

Online Support and Intervention (OSI) is an

online, therapist-supported platform to support

the delivery of a parent-led intervention for children's fears, worries, and anxiety. It was developed by experts in treating childhood anxiety at the Universities of Reading and Oxford.

What have parents said about using OSI?



OSI Summary

Telephone

appointments

20 minutes.

pically take about

Core modules are released weekly by a

OSI is made up of 7 core modules

plus a follow up module. Parents are

encouraged to have a go at the

OSI was developed based on the latest evidence on how to help children overcome problems with fears, worries, and anxiety.



Parents and children with relevant personal experience, NHS clinicians, researchers, and a tech company all worked together to create OSI.

ø = Ø ____

Logis

OSI contains videos, guizzes, and interactive worksheets, as well as built in questionnaires to help parents/carers (and their therapists) keep track of how your child is doing.





OSI comes with an

optional game app that

can help to motivate

child to give strategies

a try with their

parent/carer.

Each online module typically

takes about 30 minutes for

NELFT NHS **Online Support** OSI and Intervention for Child Anxiety **NHS Foundation Trust** EMOTIONAL SUPPORT TEAM General worries Being away from caregivers School worries **DOES YOUR CHILD HAVE PROBLEMS** WITH ANXIETY? Bedtime fears & more Social worries Phobias (e.g. spiders, dogs, injections)

OSI COULD HELP YOU

OSI (Online Support and Intervention) is an online platform designed to help parents to learn tools and techniques to help their child (aged 5 to 12 years old) to overcome difficulties with

Parents work through weekly online modules that contain videos, guizzes, and interactive worksheets. Parents are also supported by a weekly telephone/videocall appointment with a

You can access OSI at a convenient time for you using any electronic device!



GET IN TOUCH:

At **South Avenue Primary School**, OSI is delivered by the NHS Emotional Wellbeing Team. Scan the QR code for more information about what we do.

To learn more about OSI, contact Mrs Telford at ctelford@southavenue.kent.sch.uk

Best care by the best people











Mr Savva (SENDCo)

Aims



To develop an understanding of ASD

To develop an understanding of the signs, causes and diagnosis of ASD

To provide you with the tools and resources to support a child with ASD traits



https://www.youtube.com/watch?v=Lk4qs8jGN4U

What is autism?

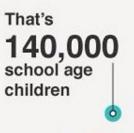


- The definition of autism has changed over the decades and could change in future years as we understand more.
- Some people feel the spectrum is too broad, arguing an autistic person with 24/7 support needs cannot be compared with a person who finds supermarket lights too bright. We often find that autistic people and their families with different support needs share many of the same challenges, whether that's getting enough support from mental health, education and social care services or being misunderstood by people close to them.

Autism in the UK

Scale

1% of the population are on the autism spectrum



And **2.8m** lives that are touched by autism every day

72% of children on the autism spectrum reported being judged or misunderstood

Education

40% of children on the autism spectrum have been bullied at school

1 in 5

children on the autism spectrum have been excluded more than once from school

....

Relationships



South Avenue Primary School

Source: National Autistic Society (2016)

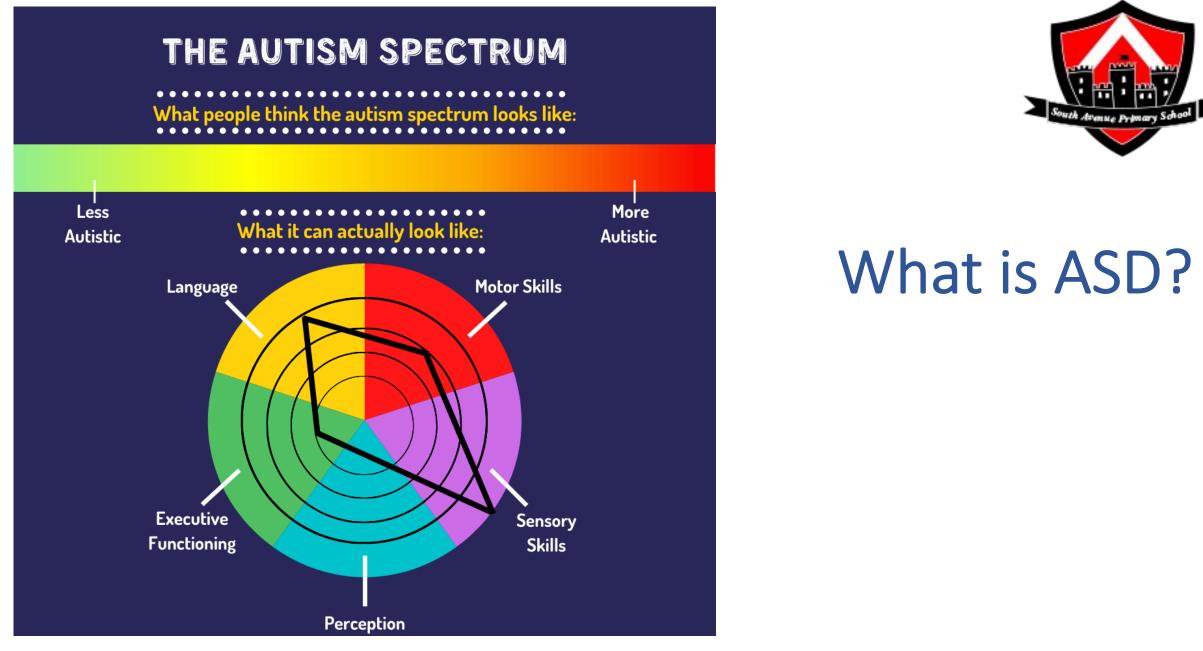


- Autism is not an illness
- Being autistic does not mean you have an illness or disease. It means your brain works in a different way from other people.
- It's something you're born with. Signs of autism might be noticed when you're very young, or not until you're older.
- If you're autistic, you're autistic your whole life.
- Autism is not a medical condition with treatments or a "cure". But some people need support to help them with certain things.



There are other names for autism used by some people, such as:

- autism spectrum disorder (ASD) is the medical name for autism
- Asperger's (or Asperger syndrome) is used by some people to describe autistic people with average or above average intelligence
- Asperger syndrome' was introduced to the world by British psychiatrist Lorna Wing in the 1980s. The term derives from a 1944 study by Austrian paediatrician Hans Asperger (new evidence about his problematic history has recently been revealed and provoked a big debate).
- Many people who fit the profile for Asperger syndrome are now being diagnosed with Autistic Spectrum Disorder instead.



Source: https://camhsprofessionals.co.uk/infographics/

What causes ASD?



- Nobody knows what causes autism, or if it has a cause.
- It can affect people in the same family. So it may sometimes be passed on to a child by their parents.
- Autism is not caused by:
- bad parenting
- vaccines, such as the MMR vaccine
- diet
- an infection you can spread to other people

Boys vs Girls



- According to the National Autistic Society, by age 11 just one-fifth of girls with high-functioning autism have been correctly diagnosed, compared with half of boys.
- Females were also more likely to be misdiagnosed, with 42% of them being diagnosed with another condition, compared with 30% of males.
- Research also shows that there are higher levels of misdiagnosis, delayed diagnosis, difficulty in accessing diagnosis and lack of diagnosis for girls and their families.
- This is a generalisation, but many girls appear to be better at masking their symptoms. For instance, they may more ably learn the social skills, cues, the scripts of conversations, facial expressions and eye contact required to fit in with the world around them.

Masking by Dr Hannah Belcher (2022)



- To 'mask' or to 'camouflage' means to hide or disguise parts of oneself in order to better fit in with those around you. It is an unconscious strategy all humans develop whilst growing up in order to connect with those around us.
- However, for us autistic folk the strategy is often much more ingrained and harmful to our wellbeing and health. Because our social norms are different to others around us, we often experience greater pressure to hide our true selves and to fit into that non-autistic culture. More often than not, we have to spend our entire lives hiding our traits and trying to fit in, even though the odds of appearing 'non-autistic' are against us.
- Masking may involve suppressing certain behaviours we find soothing but that others think are 'weird', such as stimming or intense interests.

Signs of ASD



Signs of autism in young children include:

- $\odot\,\text{not}$ responding to their name
- $\odot \text{avoiding}$ eye contact
- $\odot\,\text{not}$ smiling when you smile at them
- ogetting very upset if they do not like a certain taste, smell or sound
- repetitive movements, such as flapping their hands, flicking their fingers or rocking their body
- $\odot\,\text{not}$ talking as much as other children
- $\odot\,\text{not}$ doing as much pretend play
- \odot repeating the same phrases

Comorbidity with ASD



• A comorbid condition is a 2nd order diagnosis that has core symptoms that are distinct from the primary disorder. Comorbidity is much more common in people with autism spectrum disorders (ASD) than in the general population



ASD Diagnosis



- 1. If your child has signs of autism, talk to someone about it.
- a health visitor (for children under 5)
- special educational needs co-ordinator (SENCO) staff at your child's school
- 2. The SENCO with the support of your child's class team and the child's parents will complete a paediatric referral for an ASD assessment.
- 3. If accepted, you will attend a paediatric appointment for assessment.





The community paediatrician will:

- ask you about your child's development, such as when they started talking
- watch how you and your child interact, and how your child plays
- read any reports sent by their GP, nursery or school
- ask about their medical history and do a physical examination





For parents and children, a diagnosis can help you:

- understand your child's needs and how you can help your child
- get advice about support for your child at school
- get <u>support for parents and carers of autistic people</u>, such as financial benefits
- understand that your child is not just being "naughty" or "difficult"



Supporting your child - Communication

Do

- use your child's name so they know you're speaking to them
- keep language simple and clear
- speak slowly and clearly
- use simple gestures, eye contact and pictures or symbols to support what you're saying
- allow extra time for your child to understand what you have said
- ask your autism assessment team if you can get help from a speech and language therapist (SLT)
- try ways to help them communicate, such as <u>Signalong</u>, <u>Makaton</u> or <u>PECS</u>
 - read <u>tips from the National Autistic Society on</u> <u>communicating with your child</u>

Don't

- X try not to ask your child lots of questions
- 🗙 try not to have a conversation in a noisy or crowded place
- X try not to say things that could have more than 1 meaning, such as "pull your socks up" or "break a leg"

Supporting your child - Anxiety



Try to find out why your child's feeling anxious.

It might be because of:

- a change in routine it might help to prepare your child for any change, such as a change of class at school
- difficulty identifying, understanding or managing their feelings
- a noisy or brightly coloured place it might help to take your child to a calmer place, such as another room

Supporting your child - Eating



Many children are "fussy eaters". Autistic children may:

- \circ only want to eat foods of a certain colour or texture
- o not eat enough or eat too much
- \circ eat things which are not food (called pica)
- o have problems with coughing or choking while eating

 \circ be constipated, so they feel full even when they have not eaten much food

- It may help to keep a food diary, including what, where and when your child eats. This can help you notice any common issues your child has.
- Speak to a GP or the paediatric team about any problems your child's having with eating.

Supporting your child – Bedtime



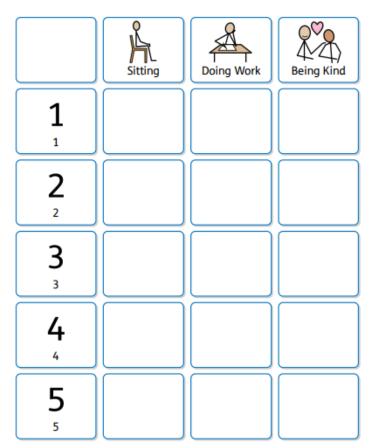
- Many autistic children find it hard to get to sleep, or wake up several times during the night.
- You can help your child by:
- keeping a sleep diary of how your child sleeps to help you notice any common issues
- following the same bedtime routine
- \odot making sure their bedroom is dark and quiet
- \odot letting them wear ear plugs if it helps
- talking to a GP about how to manage health conditions that make sleep difficult, such as a food sensitivity or breathing problem
- If your child's sleep does not get better, a GP might refer you to a paediatrician or child psychiatrist with experience of autism who can prescribe a medicine called melatonin to help your child sleep

Supporting your child

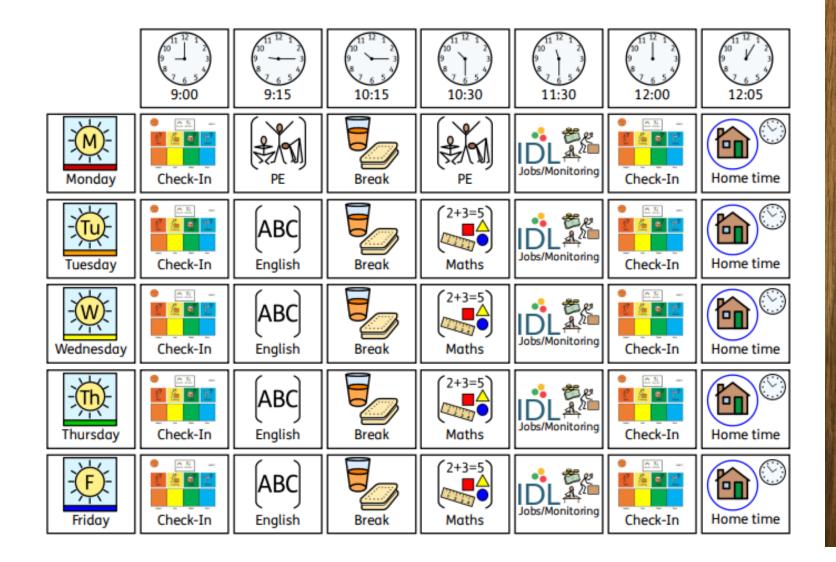


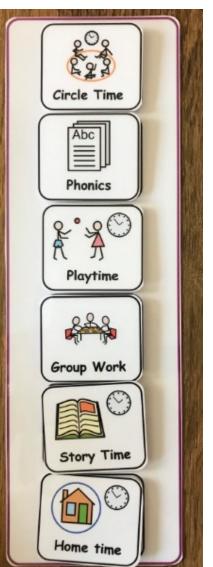
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Make bed	*	*				
Brush teeth	$\mathbf{\star}$	*	*			
Complete homework	*	*	*			
Put clothes in hamper	*	*				

Train Reward Chart



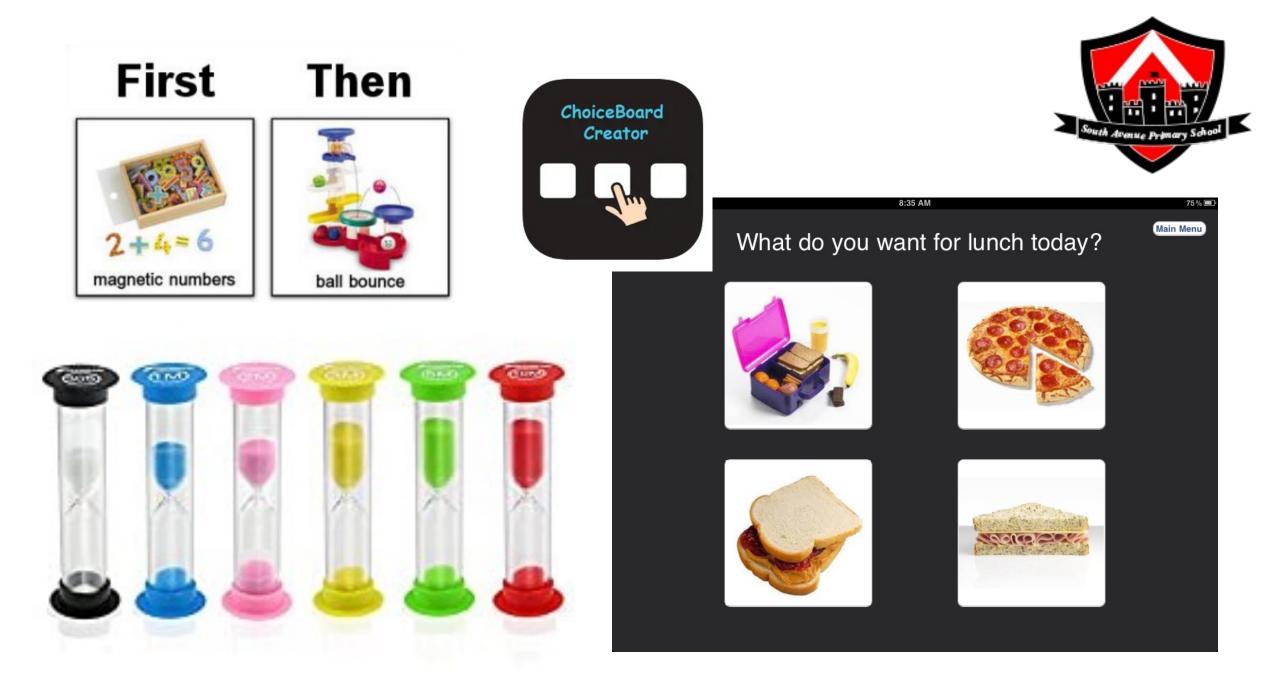
Supporting your child











Supporting your child - Transitions











WAIT MAT





ZONES OF REGULATION!

Blue	Green	Yellow	Red
Sick Sad Tired Bored Moving Slowly	Happy Calm Good to Go Focused Ready to Learn	Frustrated Worried Silly/Wiggly Anxious Excited	Mad/Angry Mean Yelling/Hitting Out of Control I Need Time and Space

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Useful websites



National Autistic Society

Website: <u>www.autism.org.uk</u>

Ambitious about Autism

Website: www.ambitiousaboutautism.org.uk

• Emotional Wellbeing Team

Website: <u>https://sway.office.com/ZOy5Y7ViWgHzvuYR?ref=email</u>

Sources



National Autistic Society

Website: <u>www.autism.org.uk</u>

• NHS

Website: https://www.nhs.uk/conditions/autism/



Thank you for listening!

Q&A