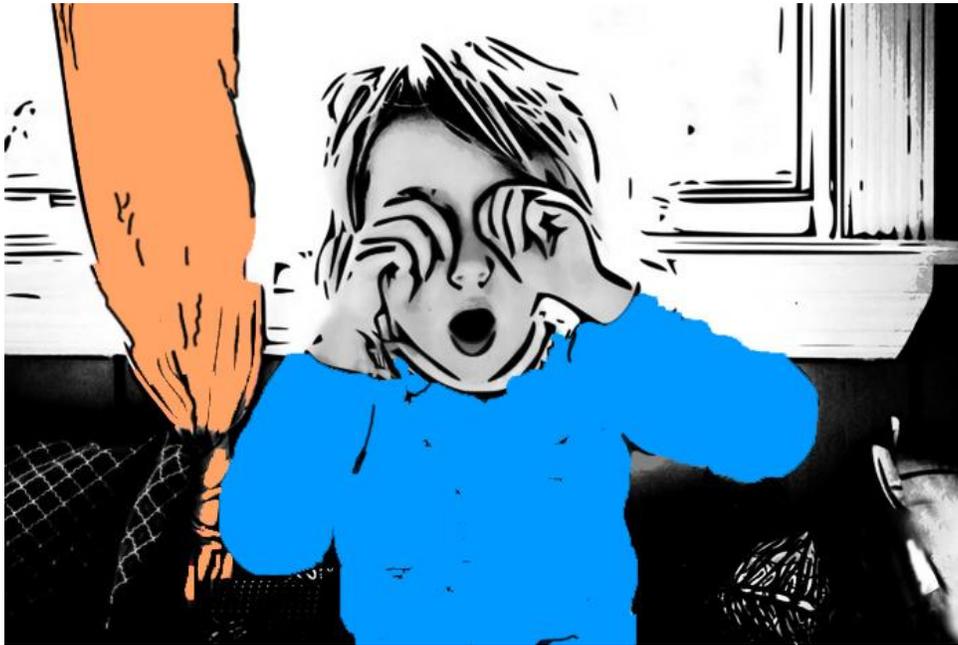


Hygiene

Is your child having challenges with bathing, dressing, or brushing teeth?



Is your child:

- Having trouble with hygiene?
- Struggling to manage a basic morning routine?
- Continuing to need help in the shower?
- Attempting to go to school with dirty, uncombed hair, un-brushed teeth and the same clothes as yesterday?
- Failing to use deodorant?
- Not maintaining a reasonably put-together appearance?
- Smelling bad? Do you have to roll down the car windows because of body odor?

LET'S TALK ABOUT IT

Some children do not pick up self-care skills as quickly as others. You may have no concerns academically, but you wonder, without your support, if your child would ever brush his teeth, bathe, or choose proper clothing for the weather. Children mature at different rates, and often people say that girls mature faster than boys. In younger

children, it can feel like a challenge to have to walk your child through every step of a self-care routine.

In a teenager, you may be frustrated; your teen is almost an adult, and yet you have to tell him to brush his teeth. As children get older and enter puberty, they have more odors and thus more hygiene to manage. To peers, it stands out more drastically if another student smells bad, wears the same clothes over and over, or has dirty hair.

Yet, as children get older, it becomes harder and harder to influence their hygiene. Working with your child from a young age to establish routines for dressing, showering, brushing teeth, using deodorant and wearing clean clothes can help things later on.

Some children are naturally very concerned about their appearances. Other children find grooming and hygiene to be a waste of time, taking them away from more important interests like YouTube or Minecraft. When children struggle to see things from others' perspectives, they may not realize the importance of hygiene.

Sometimes, a child with who once had very good hygiene suddenly appears unclean. This rapid change might reflect more serious concerns like depression, self-esteem issues, and a lack of engagement in life. Some children will suddenly drop their self-care routines due to recent changes at home, trauma, abuse or depression. As adults, it is important to notice these changes and to offer support for any emotional issues that may be at the root of them.

CLINICAL DESCRIPTION

Adaptive Skills are functional skills including *daily living skills, self-care, community living, functional academics, domestic skills, functional communication, socialization, coping skills and motor development*. The term 'daily living skills' refers to skills we need day-to-day to function. Self-care is an adaptive skill, and hygiene is certainly an important self-care skill. A child who can brush his teeth independently, put clothes away, and wash his own hair has skills in self-care.

Typical development: many young children will go through phases where they do not care as much about hygiene. As a parent, you may feel like a nag, constantly reminding your child to brush his teeth or take a shower. This may simply be a sign that your child needs more hand-holding to get the job done and may not be cause for concern.

Attention problems: A child who struggles with hygiene may also miss cues from you that it is time to get things done in order to be at school on time. Your child may be found staring out the window, half-dressed with a dry toothbrush beside her. She may be thinking about what that noise is coming from a house next door. She may be planning a dance routine for recess or reliving the plot of a favorite show. Inability to follow multi-step directions can impact overall adaptive behavior and development if you don't devise a more concrete strategy like a morning checklist or sticker for completed

tasks system. In this case, a cause for poor hygiene may be related to attention to detail and organization and planning for task completion. Children who struggle with attention often do not get things done in an organized and timely manner, which can impact whether they make it to school on time with their teeth brushed and hair combed.

Poor social skills: One issue is that your child may not have as much interest or practice socializing. Lev Vygotsky's *social learning theory* posits that social interaction underlies typical learning and development. Children learn from engaging with one another. If your child does not engage as much socially, he is less likely to focus on grooming and self-care.

Disabilities: Clinically, we must consider that children with disabilities often have adaptive challenges. Children with Autism may have delays across all adaptive domains. Children with AD/HD may struggle with receptive communication, domestic, and self-care skills. Children with emotional challenges may also be delayed in their adaptive skill development. Anxiety and depression can lead to a reduced expression of appropriate self-care and social skills.

If your child is not in tune with what other children are doing, he or she may not care if he shows up to school un-kept. He might not care if he smells bad or if kids are teasing him. She might not even pick up on subtle teasing. Her thought process could be, "if I shower I have less time for Minecraft" or "Showering isn't fun; I just don't have time for it."

Autism: Often, children who are high functioning on the Autism Spectrum have some of the above views about hygiene. Other children with autism may refrain from brushing teeth or hair and bathing because of sensory sensitivities to certain textures, tastes or smells. It can be helpful to determine whether lack of hygiene is due to an aversion, to the feeling that it's a waste of time, or simply to a skill deficit. Some children need more support to instruct their bathing and hygiene. Parents can help by organizing the bedroom with a clear spot for clothes that have been worn and another place for clean clothes.

WHAT TO DO TO GET YOUR RELUCTANT CHILD READY FOR SCHOOL IN THE MORNING

If your child is struggling with the daily living skills needed for self-care, there are some strategies you can try.

To help your child, consider a **gradual release** approach. Help your child only as much as needed and not more. You can, for example, shape your child's behavior in doing a morning routine.

1. First, go with your child, and do every step in the routine. You can make a checklist of tasks for your child to follow. At first, you will follow the list together.

Help your child pick out clothes and get dressed, put toothpaste on the toothbrush, brush teeth, rinse the sink, locate and put on socks, and then locate and put on shoes. Do every step side-by-side with your child. You may feel silly helping your older child with these tasks, but your support is needed if he or she is not yet successfully independent.

2. Next, remove your verbal directions, but still provide support. Walk through each task together, with little verbal direction, only pointing to the checklist.
3. Then, expect your child to get dressed independently, but walk him or her through the tooth brushing and putting on shoes. Praise successful completion of getting dressed, noting that your child remembered to wear clean and matching clothes. Check-off the checklist together to ensure that the list is complete.
4. Next, remove the support for the toothbrush routine, praising the completion of getting dressed and brushing teeth.
5. Finally, withdraw your help for getting on socks and shoes. Praise your child for completing all three steps independently.

You may find that your child is able to do much more on his or her own when you are willing to patiently persist in providing support for independent performance. This approach takes more time and effort than either doing the tasks for your child or heading off to school with none of them done. In the long run, though, your child will benefit.

If, however, your child is struggling in multiple activities of daily living, including self-care, chores, and participation in school, a developmental concern may be evident. Children who fall behind significantly in daily living tasks may have a disability and may require therapy. Applied Behavior Analysis (ABA) therapists and Occupational Therapists (OT's) can help children who struggle with activities of daily living. If you suspect your child may have a disability, consider an evaluation by a psychologist (see 'Where to go for help' below).

SIMILAR SYMPTOMS

If your child is struggling with a similar problem, not directly addressed in this section, see the list below for links to information about other related symptom areas.

- [Social skills \(Socializing\)](#): difficulty socially interacting with others impacts adaptive skills because peers can be our children's guide for the clothes to wear and the general expectations for grooming and self-care. Children with poor social skills may miss these cues from peers

- **Intelligence:** trouble with thinking and reasoning can cause various delays that would encompass areas like communication, daily living skills, socialization and motor development
- **Inattention (Focusing):** problems paying attention can lead a child to miss cues from other peers about appropriate grooming and behavior

POTENTIAL DISABILITIES

*Children who have significant problems in this area may have any of the following potential disabilities. *Note, this information does not serve as a diagnosis in any way. See the 'Where to Go for Help' section for professionals who can diagnose or provide a referral.*

- **Intellectual Disability:** children with intellectual disabilities have various delays across cognitive and adaptive domains
- **ADHD:** challenges with attention, impulsivity and hyperactivity often translate into "immature" behavior and lower skills in some areas, such as listening and following directions, emotional control, and self-care tasks
- **Autism Spectrum Disorder:** deficits in social communication and restricted interests or behaviors can have a global impact on adaptive skills, or perhaps the deficits are social while other adaptive areas are developing typically
- **Anxiety/Depression:** excessive worry or sadness that has an impact on day-to-day functioning; children with these emotional struggles may withdraw from peers, communicate less and let self-care skills decline
- **Typical development:** it is entirely possible that your child does not have a developmental problem or disability. It could be that your child is simply refusing to do these tasks due to the lack of maturity, preference, or motivation expected of most young children. Try some of the strategies listed above, and if these are not successful and your child is in the teen years, it may be time to seek support from a professional

WHERE TO GO FOR HELP

If your child is struggling with this symptom to the point that it is getting in the way of his learning, relationships, or happiness, the following professionals could help; they may offer diagnosis, treatment, or both.

- **CLEAR Child Psychology:** to obtain a *customized profile* of concerns for your child or to *consult 'live'* with a psychologist
- **ABA Therapist:** to treat behavior; can help to improve behavior, increase adaptive skills and improve communication. In-home treatment plans make addressing self-care and domestic skills easier. This therapy is often covered by insurance for Autism Spectrum Disorders but can be helpful for other diagnoses as well

- [Psychologist or Neuropsychologist](#): to conduct a full assessment to examine symptoms in a mental health and/or behavioral context
- [Psychotherapist or Play Therapist](#): to treat emotional symptoms as needed; to work on social skills via a social skills group or CBT interventions
- [OT or Speech Pathologist](#): to treat motor or language deficits. In combination with ABA, this approach may be most effective for children with Intellectual Disability or Autism

These professionals may recommend the following tests for this symptom:

- [WISC-V](#): IQ test used to establish a baseline of intellectual abilities (Psychological or School Psychological evaluation)
- [Vineland-3](#): adaptive test of overall development for ages birth to 21 years that includes communication, socialization and daily living skills. (Psychological or Neuropsychological evaluation)
- [TOL-2, CTMT, WCST, TOVA](#): test of executive function may help to determine the skills your child has, such as the ability to plan, organize, and pay attention (Neuropsychological evaluation)
- [ADOS-2](#): test of social communication skills in consideration of autism (some items relate to concerns in adaptive and communication domains) (Psychological or Neuropsychological evaluation)
- [Roberts, BASC-3, Clinical Interview, RCMAS, CDI-2, Human Figure Drawing](#): emotional tests. The BASC-3 also has adaptive domains to assess flexibility, social skills, leadership, and functional communication. (Neuropsychological or Psychological evaluation)

LEARN MORE

[1] Barkley, Russell A. (2013). *Taking charge of ADHD, 3rd edition: The complete, authoritative guide for parents.*

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[2] Kroncke, Anna P., & Willard, Marcy & Huckabee, Helena (2016). *Assessment of autism spectrum disorder: Critical issues in clinical forensic and school settings.* Springer, San Francisco.

Springer: <http://www.springer.com/us/book/9783319255026>
 Amazon: <https://www.amazon.com/Assessment-Autism-Spectrum-Disorder-Psychological/dp/3319255029/>

[3] Siegel, Daniel J. & Bryson, Tina Payne (2012). *The whole brain child: 12 revolutionary strategies to nurture your child's developing mind.*

Amazon: <https://www.amazon.com/Whole-Brain-Child-Revolutionary-Strategies-Developing/dp/0553386697/>

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