi Myles, can you tell us a bit about yourself? (E.g. where you work, how long you have lived there etc).

Hi, my name is Myles. I am a General Psychologist working in the rural town of Emerald, QLD. I have been living and working here for nearly 3 years. Previous to this, I lived and worked in Mount Isa, QLD for almost 2 years before moving here. I mainly work with under-privileged groups under funding to provide free treatment to the community and have done so since I started out as a provisional psychologist in 2013.

Why is working in a rural area rewarding?

For me, working in rural areas affords you opportunities that may not be granted within city limits. I find that there are a significant lack of services in rural locations, which means two things if you choose to work in these areas:

1. Often, you will be exposed to a wide variety of cases which, in cities, would often be shifted to another clinician when they are slightly outside the clinician’s comfort zone. This means that you are forced to constantly expand your learning through CPD and be aware of your limitations, as the specialist is a minimum 3 hour drive away.

2. Unfortunately, the stigma associated with mental health is strong in rural areas. This may sound like a negative, but it gives you the opportunity to truly break the cycle, to have that realisation of how normal it is to struggle in a client’s eyes. I find those are the moments that truly make me feel that I am doing the right job for me.

Why is working in a rural area challenging?

As I have said in the previous question, a lot of the time you are one of a handful of clinicians in your geographical area, which means that if you cannot see a client due to scope of
practice or ethical reasons, people expect justification. In small communities, there is the importance of your name (everyone from GPs to the local mothers groups may speak about you) and as such, you are always vigilant of your practice (which is a good thing). There is a strong emphasis on networking as you need to know what services are where (and they need to know you) to provide the best client care you can.

What would you tell your younger self about moving to a rural area?

Find a process that works for you!!! The big thing about being in a rural area is that, most of the time, processes and procedures are still being developed. I made it my goal to be a little bit more technically savvy, which has allowed me to refine my note taking (sometimes the most arduous of tasks) to become more efficient. I also have a small drawer set on my desk with readily available resources (based on what my practice favours, everyone is different) rather than having to trawl through folders or the internet to find them.

What supports do you use as a clinician working in a small community?

All my supervisors have been in different towns, which has always made direct supervisory support difficult. However, there are always passionate and knowledgeable professionals in your community. The day I began to expand my support and supervisory team from only Psychologists to include Occupational Therapists, Solicitors/Legal staff, Speech and
Language Therapists, Social Workers and Administration Officers was the day I truly noticed how much there was for me to learn!

**Why would you encourage clinicians to work in a rural and remote environment?**

I would always recommend people try some time out in a rural setting, however the biggest hint I can give is KNOW YOURSELF! There will be times where you feel isolated, especially if you come from a close knit group of family and friends in a city (like me). However, the experience that you can get “out bush” is priceless and the time is what you make of it. Some people have called it a “sink or swim” environment, but I consider it a strong grounding experience where you see the limits of the system and decide whether you will be the change you want to see in the community.

**What type of team do you work in? What about this works/ doesn’t work?**

I currently work in a team with Psychologists only, however I have worked in teams that have involved Occupational Therapists, Speech and Language Therapists, Social Workers, Podiatrists, Dieticians, Exercise Physiologists, Physiotherapists, Doctors and Diabetes Educators. Working in multi-disciplinary teams can be great as you start to get a more defined view of what holistic care can do for a client. However, my advice would be – always know where your role fits within a team. I find that the main breakdown of these teams can be when each profession starts assuming the role of the other without consulting the professional in the field. Be humbled by the work of others, not assured that you could do it without the appropriate training.

Thank you Myles for giving us some insight into working in rural and remote Queensland!!
Guest Post! How to make a schedule for a child with Autism

Today we have a guest post from Meg Proctor, an occupational therapist and autism specialist; focusing on schedule creation. Check her out www.learnplaythrive.com and sign up for her mailing list, or follow her on Facebook at facebook.com/MegProctorOT for more help with schedules and other daily routines.

Schedules:

If you’ve ever tried to make a schedule for a child with autism, you may have started out strong and then suddenly had lots of questions. Should I use pictures? Words? What should my child actually do with the schedule? What happens when it needs to change?

This infographic walks you through some of the questions you can ask yourself, as you individualise a schedule for your child’s learning style. I always recommend that families make the first draft “quick and dirty” in case you need to make changes. For most of us, once you laminate everything and make it pretty it’s hard to want to make changes.

Making a schedule can be a trial and error process. But once
you make it, try teaching it to your child over the course of a few weeks and see what happens! If it works for them, you should see transitions start to get easier, and daily life may develop a new, relaxed rhythm.

**Infographic:**
Making Schedules for Kids with Autism

1. WHAT TYPE OF SCHEDULE?

- OBJECTS
  - Use pictures of objects, include the object the child will use where they are going.

- PHOTOGRAPHS
  - Photographs or layout of schedules are great for visual learners.

- DRAWINGS
  - For kids who need visual cues, use hand-drawn or stick figure pictures.

- PICTURES WITH WORDS
  - For emerging readers, pair pictures with the words.

- WRITTEN
  - For stronger readers, use a written list.

2. HOW DO THEY USE THE SCHEDULE?

- TAKE THE OBJECT OR PICTURE TO A NEW LOCATION
  - Send the kids who get distracted and need constant reminders.

- MOVE PICTURE TO FINISHED
  - Send the kids who shouldn’t get distracted between the schedule and the next activity.

3. HOW LONG IS THE SCHEDULE?

- ONE ITEM
  - How much information can they understand and use?

- FULL DAY
  - Break things into smaller, more manageable parts.

4. HOW CAN YOU WORK ON FLEXIBILITY?

- Don’t always put things in the same order
  - The schedule could tell them what to do, not their schedule maker.

- Make small changes during the day and show them on the schedule
  - Start with easy changes.
Check out our blog post that builds on Meg’s infographic about Why Therapists want me to use visuals at home here.

For a range of free visuals check out our page here.

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**Guest Post! Adapting Social Thinking – ISAAC Conference 2018**

Kim will be presenting at the ISAAC Conference on the Gold Coast later this year.

“I was so excited to be offered the chance to speak at the next ISAAC Conference on the Gold Coast. The conference is for people who use and/or work with alternative and augmentative communication (AAC). AAC includes such methods as symbols, signs and speaking devices. When the conference is in the UK, I usually attend and when I saw this conference was in Australia I jumped at the chance.”
I love the innovative work coming out of Australia particularly in relation to PODD and I wanted to hear speakers from around the world. I will be presenting my work on adapting a methodology called Social Thinking for people using AAC.

Social Thinking is a fantastic resource and I wanted to use it with my caseload of students who are non verbal or minimally verbal. It is a cognitive-thinking approach so I wanted to see if I could adapt it without losing it’s unique essence.

The conference’s focus this year is ‘Access All Areas’ so I thought it would be ideal to present my work. I’m currently in the process of collating my work to date and liaising with Dr Pam Crooke at Social Thinking HQ so that I’m ready to present in July. Not long to go now so watch this space. I will be tweeting while I’m there and will keep everyone posted.”

The conference will be held on the Gold Coast this year from the 21-26 July 2018.

Further Information:

ISSAC Conference

Kim Mears – TherapyThread

Social Thinking
Making it easy – How to build fine motor skills?

In Honor of RCOT 2018 and the focus on children and young people – we thought it would be the perfect time to touch base about fine motor skills!

How to Build Fine Motor Skills in Children
Fine motor skills are the small movements, made predominately by our hands, that help us to manipulate objects and explore.

Children need to develop fine motor skills to help them to interact and engage with the world, as well as prepare for schooling (writing, painting, cooking, cutting).

**Ideas to help develop fine motor skills:**

- Drawing with chalk on the concrete
- Using play-dough and cutting with cutter
- Writing letters shaving foam or sand
- Using Lego to build shapes and letters
- Cutting out magazines pictures
- Eating finger foods
- Playing musical instruments together
- Helping out with house hold jobs e.g. hanging out the washing, sweeping
- Playing with toys that have buttons
- Using the child’s interests to write about or colour in

**What makes it easier?**

- Playing together with Mum and Dad
- Using big crayons, brushes, markers or chalk ensures children use the right muscles for the activity and are less likely to adopt incorrect grasps
- Use thick outlines for colouring sheets
- Smaller pieces of paper to cut
• Do lots of activities that involve using both hands together

Further Information:
Fine Motor Page
Resources related to Fine Motor

Parents: Looking After Yourself as a Parent

TOPIC:
Looking after yourself as a parent!
WHY:

We often talk about parents needing to look after themselves, but why is it so important? Firstly when we have healthy and happy Mums and Dads it is much easier to have happy and healthy children. Further, we know from the evidence that parents of children with additional needs are more likely to have mental and physical ill health than their peers with children who are within typical ranges.

We use the Oxygen Mask analogy at LHA, parents need to put their mask on first. That way even if the child is in crisis, Mums and Dad’s are more able to respond to it as they are well. If they put the child’s mask on first and not their own, and then the child is in crisis; everyone is in a rather big pickle!

It is easy to say ‘look after yourself’ but much much harder to actually do it!

WHO:

Thinking about who can help can be challenging; we often say to parents to keep it simple. Further, where possible see what you can outsource to help you create more time for you.
Ideas of people to help outsource jobs include:

- **Online Shopping** – make use of the “lists” functions for your regular shops, and work the deals so you can get free delivery. We find as a family this really cuts out time otherwise travelling to and from and completing the grocery shop. It also helps us to be more organised with meal preparation.

- **Cleaners** – if you are able to outsource this, it’s amazing! If not, thinking about ways you can blitz clean to create more time; we do the bathroom before or after a shower, ensure the dishwasher is emptied first thing in the morning so it can be loaded throughout the day and then put on, we use a hand held vacuum to do regular spot cleans. Some families we work with have robot vacuums – a great idea if that will work for your family and budgets!

- **Babysitters** – Having a regular slot once a month or every 2 months with a babysitter that is familiar with your child and their needs is a great way to create time. We often encourage families to set this up (even if it is with family or friends); sometimes just knowing you have a night off is enough to get you through!

- **Respite and support services** – depending on your child’s levels of need you may be eligible for various community supports as their carers. Make sure you are aware of what is available to you in your area (your health care professional will know about this or will know who to ask!)

**KEY TIPS:**

- Easier said that done
- Making or taking 10 mins every day just for you (even if it is taking a shower, finishing a cup of tea before it goes cold)
- Outsource what you can, use that extra time for you (not for other life admin work!)
• You need to be healthy (mentally and physically) to be the best parent for your child; this is true for every child and every parent.

FURTHER INFORMATION

Touch base with your support networks, but find out blog post about relaxation here.

You can also take a look at the Raising Children’s Network families page here.

Why do therapists want me to use visuals at home?
TOPIC:

Why do therapists want me to use visual and visuals* at home??

*We mean visuals as pictures, photos or symbols of something or someone.

WHY:

Visuals are a great way to explain to someone what is happening or going to happen. They also don’t require verbal language to understand them (think road signs or signs in airports).

Having visuals help children to know what is expected of them and what is coming next. We love visual information because it doesn’t change and our brains actually process the information differently from sound, touch, smell, movement, balance and taste (which can all be scary). Visual information goes straight to our thinking part of our brain – making it easier for children to understand it.

Visual information does change and isn’t scary – so it is perfect to use at home for chores, expectations or explaining
to a child what is happening next.

**HOW:**

Head over to our visuals page [here](#), and take a look at all the free visuals online. All you need is a printer (and laminator if you like), and some options (such as ASD Visuals or Busy Kids) mean you can pay a little extra and they come ready to use.

**WHO:**

Who can help?

GP, teachers, child care staff, other parents, OTs, Speechies, Psychologists, community nurses can all point you the right direction when it comes to use of visuals.

**KEY TIPS:**

There is some time to set it up, but once set up they are fantastic!

Take a look at our page with loads of link to FREE visuals [here](#)!! Our link to social stories and what to do stories (which links so well to the use of visuals is found here)

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**Visuals – why we love them (and the evidence)**
This month the review of the evidence is all about our favourite resource in the world – VISUALS!!

RESEARCH
There is a large body of evidence linking cognitive and physical disabilities with externalising problematic behaviours (Visser et al., 2015; Artemyeva, 2016; Giltaij, Sterkenburg & Schuengel, 2015; Poppes et al., 2016).

In particular, the literature suggests that problematic behaviour in children with disabilities is related to deficits in receptive and expressive communication (Murphy, Faulkner & Farley, 2014; Ronen, 2001; Ketelaars et al., 2010; Conti-Ramsden & Botting, 2004).

Outcomes of problematic behaviour can include victimisation, development of poor peer relationships and long term difficulties with employment and romantic relationships (Murphy, Faulkner & Farley, 2014; Whitehouse et al., 2009).

As such, it is imperative to develop augmentative and
alternative communication techniques to increase engagement in, and outcomes of, communication.

A review of the available literature shows the efficacy of using icons and pictures to aid in communication for children with additional needs (Flippin, Reszka & Watson, 2010; Hartley & Allen, 2015), particularly in the effectiveness of visual aids over text and words (Dewan, 2015).

Pooley and Berg (2012) report that “simple graphics can be rapidly communicated, processed and transmitted within a large and culturally diverse constituency” (p.361), and as such icons have the ability to be utilised across multiple domains.

Pictorial devices are already being used in classrooms, and there is good evidence for the effectiveness of these systems, such as PECS, in schools (Flippin, Reszka & Watson, 2010; Lerna et al., 2012).

In addition to this, augmentative and alternative communication for children with additional needs, including the use of visual aids, has been shown to effectively address challenging behaviour, improve communication and increase positive outcomes related to social learning, peer relationships and academic results (Walker & Snell, 2013; Hines & Simonsen, 2008; Ganz, Parker & Benson, 2009; Lerna et al., 2012).

**FURTHER INFO:**

Take a look at our page on visuals (where you can get LOADS of free visuals) here.
Relaxation – What is the evidence?

RELAXATION

This month the review of the evidence is all about something to follow on from the bullying update – Relaxation. You can check out all things Mental Health on our page here!

RESEARCH

All children worry. Researchers have suggested that this worry is in part due to the fact that childhood is full of “firsts”, doing a lot of things for the first time (Hallowell, 2011). While some worries are developmentally appropriate, for example being away from parents (relates to safety) or not having friends (relates to sociability), other anxieties get in the way of children
functioning across different areas (school, home, etc.). As such, it is important for children to develop coping skills to manage their worries.

Broadly, stress management techniques have been found to be beneficial. In particular, there is evidence to indicate that strategies like yoga, breathing techniques, relaxation response techniques, and sensorimotor awareness activities can improve psychosocial well-being, self-regulations, self-esteem, behaviour and cognition (Dacey, Mack & Fiore, 2016; Gard, et al. 2012; Bothe, Grignon & Olness, 2014).

Below is a list of stress management techniques children can try:

Physical Strategies

· Tense and release muscles / guided muscle relaxation
· Massage
· Exercise
· Playing sport
· Yoga

Psychological Strategies

· Grounding
· Visualisation
· Coping statements
· Meditation
· Distraction
· Redirection
FURTHER READING:

Take a look at Relax Kids here. They have a great portal that you can access for learning about and teaching relaxation.

REFERENCES:


Why are therapists family focused?

Why are therapists family focused? Why do we have to be involved?

WHAT:
Therapists talk about being “family centered” or “family focused” all the time. What does it mean? Why are therapists family focused?

WHY:
We know that children learn the best off their parents. That is because they love their parents and their parents love them (we call this secure attachment). When a child falls over,
they want to run to their Mum or Dad to get reassurance about the world.

When accessing therapy, it is better for the therapist to teach the Mum or the Dad how to do the intervention as the child learns faster and better off them (rather than the therapist). This means that families get a better quality therapy and goal outcomes (because the little ones are learning faster and better off Mum and Dad) but also more value for money as they are able to take bits and pieces and add them into their daily life at home (which means therapy continues more than just in the session).

Sometimes parents can get caught up on having to do ‘everything’ when it comes to therapy home programs. While doing everything prescribed is awesome, even just focusing on one or two things will still be beneficial (as kids learn best of Mum and Dad).

**HOW:**

Just be involved in therapy! Ask your therapist about the one or two things they would like to you focus on between sessions.

And of course loving, enjoying and playing with your child (whether they have additional needs or not) will improve their development!!

**WHO:**

Who can help?

GPs, teachers, child care staff, other parents, OTs, Speechies, Psychologists, community nurses.
KEY TIPS:
Love your child, play with them!

Children with additional needs accessing hospitals –
What does the evidence say?

WHAT DOES THE EVIDENCE SAY? Children with additional needs accessing hospital and emergency departments.
Through each developmental stage, children interpret, comprehend, and process the world in a variety of different ways. Children and adolescents having to be treated in hospital, especially children with additional needs, can find
the experience of being poked and prodded by strangers quite confronting. Additionally, it can be developmentally appropriate for children to experience anxiety related to separation or body integrity whilst in hospital. As such there has been a relatively recent push by medical and allied health professionals to take into account the psychological needs of children on an individual and age-appropriate basis. In particular, the need for a calming and minimally disruptive environment that reduces anxiety and allays fear.

Research indicates that in addition to taking into consideration a child’s age, developmental level and temperament when children are hospitalised, there are a number of other techniques that can be used to promote a minimally disruptive environment. These can include:

- Giving the child developmentally appropriate information regarding the medical procedure
- Encourage children to ask questions
- Developing distraction techniques (i.e. books, iPad apps, etc.)
- Developing relaxation skills (i.e. guided meditation, progressive muscle relaxation, etc.)
- Encouraging positive self-talk through coping statements (i.e. “I am strong”)
- Enhancing parent support
- Swaddling for infants
- Maintaining home routines while in hospital (i.e. wake and sleep times, school work, photos)
- Creating a predictable schedule for the child
- Providing choices for the child so as to create a level of
control

· Incorporating consistent play into the child’s day

The available literature indicates that the benefits of professionals taking the time to incorporate these strategies range from decreasing anxiety, decreasing sensations of pain, and decreasing recovery periods.

FURTHER READING

Take a look out some of our resources on accessing the hospital/ED here.

REFERENCES


Why does therapy cost so much?

WHAT:
Therapy is expensive! Depending on your child’s needs and who
you see for how long, it can add up.

Therapy is defined as “treatment to relieve or heal a disorder”. When we talk about therapy at LHA we are normally referring to Occupational Therapy, Speech Language Pathology, Psychology, Physiotherapy and other allied health services.

**WHY:**

Allied health professionals, such as Occupational Therapists, Psychologists, Speech Language Pathologists, Physiotherapists and many others, complete significant training. They complete university degrees, normally 4 to 7 years in duration. Some professionals complete Masters or Doctoral Degrees, for example Advanced Therapists and Clinical Psychologists.

After they complete their studies they have to (depending on their regulatory bodies) complete minimum training (normally 30 hours per year). This is ongoing for the rest of their careers to keep up to date with current knowledge. This is normally partly at their own cost, and partly at the cost of their employer.

Often, therapists have their own professional indemnity insurance, which is for the duration of their career.

In most countries, titles such as “Occupational Therapist” are known as protected titles – meaning that not just anyone can call themselves an “Occupational Therapist”. Further, they are registered with a regulatory body which is an annual membership, which depending on the profession can be up to more than $1000 (per year).

In addition to all of the above, most therapists have a collection of their own personal resources that they have either made in their own time or have purchased themselves. Depending on where they work, they may or may not have access to high quality resources.
Of course this doesn’t include any costs of having a building, if the therapist practices privately.

**HOW:**

How can I make therapy more affordable?

- In Australia, there are various Medicare options that you may be eligible for including Primary Care Plans (5 visits per year per person), Mental Health Plans (up to 10 visits per person per year) as well as others.
- Talk to your GP about what you may be eligible for, as well as what your local allied health provides, as some may bulk bill or their may be gap fees.
- Talk to your private health insurance as some cover allied health therapy – depending on what is needed and how long for.
- There is also a range of funding available including NDIS, HCWA and Better Start. Talk to you GP or Allied health professional for more information.

**KEY TIPS:**

Therapy is expensive, however when accessing Evidenced Based therapy there is a high likelihood that there will be some improvement. This does depend on your child, the frequency you are accessing and the type of therapy you are accessing.

**FURTHER INFO:**

Take a look at the NDIS website which has a pricing guideline. Please note this is only relevant for NDIS providers and is
When to ask for help?

**TOPIC:**
When to ask for help?

**WHAT:**
It can be hard to know what is ‘typical’ for children and what is ‘expected’ and ‘unexpected’. How are parents meant to know when something isn’t ‘normal’? Of course there is no hard and fast rule though there are some tips that might help.
**HOW:**

- Have regular contact with your GP or community nurse. They are often the first professionals families access and they have a good idea of what is ‘typical’ for children. Also if they know your child well they will also know what is ‘typical’ and ‘expected’ for your child.
- Talk to other Mums and Dads and ask if they are/are not having trouble with the areas you are. For example, lots of kids go through terrible twos and might not want to do things, however not all kids become inconsolable at the shops (everytime).
- Talk to your child’s teacher or child care staff, as they are a great source of information and they are able to see your child in the context of their peers.
- If you are worried it is better to ask for help. You know your child best.

**WHY:**

If you are worried, it is important to follow some of those tips above or contact your health care professional. If they reassure you, great and if not they can point you in the right direction or help you to unpack what is happening/not happening further.

Parents know their children best, so if you are concerned it is important that you talk to someone, as you know what is ‘typical’ for your child.

**WHO:**

Who can help?

GPs, teachers, child care staff, other parents, OTs, Speechies, Psychologists, community nurses.
**KEY TIPS:**

If you are worried, ask the network around you. See if they are noticing the same things you are.

**FURTHER INFO:**

Take a look at the Raising Children’s Network as they have great information about what is ‘expected’ at each age. You can also look at our Behaviour page for further information.