

The Complete 12-Week Programme Workbook

A structured, evidence-based 12-week programme for parents and coaches working with neurodivergent children. Includes psychoeducation, behavioural analysis, emotional regulation, positive behaviour support and family wellbeing.

HOW TO USE THIS WORKBOOK

- Work through one week at a time — each week builds on the last.
- Read the Core Concepts, complete the worksheets at calm moments, and end with the Reflection.
- Keep your completed worksheets in a single folder; you will return to them in weeks 11 and 12.
- For coaches: this workbook is the parent-facing companion to the CPD course. Use it as the structure for the 12-week programme you deliver to families.
- Pair with the Resource Library tools (Emotion Cards, Thermometer, Breathing Techniques, Visual Timer).

12 WEEKS AT A GLANCE

Week 1 Understanding ASD, ADHD & the Neurodivergent Brain	Week 2 The ABC Model — Thinking Like a Clinician	Week 3 Meltdowns, Co-regulation & Emotional Labelling
Week 4 Reinforcement, Reward Systems & Shaping Behaviour	Week 5 Aggression, Defiance, Screen Time & De-escalation	Week 6 Visual Schedules, Task-Breaking & Transition Planning
Week 7 Functional Communication, Social Stories & Peer Interaction	Week 8 Working with Schools, SENCOs & the EHCP Process	Week 9 Connection Before Correction — Attachment & Special Time
Week 10 Managing Stress, Guilt & Building Sustainable Parenting	Week 11 Building Your Child's Personal Profile & Support Plan	Week 12 Coordinating with Professionals & Sustaining Your Progress

WEEK

1

FOUNDATIONAL UNDERSTANDING (PSYCHOEDUCATION)

Understanding ASD, ADHD & the Neurodivergent Brain

Moving from 'naughty child' to 'neurologically different child' — the science that changes everything.

WEEK 1 OUTCOME

Reduces parental guilt, blame and frustration. Provides the neurological framework for every strategy that follows.

CORE CONCEPTS THIS WEEK

- ASD is a neurodevelopmental condition affecting social communication, sensory processing and executive function.
- ADHD involves differences in dopamine regulation — affecting motivation, impulse control and sustained attention.
- Executive function (planning, working memory, inhibitory control) is impaired in both conditions.
- Children with ADHD typically have executive function 2-3 years behind their chronological age.
- Behaviour is driven by neurological differences — not defiance, manipulation, or bad character.

WORKSHEET 1A — MY CHILD'S NEUROLOGICAL PROFILE

Brain difference	How I see this in my child	Strategies tried so far
Executive dysfunction (planning, organising, starting tasks)		
Sensory processing differences		
Emotional regulation difficulties		
Social communication challenges		
Impulse control / hyperactivity		
Demand avoidance / anxiety		

REFLECTION

Before this week, how did I most often explain my child's challenging behaviour to myself? What has shifted now?

WEEK

2

BEHAVIOUR ANALYSIS & FUNCTIONAL UNDERSTANDING

The ABC Model — Thinking Like a Clinician*Parents stop reacting emotionally and start responding strategically.***WEEK 2 OUTCOME**

Identify the function of your child's behaviour so you can address the cause, not the symptom.

CORE CONCEPTS THIS WEEK

- A — Antecedent: what happened immediately before the behaviour?
- B — Behaviour: exactly what did the child do? (specific, observable, measurable).
- C — Consequence: what happened immediately after? This determines whether behaviour repeats.
- Most challenging behaviour serves one of four functions: Attention, Escape, Access, Sensory.
- Common triggers: fatigue, transitions, sensory overload, unpredictability, hunger, social demands.

WORKSHEET 2A — 5-DAY ABC BEHAVIOUR DIARY

Date / time	A — antecedent	B — behaviour	C — consequence	Function (Att/Esc/Acc/Sen)

REFLECTION*Think of the behaviour that troubles you most. What function do you now think it serves? What might have been reinforcing it?*

WEEK

3

EMOTIONAL REGULATION TRAINING — CHILD & PARENT

Meltdowns, Co-regulation & Emotional Labelling*Co-regulation techniques, meltdown vs tantrum distinction, and managing your own response.***WEEK 3 OUTCOME**

Reduction in explosive behaviour and family distress. A regulated parent is the most powerful intervention available.

CORE CONCEPTS THIS WEEK

- A meltdown is neurological overload — the child has lost voluntary control. Cannot be reasoned with.
- A tantrum is goal-directed — the child retains some control and monitors your reaction.
- Co-regulation: you regulate your own nervous system first; your child then borrows your calm.
- Three meltdown phases: Rumble (early warning) -> Meltdown (peak) -> Recovery.
- Parent emotional control is the most clinically critical variable in meltdown outcomes.

WORKSHEET 3A — MY CHILD'S MELTDOWN PROFILE (BY PHASE)**PHASE 1 — RUMBLE***My child's early warning signs (physical, verbal, behavioural cues that precede a meltdown):*

PHASE 2 — MELTDOWN*What it looks like for my child during peak (this stage cannot be interrupted):*

PHASE 3 — RECOVERY*What helps my child come back:*

MY OWN TRIGGERS*My personal warning signs that I am becoming reactive, and what I can do in the moment:*

REFLECTION*Think of the last meltdown. Looking back, can you identify the rumble phase? What could you do differently at that point next time?*

WEEK

4

POSITIVE BEHAVIOUR SUPPORT (PBS)

Reinforcement, Reward Systems & Shaping Behaviour*Evidence-based reinforcement — not bribery. Structured, consistent and child-identified.***WEEK 4 OUTCOME**

Increased adaptive behaviours — compliance, focus, social skills. Reduced need for correction over time.

CORE CONCEPTS THIS WEEK

- Reinforcement is agreed in advance and offered after the desired behaviour. Bribery is offered during the unwanted behaviour — and reinforces it.
- Effective reinforcement is: Immediate, Consistent, Specific, Personally meaningful.
- Specific praise costs nothing and is one of the most powerful reinforcers available.
- A token economy bridges behaviour and delayed reward — critical for ADHD brains.
- Shaping: reinforce approximations of the target behaviour, not just perfection.

WORKSHEET 4A — MY CHILD'S REINFORCEMENT MENU (COMPLETE WITH THE CHILD)

Small (daily / 1-5 tokens)	Medium (weekly / 10-20 tokens)	Large (monthly / 30+ tokens)

REFLECTION*How many times did you specifically praise your child this week? What did you name? What was their response?*

WEEK

5

MANAGING CHALLENGING BEHAVIOURS

Aggression, Defiance, Screen Time & De-escalation*Practical, real-life strategies for the behaviours that cause most family distress.***WEEK 5 OUTCOME**

Reduced parental burnout and increased confidence in handling the hardest moments.

CORE CONCEPTS THIS WEEK

- De-escalation requires reducing demands and stimulation — not adding them.
- Safe ignoring (for attention-function behaviours) vs active intervention (for safety risks).
- Screens are neurologically compelling to neurodivergent children — management, not cold-turkey removal.
- Crisis planning in advance prevents panic decisions in the moment.
- The best intervention for defiance: reduce power struggles by offering genuine choice within limits.

WORKSHEET 5A — CHALLENGING BEHAVIOUR RESPONSE PLAN

Behaviour	Function (ABC)	My new response	What I will avoid

REFLECTION*Of the behaviours that cause most distress, which one will you respond to differently this week, and how?*

WEEK

6

STRUCTURE, ROUTINE & EXECUTIVE FUNCTION SUPPORT

Visual Schedules, Task-Breaking & Transition Planning

Visual supports are among the most evidence-based interventions for ASD and ADHD.

WEEK 6 OUTCOME

Improved independence, reduced demand resistance, and smoother daily routines.

CORE CONCEPTS THIS WEEK

- Visual schedules reduce anxiety by making the unknown known — predictability is calming.
- First-Then boards are the simplest, most immediately effective visual support.
- Task analysis: break any task into single-action steps — then teach each step.
- Visual timers make abstract time concrete — critical for ADHD time-blindness.
- Transitions need preparation: warnings, visual cues and a bridge to the next activity.

WORKSHEET 6A — MORNING ROUTINE BUILDER

Step	Activity	Time allowed	Visual support	Adaptation for my child
1 — Wake & stretch				
2 — Toilet & wash hands				
3 — Get dressed				
4 — Eat breakfast				
5 — Brush teeth & hair				
6 — Pack bag & shoes				
7 — Leave / wait calmly				

REFLECTION

After 1 week of a visual schedule, what changed? What needed adjusting? What will you keep?

WEEK

7

COMMUNICATION & SOCIAL SKILLS COACHING

Functional Communication, Social Stories & Peer Interaction*When children cannot communicate needs effectively, behaviour becomes the communication.***WEEK 7 OUTCOME**

Better social integration and reduced isolation. Challenging behaviours replaced by communication alternatives.

CORE CONCEPTS THIS WEEK

- Functional Communication Training (FCT): teach an equally effective alternative to the challenging behaviour.
- The alternative must be easier to produce than the challenging behaviour.
- Adults must respond immediately and consistently to the FCT strategy — every time, at first.
- Social stories: short narratives describing a situation from the child's perspective — teach cognitive scripts.
- Structured activities (clear rules) work better for peer interaction than open-ended play.

WORKSHEET 7A — FCT PLANNING

Behaviour to replace	Function	FCT alternative (verbal/card/sign/AAC)	How I will teach it	How I will respond when used

REFLECTION*Think of one communication breakdown this week. What was your child trying to say? How could FCT help next time?*

WEEK

8

SCHOOL COLLABORATION & ADVOCACY

Working with Schools, SENCOs & the EHCP Process

Consistency between home and school is clinically essential. You are the most powerful advocate your child will ever have.

WEEK 8 OUTCOME

Consistency between home and school leads to significantly better outcomes across both environments.

CORE CONCEPTS THIS WEEK

- Approach school as a partner — collaborative language opens doors that adversarial language closes.
- A one-page child profile (strengths, triggers, strategies, communication) is the most powerful document you can share.
- In the UK, any parent can request an EHCP Needs Assessment from the Local Authority — no school permission required.
- An EHCP is legally binding — the support it specifies must be provided.
- Keep a written log of all communications, meetings and agreed actions.

WORKSHEET 8A — ONE-PAGE PROFILE FOR SCHOOL

THINGS PEOPLE LIKE & ADMIRE ABOUT ME

Strengths, talents, what makes my child special:

WHAT IS IMPORTANT TO ME

Special interests, routines, people, comfort items:

HOW BEST TO SUPPORT ME

Things that help, sensory needs, communication style:

MY TRIGGERS & WHAT YOU MIGHT SEE

Warning signs, what I look like when overwhelmed, what to do:

REFLECTION

What is one thing the school is doing well, and one thing you would like to discuss at the next meeting?

WEEK

9

PARENT-CHILD RELATIONSHIP REPAIR

Connection Before Correction — Attachment & Special Time

When a child is dysregulated, what they need first is connection — not consequences.

WEEK 9 OUTCOME

Stronger emotional bond and trust. Reduced challenging behaviour driven by attention and disconnection needs.

CORE CONCEPTS THIS WEEK

- Connection before correction — a regulated, connected child is far more receptive to teaching.
- Special Time: 10-15 daily child-led minutes with no demands, no phone, no agenda.
- Repair after rupture: parents will lose it sometimes. The repair, not the rupture, is what matters.
- Children of neurodivergent profiles often have an unmet need for unconditional attention.
- Watch for and name the small moments of cooperation, kindness and effort.

WORKSHEET 9C — FIVE THINGS I GENUINELY APPRECIATE ABOUT MY CHILD

Not behaviours — qualities, character, essence. Return to this list when things are hard.

1

2

3

4

5

REFLECTION

When was the last time my child saw me look genuinely delighted in their presence — not because of something they did, but because of who they are?

WEEK

10

PARENT WELLBEING & BURNOUT PREVENTION

Managing Stress, Guilt & Building Sustainable Parenting

You cannot pour from an empty cup. Parental burnout is clinically recognised — and preventable.

WEEK 10 OUTCOME

Sustainable parenting. Prevents the collapse of the whole system — which is what your child's outcomes depend on.

CORE CONCEPTS THIS WEEK

- Parental burnout has three features: exhaustion specific to parenting, emotional distancing from the child, loss of sense of being an effective parent.
- Reactive thoughts ("I am failing") drive reactive behaviour. Pre-prepared reframes interrupt the loop.
- Recovery is not what is left over — it is scheduled, named and protected.
- Asking for help is a clinical skill, not a personal weakness.
- You cannot regulate your child if you are unregulated. Your wellbeing is the intervention.

WORKSHEET 10A — PARENTAL BURNOUT SELF-ASSESSMENT (0 NEVER -> 4 ALMOST ALWAYS)

Statement	0	1	2	3	4
I feel utterly overwhelmed and exhausted specifically by my parenting role	☐	☐	☐	☐	☐
I feel emotionally detached or indifferent towards my child	☐	☐	☐	☐	☐
I feel like I am going through the motions — parenting without feeling	☐	☐	☐	☐	☐
I sometimes wish I could escape or get away from it all	☐	☐	☐	☐	☐
I feel like a completely different (worse) parent than I used to be	☐	☐	☐	☐	☐
I feel guilty about how I parent and the thoughts I have	☐	☐	☐	☐	☐
I have very little support from people who understand my situation	☐	☐	☐	☐	☐
I am running on empty — I cannot identify what restores me	☐	☐	☐	☐	☐

Score 0-8 mild stress · 9-16 moderate, take action now · 17-24 high burnout risk, seek support urgently · 25+ severe, please reach out to your GP or mental health professional.

REFLECTION

What is one recovery activity I commit to doing this week, and exactly when?

WEEK

11

THE INDIVIDUALISED APPROACH

Building Your Child's Personal Profile & Support Plan*Precision parenting — applying everything you have learned through the specific lens of your child.***WEEK 11 OUTCOME**

A precision approach that goes beyond generic advice to a living document tailored to your child.

CORE CONCEPTS THIS WEEK

- No two children with the same diagnosis present the same way.
- A living personal profile pulls together diagnostic, sensory, communication, reinforcement and trigger information.
- Strategies are not "right or wrong" — they are effective or not effective for this child today.
- Review the profile and the strategies every 3-6 months.
- Share the profile with every new adult who enters your child's life.

WORKSHEET 11A — COMPREHENSIVE INDIVIDUAL PROFILE (SIX SECTIONS)**1. DIAGNOSTIC & CLINICAL***Primary diagnoses, co-existing conditions, age, key clinicians:*

2. SENSORY PROFILE*Highest-seeking senses, highest-avoiding senses, key accommodations:*

3. COMMUNICATION*Best modality, FCT strategies in place, supportive scripts:*

4. REINFORCEMENT*Top 5 motivators, things my child most wants to avoid:*

5. TRIGGER MAP*Most reliable triggers, high-risk times of day, protective factors:*

6. CO-EXISTING*Anxiety, demand avoidance, learning differences and their impact:*

REFLECTION*What is the single most important thing in this profile that every adult around my child should know?*

WEEK
12

INTEGRATION WITH TREATMENT PLANS

Coordinating with Professionals & Sustaining Your Progress*Behavioural training is most powerful as part of a coordinated multidisciplinary approach.***WEEK 12 OUTCOME**

Holistic, multidisciplinary care. A maintenance plan that sustains gains long after the programme ends.

CORE CONCEPTS THIS WEEK

- You are the central coordinator of your child's multidisciplinary team — nobody else holds the whole picture.
- Behavioural observations are invaluable clinical data — share them with prescribers at every review.
- Plan reviews in advance: 3 month, 6 month, annual, and after any significant change.
- Three core strategies sustained for 12 months will outperform 30 strategies tried for two weeks each.
- You are not finishing the programme — you are starting your maintenance phase.

WORKSHEET 12A — PROFESSIONAL TEAM COORDINATION

Professional / service	Current involvement	Their key goals	How I align at home	Next review
Occupational Therapist (OT)				
Speech & Language Therapist (SALT)				
Psychologist / CAMHS				
Paediatrician / prescriber				
Educational Psychologist				
SENCO / school				

REFLECTION*Complete this sentence: "Before this programme, I parented from _____. Now I parent from _____."*

You have completed the 12-Week Programme.

You were doing your best with what you knew. Now you know more. And with that knowledge comes the ability to do things differently — not perfectly, but differently. That is enough.

MAINTENANCE PLAN

3-month review	Re-read your Individual Profile (Week 11) and update what has changed.
6-month review	Re-run the Trigger Map (Week 2) and Reinforcement Menu (Week 4).
Annual review	Update all sections and share with school and clinical team.
After any significant change	New school, diagnosis, medication change, family transition — review the whole plan.