✦ Neurodivergent Minds

What to Do During a Meltdown or Shutdown

What's happening, what helps in the moment, and what to do afterwards.

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How to Use This Guide

This is a guide to keep close, not to read once. The middle section (“In the moment”) is deliberately short enough to read while things are happening. Read the rest when things are calm, and fill in the sheets near the end so the plan exists before you need it.

One thing to say first: a meltdown isn't a failure of parenting, and it isn't a failure of your child. It is what happens when a nervous system is overloaded beyond what it can manage. Nothing in this guide will make meltdowns disappear, and nothing here is a treatment. What it can do is help you understand them, respond in ways that tend to shorten them, and reduce how often they happen by catching the build-up earlier.

What a Meltdown Is, and What It Isn't

A meltdown is an involuntary response to overload: too much sensory input, too many demands, too much emotion, too little recovery or a combination, often building up over hours or days.

It's different from a tantrum. A tantrum is usually about getting something or avoiding something, and tends to ease when the situation changes. A meltdown is not a tactic, and the child isn't in control of it. Trying to bargain, reason or teach in the middle of one will usually make it longer.

A shutdown is the quieter version. Instead of exploding outward, a child goes inward: they may go silent, stop responding, freeze, withdraw, lie down, or seem to “switch off”. It looks calmer, but it's the same thing: a nervous system at its limit. Shutdowns are easy to miss and easy to misread as sulking or ignoring you.

Some children have both, some mostly one. Some meltdowns are loud and some are tearful. Some children also have “almost” meltdowns that they hold together until they get home. All of these are real.

A note on language: this guide uses the word “overwhelm” for the underlying state. It isn't a diagnosis of anything, and we can't tell you what your own child's needs are, only help you notice them.

Before: The Build-Up

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Most meltdowns have a build-up, even when it doesn't feel like it. If you can spot the earlier stage, you get a chance to change course.

A simple way to think about it is a traffic light, the idea behind the Traffic Light Method™ introduced in the free Neurodivergent Energy & Overwhelm Guide:

- **Green:**
  coping well, has capacity, flexible.
- **Amber:**
  getting stretched. Needs adapting: fewer demands, less noise, a break, a snack, some quiet.
- **Red:**
  overloaded. Needs recovery, not demands.

Worth remembering: the most useful time to help is in amber. Once a child is in red, the goal is to keep them safe and let it pass.

Early Signs Worth Learning

They differ for every child

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- More movement, stimming, pacing or the reverse: going very still
- Changes in voice: louder, flatter, quieter, or repeating words
- Getting more rigid or more irritable about small things
- Complaints about noise, light, clothes or smells that they usually tolerate
- Covering ears or eyes, hiding, wanting to leave
- Refusing or struggling with things that are normally fine
- Going pale, flushed, or complaining of tummy ache or headache

A small way to use this: spend a week just watching, not changing anything, and make a note of what you see before the hard moments. The “Early signs” sheet at the end gives you somewhere to put it.

In the Moment

Meant to be read in about a minute

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- **1. Stay as calm as you can.**
  Slow your own breathing and lower your voice. Your calm isn't a performance for them. It's a physical signal their nervous system borrows.
- **2. Make it safe.**
  Move away anything that could hurt them or break. If they're in a public place, a road or any risk, move them (or yourself) to somewhere safer if you can do so without a struggle.
- **3. Cut the input.**
  Less noise, less light, fewer people, fewer words. Turn things off. Ask others to step back. Go somewhere quieter if possible.
- **4. Use fewer words, and keep them simple.**
  “I'm here.” “You're safe.” “I'm not going anywhere.” Then stop talking. Questions and explanations require processing that your child doesn't have right now.
- **5. Don't demand anything.**
  No eye contact, no apologies, no explaining, no “calm down”, no consequences. Wait.
- **6. Offer, don't insist.**
  A familiar comfort object, a blanket, water, a dark quiet space, a particular music or a pressure item, if these have helped before. If they push it away, leave it nearby and step back.
- **7. Stay close, but not crowding.**
  Some children want a hug and some can't bear to be touched. If you aren't sure, ask once in a calm tone, and be prepared for either answer. Stay within sight.
- **8. Wait it out.**
  It will end. They are not being difficult. They are recovering.

A note about holding or restraint: physically holding a child during a meltdown is a serious matter, and this guide can't advise on it. If you are ever concerned about safety, for your child, you or anyone else, speak to your GP, paediatrician or SENCO about a safety plan. If anyone is in immediate danger, call 999.

Shutdowns

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A shutdown needs a slightly different approach, because the child is often not making noise, and the urge is to try to get them talking.

- Don't push for words. Let them be quiet.
- Reduce demands to almost none. No questions that need answering.
- Offer a low-effort way to communicate: pointing, a thumbs up and down, a card, a simple yes/no.
- Stay near, quietly. Sit with them, put on something gentle, or just be in the room.
- Allow plenty of time. Shutdowns can take longer than meltdowns to ease.
- Dim the lights and lower the noise if you can. A shutdown is often the body's way of cutting off input it can no longer process.
- Don't mistake quiet for calm. A shutdown is not relief, it's overload that has turned inward, and it deserves the same gentleness as a meltdown.
- Watch for a shutdown turning into a meltdown, or the other way round. Some children move between the two, and the same low-demand approach helps either way.

In Public

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Meltdowns in shops, on buses or at school gates are exhausting for parents, partly because of the audience.

- Your child's wellbeing matters more than strangers' opinions. You're allowed to ignore the looks.
- Move away from the crowd if you can, to a corner, a car, a toilet, a quiet side street.
- If someone offers help or advice, “thank you, we've got this” is a complete reply.
- Consider carrying a small kit: headphones or ear defenders, sunglasses, a favourite small thing, a drink and a snack.
- A printed card that says “my child is overwhelmed, we just need a few minutes” can help you avoid explaining in the moment.
- Have an exit plan before you go out: know where the quiet spots are, and be willing to leave early if you need to.
- It's fine to go home. A shortened trip isn't a failure, it's a reasonable response to what your child can cope with that day.

After: Recovery and Reconnecting

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What happens afterwards matters as much as what happened in the middle.

- **Let them recover first.**
  After a meltdown a child is often exhausted, and may feel embarrassed or upset. Offer a drink, a quiet space, comfort. Don't rush to talk about it.
- **Don't lecture or punish.**
  Consequences for the meltdown itself make it harder for your child to trust you with their distress. What your child needed was help.
- **Reconnect.**
  Something simple: sitting together, a hug if they want one, a quiet activity. The message is “we're okay.”
- **Talk later, if at all.**
  When everyone is calm, and only if your child is up for it, you can gently wonder together what made it so hard. Use curious, not blaming, language: “That seemed really hard. What do you think was making it so tricky?” For some children, drawing, writing or a scale is easier than talking.
- **Look for what you can change, not what they should do differently.**
  The aim is a smaller build-up next time, not a perfect response.

Looking After Yourself

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Meltdowns are draining for parents too, and often come with guilt and judgement from others. You're allowed to need support.

- You can't pour from an empty cup. Plan some recovery time for yourself, even small amounts.
- If there are two of you, agree how you'll take turns.
- If you're frightened, hurt or exhausted by the intensity of meltdowns, tell someone: a GP, health visitor, the SENCO or a support group. Seeking help isn't a failure.
- Try to find other parents who understand. It makes a real difference.
- Notice your own build-up too. Parents have a traffic light as well, and reaching amber is a cue to lower your own demands, not just your child's.
- Let go of the idea that a calm parent means a calm house. You can do everything right and still have a hard day. That's the nature of this, not a sign you're failing.

Brothers and Sisters

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Siblings see and hear a great deal, and may be frightened, embarrassed or resentful.

- Tell them, in age-appropriate words, that it's not their fault and not their sibling's choice.
- Give them somewhere calm to go during a meltdown, and a trusted adult if possible.
- Make sure they have time with you that isn't about the meltdown.
- Let them say how it feels, including the unfair parts.
- Explain a little about what's going on for their sibling, in simple terms, so the meltdown feels understandable rather than random or frightening.
- Notice if a sibling starts taking on a caretaking or peacekeeping role. It's common, and worth gently naming so it doesn't become their job.

Catching It Earlier

Patterns and triggers

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Meltdowns rarely come from one thing. They are often the “last straw” on top of a pile. Common contributors include:

- Sensory overload: noise, light, smell, crowds, clothing, temperature
- Too many demands in a short time, or sudden changes to plans
- Tiredness, hunger, thirst, being unwell
- Holding it together at school or elsewhere, then collapsing at home
- Transitions, particularly from something enjoyable
- Strong emotions: excitement, disappointment, worry
- Social strain, or feeling misunderstood

A small way to use this: keep a short log for a few weeks (the sheet below gives you a format). You're not looking for blame. You're looking for repeating patterns, such as the same time of day, the same place or the same kind of demand. Once you can see the pattern, you can often change one thing.

Sheet 1: Early Signs

Fill in over a week or two of watching, then keep it visible

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- **What my child's body looks like when they're getting stretched:**
- **What their voice or words do:**
- **What they do or avoid:**
- **What usually happens in the hour before:**
- **What tends to help at this stage:**
- **Where and when we see this most (school, home, transitions):**
- **Who else should know to watch for these signs:**

Sheet 2: Meltdown Log

Short form, copy and use for a few weeks

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- **Date and time:**
- **Where, and who was there:**
- **What had happened in the hours before (school, sleep, food, noise, changes):**
- **What I think the “last straw” was:**
- **What helped, and what made it worse:**
- **How long it took to recover:**
- **What we tried that we wouldn't do again:**
- **Anything that seems to be repeating from previous entries:**

Sheet 3: Our Calm Plan

Share with anyone who looks after your child

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- **What overwhelm looks like for my child:**
- **What to do first:**
- **What helps (objects, places, phrases, music):**
- **What makes it worse (please avoid):**
- **How long it usually takes to recover, and what recovery looks like:**
- **When to contact me, and how:**
- **Early signs it's building, before it reaches this point:**
- **Anything else that's useful:**

What's Ordinary, and When to Ask for More Help

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- **Usually ordinary:**
  meltdowns and shutdowns are a common part of neurodivergent childhood, and they often increase during periods of change: a new school, a new baby, a house move, illness or the end of term. Many children have more at home than at school, because home is where it's safe to let go.
- **Worth mentioning to school or your GP:**
  meltdowns that are becoming more frequent or more intense, meltdowns that happen almost daily, losing skills your child had, or a sense that your child is struggling much of the time. A conversation can help you work out what has changed and what might help.
- **Worth seeking more help soon:**
  if meltdowns involve a risk of serious harm to your child, to you or to others, if you aren't able to keep everyone safe, or if you feel overwhelmed and unsupported yourself. Speak to your GP, health visitor, paediatrician or SENCO. If anyone is in immediate danger, call 999.

Worth remembering: this guide isn't medical advice, and we can't tell you what is going on for your child. A professional who knows your child can.

A Closing Note

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You aren't doing it wrong. Meltdowns are one of the hardest parts of parenting a neurodivergent child, and one of the most misunderstood. The aim isn't to stop them entirely. It's to make them less frequent, shorter and less frightening, and to make sure your child always knows you're on their side.

Use this guide as a working tool. Revisit the sheets as things change, and share the calm plan so that more people can help.

Where to Get Help, and a Few Safety Notes

This guide is general information, a set of practical ideas and different ways of looking at things. It is not medical, mental health, legal or safeguarding advice, and it cannot replace a professional who knows your child. Every child is different, and what helps one child can be unsuitable for another. If something here does not feel right for your child, trust your own judgement and ask a professional.

If you are worried about your child

- Talk to your GP, or your child's school SENCO or pastoral team. Say what you are seeing and how long it has been going on.
- Waiting lists for children's mental health services (CAMHS) are long in many areas. That is not your fault. Ask what support is available in the meantime, in school and locally.
- If things get worse while you wait, say so again. You have not used up your chance.

If a child says they want to hurt themselves

- Stay calm, listen and take it seriously. Do not promise to keep it secret and do not leave them alone if you think they may act on it. Get help the same day through your GP or NHS 111, or call 999 if they are in immediate danger.

A safety note on meltdowns

- If anyone is at risk of being hurt, call 999. We cannot advise on physically holding a child during a meltdown. If that is something you are worried about, please speak to your GP, paediatrician or SENCO about a safety plan.

Helplines

In an emergency or if someone is in danger	**999**
NHS 111, for urgent advice	**111**
Childline, for children and young people (free, any time)	**0800 1111**
YoungMinds Parents Helpline (weekdays)	**0808 802 5544**
Samaritans, for anyone (free, any time)	**116 123**
Contact, for families with disabled children (weekdays)	**0808 808 3555**

More helplines and support organisations are at neurodivergentminds.com/help.html. Phone numbers and services change, so please check each organisation's own website for current details.