



**And  
Mental Health Support:  
Hints and Tips from Lived Experience**

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## Tips for communication



- Give **extra time to process** what you said/did – 8 seconds rule.
- **Check you understood them and they understood you.**
- **Less is more:** don't overload with information.
- Saying the **person's name at the beginning of a sentence** or a question so they know you are addressing them is helpful for some people
- **Be specific and concrete** (e.g. 'do you feel shaky,' rather than 'how do you feel').
- **Be literal** – try to avoid figures of speech.
- **Say what you mean.** Don't expect the autistic person to read between the lines.
- **Don't expect your body language/tone of voice** to convey meaning.
- **Be aware that their body language, tone of voice and eye contact may be unusual**  
(e.g. relative lack of eye contact; flat tone of voice even when upset; smiling when angry).





## Tips for communication (continued)



- Communicate in a **calm environment** with as few distractions as possible
- **Adjust to their preferred communication style**  
(e.g. writing things down when stressed; preferring to email you rather than phoning).
- Present **information in a written format** (on a screen or in printing, according to the autistic person's preference)
- For assessments provide **questions in advance**
- Provide **written summaries** of sessions



# General strategies to help with coping



- Allow **extra time** for processing – 8 seconds rule
- **One thing at a time** (don't overload)
- **Ask** what you can do to help
- **Clear structure**, knowing what comes next
- **Routines**
- **Visual supports**, e.g. pictures, time tables
- **Consistency**
- Adjust environment to cater to individual **sensory sensitivities and needs**
  - Consider **aids** (e.g. earplugs, ear defenders or sunglasses)
  - Sensory **toys** (e.g. something to fiddle with and/or chew on)/favourite item
- **Let the autistic person stim** if they want to (rock, etc)



# In Hospital



- Make sure the person has an **autism passport** and that staff read it
- In a ward round:
  - Have **only those people present that really need to be there**
  - If possible, stick to **one person speaking**
  - Keep it **simple**, keep it **short**
  - **Keep body language to a minimum**, also between professionals (as well as parents/carers)
  - Provide a **written summary** afterwards
  - Make sure the person has an **advocate**
- Give the person their **own room** in a quiet part of the ward. Being in a bay is overloading (i.e. sensory-wise)
- Let them **eat in their room** – dining rooms are overloading and stressful
- Always **tell the person before you touch** or do anything to them, avoid surprises



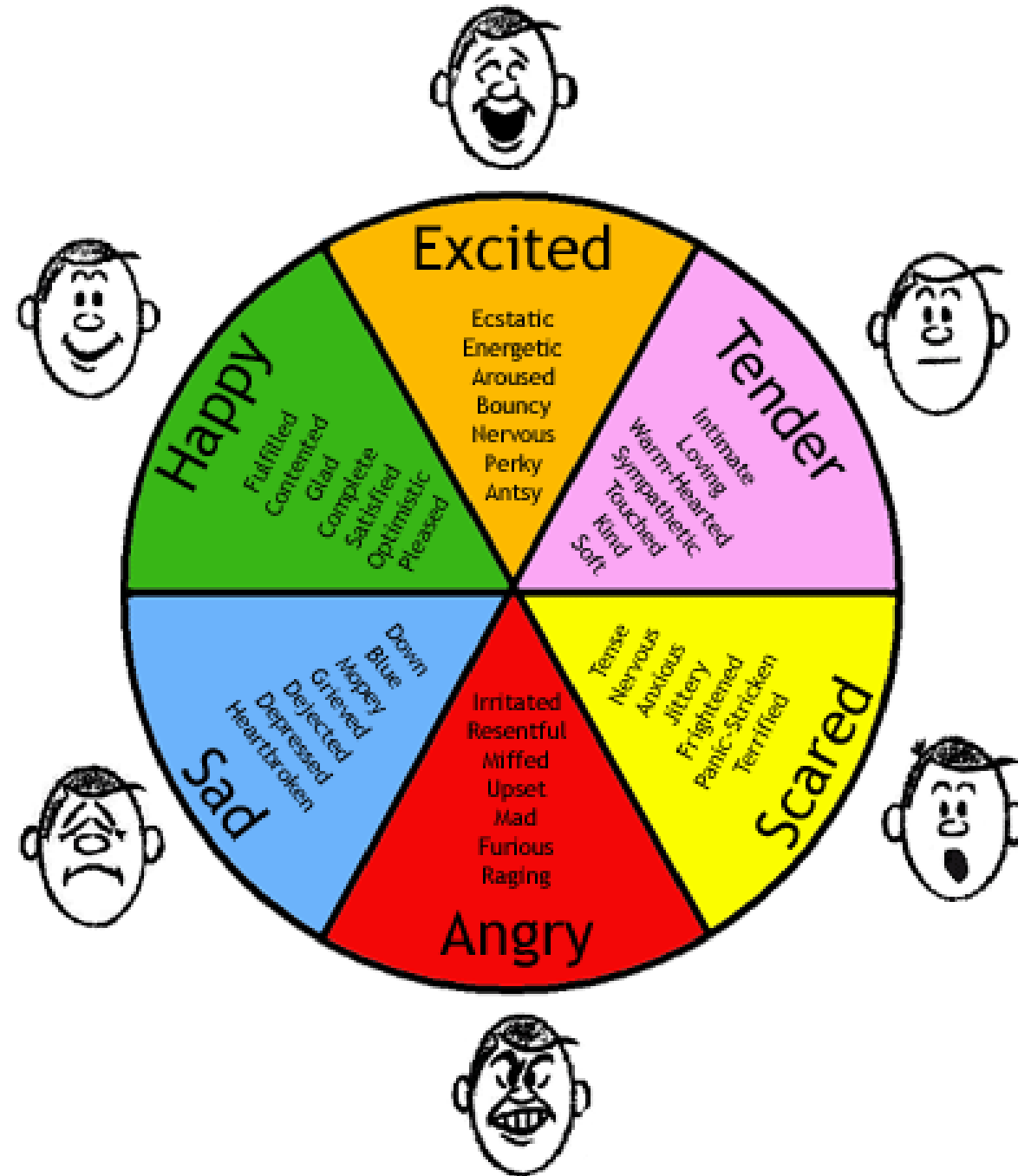
# Adjusting therapeutic interventions



- Deliver assessment and interventions in a **physical environment that is appropriate** for people with hyper- and/or hypo-sensory sensitivities
- **Make rules explicit and explain their context**
- Use **plain English** and avoid excessive use of metaphor, ambiguity and hypothetical situations
- Maintain the person's attention by offering **regular breaks** and incorporating their **special interests** into therapy if possible (such as using computers to present information)
- Break tasks down into **small, manageable steps** with **clearly defined objectives**
- A more **concrete and structured** approach with a greater use of **written and visual** information (which may include worksheets, thought bubbles, images and 'tool boxes')



# Identifying emotion



How does the emotion feel?

**Physically**

**Psychologically**

**... and how do I cope with it?**





# Example: Anxiety

## Physically:

- Shaking
- Clammy palms
- Difficulty breathing
- Rapid heartbeat/pounding heart
- Dry mouth
- Sweating
- Feeling weak and/or tired
- Sleep problems
- Feeling restless
- Tense muscles
- Headache
- Nausea and vomiting
- Pins and needles, dizziness

## Psychologically:

- Thinking the worst will happen
- Loss of concentration
- Ruminating
- Worrying
- Sense of dread
- Irritability
- Being on edge



## Example: Anxiety (continued)

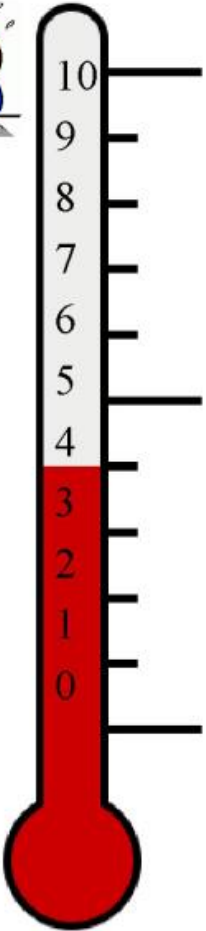
### ... and how do I cope with it?

- Focus on your breath and breathe slowly and deeply
- Mindfulness and meditation (for those who like these things)
- Go for a walk
- Talk to someone you trust
- Write down your worries, perhaps keep a diary
- Try to accept this is how you feel right now but it won't last forever
- Gently question your thoughts
- Distract yourself (e.g. funny animal videos, light reading, colouring in)



# Rating emotion, e.g. anxiety

Anxiety  
Thermometer



*Super anxious- Ask for help*

Anxious- Use your strategies

Relaxed- Everything is OK



# Coping strategies

...might include:

- Taking a **walk/exercise**
- Looking at **nature**
- **Talking** to someone you trust
- **Distraction**
- **Mindfulness/meditation**
- **Selfcare** (e.g. warm bath, cup of tea, read a good book, comforting scent (e.g. lavender oil), enough sleep, regular meals, reducing sensory input, listening to music)
- **Helplines** (e.g. Samaritans)
- Working on a problem by taking **small steps**
- **Journaling**/diary writing, **drawing**
- **Thinking of** some of the **good things** in your life



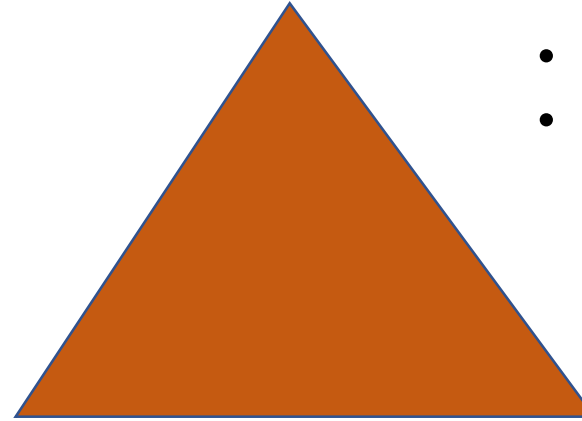
Any questions?



# Areas that present challenges for autistic people

Social interaction

- Making friends
- Unstructured activities
- Non-explicit social rules
- Working together
- Coping in groups



Social imagination/flexibility of thought

- Black and white thinking style
- Coping with changes, e.g. in routine
- Understanding/accepting others' points of view
- Generalisation

Social communication

- Social use of language (notably small talk)
- Literal understanding
- Jokes and sarcasm
- Body language, facial expression and gesture

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Intense interests, stereotyped behaviours and sensory differences

