

How Can I Help my Child Navigate Adolescence?

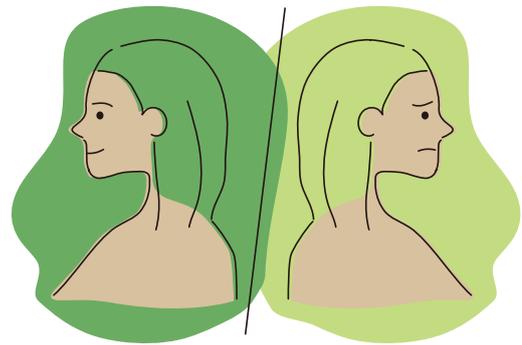
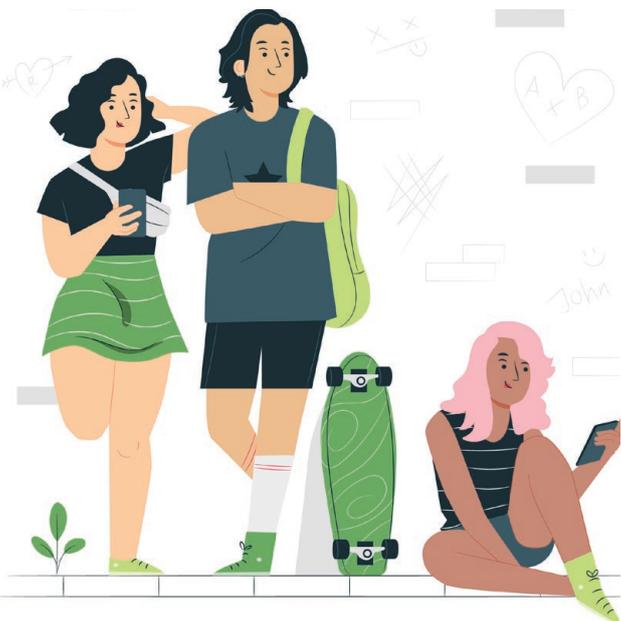
Helping Young People with Intellectual Disability and Autism with the Social, Emotional and Physical Changes of Adolescence.

WHAT IS ADOLESCENCE?

Adolescence is the transition time between childhood and adulthood. It begins around 10 -11 years, and ends when the young person reaches 19 - 25 years. During this transition, big changes happen to the young person's body and to the way they relate to the world.

Adolescence refers to the social and emotional changes that happen at this time, while **puberty** refers to the physical and sexual development of a young person's body.

Children with an intellectual disability (ID) and autism usually experience the same physical changes through puberty and at the same age as other young people. These changes can bring excitement and curiosity as their body matures both physically and sexually. For children with an ID and autism these feelings are often experienced without the social, emotional and cognitive skills to understand them. This can create confusion and worry.



WHAT DOES ADOLESCENCE LOOK LIKE?

Adolescence for most young people is experienced as:

- physical changes, such as:
 - rapid growth of bones, muscles, organs and body systems
 - increased appetite
 - altered body shape
 - a deeper voice
 - skin conditions (pimples and acne)
 - increased sweat
 - increased hair growth and distribution
 - additional teeth (second and third molars)
 - changed sleep patterns
 - menstruation (periods)
 - erections and nocturnal emissions (wet dreams)
- changes in thinking and behaviour, as the brain grows and changes
- strong emotions, irritability and unpredictable moods
- an increase in assertiveness and aggression
- an increased interest in peers, friendships and social opportunities
- a desire to be more independent, try new things, and test rules and boundaries.

THE PHYSICAL CHANGES: HOW CAN I HELP?

It can be hard for young people with an ID and autism to understand the changes that are happening to their bodies. It can also be difficult for parents and carers to know how best to explain these changes.

The following strategies are designed to assist with the physical growth and change aspects of adolescence:

Start Early: young people with an ID and autism often need more time than most to understand and adjust to changes in their bodies. Prepare your child early for the physical changes that happen in puberty. This will reduce confusion and reassure them that nothing is wrong.

Use teachable moments. Look for naturally occurring opportunities to talk about physical changes, and to shape new skills and routines to support them.

Use the correct words for body parts and body functions. Young people with an ID and autism can take things very literally. Using unclear language can create confusion.

Repetition is important – your child will need to hear some information more than once. They may want to ask questions. Answering questions honestly and directly will help keep the lines of communication open. It is very important to include young people in the conversation as far as they are able to participate.

Use scripts, pictures, social stories and books about puberty to promote understanding. Think about how your young person learns best. *See the reading list on our [webpage](#).*

Prioritise teaching social rules and skills. Provide clear, specific information about issues such as privacy. Make sure everyone knows the rules, so they can be followed consistently by everybody e.g. knocking on a bedroom door before entering.

Model appropriate hygiene behaviour. Allow your young person to watch and ask questions about how you manage tasks like applying deodorant, shaving, etc.

Encourage a healthy lifestyle. Encourage healthy eating, exercise habits and sleep routines. Promote routines that include more frequent showering or bathing to manage adolescent sweating, oily skin and pimples.

Seek assistance from the young person's doctor. The GP can provide assistance with matters such as menstrual pain, disrupted sleep, and worry.



Young people with an ID and autism have the same sexual curiosities as others their age. Body exploration, masturbation and sexual attraction are all natural parts of growing up.

Try to be non-judgemental. Be patient and honest with your young person. Expect that some conversations will be uncomfortable. Always feel that you can say 'I don't know, but I'll find out, or let's find out together'.

SOCIAL AND EMOTIONAL CHALLENGES. HOW CAN I HELP?

Adolescence is a time of strong emotions. Like all teens, your young person is likely to be irritable and moody sometimes. Young people with disabilities experience the stress of adolescence without many of the skills needed to understand and cope. So, they are at higher risk of developing mental health conditions such as anxiety and depression. It's important that parents and school staff watch for sudden, extreme mood changes.

Young people with an ID and autism often find it difficult to express their feelings, even when calm. Hormonal changes and strong emotions can add to these difficulties. Big reactions to minor frustrations can take everyone by surprise. Behaviour challenges are common in adolescence, particularly when the young person can't communicate very well.

These challenges can include verbal aggression, hitting out at others, and damaging property. Sometimes, a young person may self-injure or hurt themselves. If this happens, prioritise safety and remain calm. Model the level of emotion you want your young person to achieve. Don't try to teach a young person how to manage a situation when they are upset. Teach better ways to respond to big feelings and frustrations when they are calm.

Strategies to consider include:

anticipating and preventing difficulties - think about activities that will calm the young person when they're upset, adjust their schedule to prevent unreasonable levels of stress, and provide positive feedback when they try hard to manage their level of emotion.

naming their feelings – talking about feelings and naming them builds a vocabulary for expressing emotions. Model this by using statements like, 'I feel a bit sad today, because...' Connecting an emotion with its cause can help the young person choose how to respond to the feeling.

opportunities to express emotion – through painting, working in clay, playing in sand, singing, dancing.

practicing mindfulness techniques - to calm a busy mind, and help settle agitation and worry.

teaching breathing exercises to use when angry or upset. You may need to remind the young person when to use them, until they learn to notice they are upset.

STAYING SAFE. HOW CAN I HELP?

Talking to parents can be hard sometimes. It's often helpful to identify a safe person for the young person to talk to - a sibling, a friend or another family member.

Adolescents with an ID and autism may struggle to identify which adults to trust. It is critical that they understand:

- their private parts are always private, so nobody other than a safe person or health professional is allowed to see, touch or talk about them
- they must never see, touch or talk about the private parts of anyone else
- if anyone touches their private parts in an unwanted way, they should tell a safe adult straight away.

Also consider:

monitoring what your adolescent is watching on screens (including their phone). Are they learning inappropriate sexual behaviour from TV, movies, or music videos?

collaborating with your school team in teaching important concepts such as stranger awareness and safety skills, good touch/ bad touch, public and private body parts / behaviours/ places and information, etc.

internet safety – monitor what your young person is accessing on the internet. Adolescents with an ID and autism can be particularly vulnerable to cyber bullying, internet threats, and exposure to adult content that makes them feel uncomfortable. Apply filters to restrict access to dangerous or inappropriate material. **Seek out sites designed specifically for young people with an ID and autism.**

WHEN & WHERE TO GET MORE HELP:

If you are concerned about your young person's transition through adolescence, several professionals may be helpful:

- Your child's teacher and school – consistently applying strategies across home and school can be highly effective in teaching skills and promoting safety.
- A Behaviour Support Practitioner or Psychologist can assist preventing and responding to behavioural difficulties, including sexualised behaviours. They can also help with teaching social rules, as well as addressing self-esteem and identity development.
- An Occupational Therapist can assist with teaching new hygiene routines.
- A Speech Pathologist can assist with making information about puberty and adolescence more accessible for your young person.
- GP, Paediatrician or Paediatric Psychiatrist – if you are concerned about anxiety, depression, irritability, mood swings or behavioural difficulties that have not responded to positive behaviour support, a medical practitioner may suggest medication to reduce some symptoms in the short term.

If you have any feedback on this tip sheet please fill in our [feedback form](#). You can find readings, resources and links related to this topic on our [webpage](#).

If you are still concerned, contact your GP or Paediatrician about services that might be helpful.

