

Carers Week 2018 – Parents: Looking After Yourself as a Parent

TOPIC:

Looking after yourself as a parent!



Put your oxygen mask on first; just like the airlines taught us. Yours before assisting others, including your children.

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, its 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 than 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.



Everyone needs a little therapy.

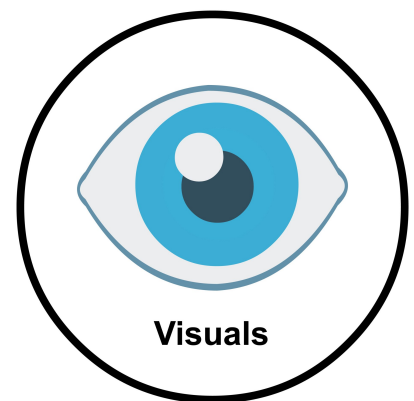
FURTHER INFORMATION

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 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?

GPs, 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:

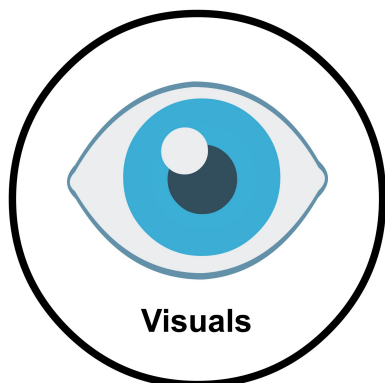
There is some time to set it up, but once set up they are fantastic!

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](#))

Visuals – why we love them

(and the evidence)

VISUALS



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.

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:

Bothe, D. A., Grignon, J. B., & Olness, K. N. (2014). The effects of a stress management intervention in elementary school children. *Journal of Developmental & Behavioral Pediatrics*, 35(1), 62-67.

Broderick, P., & Metz, S., (2009). Learning to BREATHE: A pilot trial of a mindfulness curriculum for adolescents. *Advances in School Mental Health Promotion*, 2(1), 35-46.

Dacey, J. S., Mack, M. D. & Fiore, L. B. (2016). *Your Anxious Child: How Parents and Teachers Can Relieve Anxiety in Children* (2nd Ed.). New York, ny; John Wiley & Sons, Ltd.

Gard, T., Brach, N., Holzel, B.K., Noggle, J.J., Conboy. L.A., & Lazar, S.W. (2012). Effects of a yoga based intervention for young adults on quality of life and perceived stress: The potential mediating roles of mindfulness and self-compassion. *Journal of Positive Psychology*, 7(3).

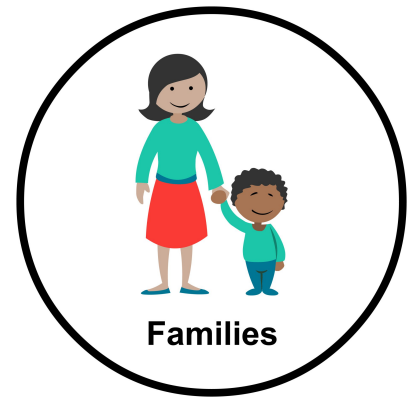
Hallowell, E. M. (2011). *Worry: Hope and Help for a Common Condition*. Random House Publishing Group

Singh, N. N., Lancioni, G. E., Winton, A. S., Karazsia, B. T., Myers, R. E., Latham, L. L., & Singh, J. (2014). Mindfulness-based positive behavior support (MBPBS) for mothers of adolescents with autism spectrum disorder: Effects on adolescents' behavior and parental stress. *Mindfulness*, 5(6), 646-657.

Weaver, L. L., & Darragh, A. R. (2015). Systematic Review of Yoga Interventions for Anxiety Reduction Among Children and Adolescents. *American Journal of Occupational Therapy*, 69(6), 6906180070p1-6906180070p9.

Why are therapists family focused?

TOPIC:



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!