

## **Does your child have difficulties?**

## **Does your child have special needs?**

Your child may have been identified as having a specific diagnosis from a paediatrician, child psychiatrist and/or child health team.

Examples of these include autism and related conditions on the autistic spectrum of disorders, attention deficit disorders (ADD or ADHD), Down's syndrome, Cerebral Palsy, developmental delay or learning difficulties.

Not all children with one of the above also have sensory integration difficulties but some do.

When a child over or under reacts to sensory input, is disorganised in movement, has difficulty learning new tasks, lacks confidence in self directed play, has poor attentional skills, then SI assessment can be useful to identify the specific areas where your child needs support, guidance or therapy.

## **Your child may be finding the practical side of growing up difficult.**

He/she may find learning how to 'do' activities hard or impossible and need constant teaching to master those things children generally do for themselves - stairs, bikes, toys etc. Your child may be having difficulty learning to get dressed, use a knife and fork, to write or use scissors. Your child may fall over their own feet, walk into doors, misjudge spaces, misjudge the amount of force required to play with toys or to push someone away.

He/she may be irritable or over sensitive, which makes him/her difficult to comfort, protect, sanction or help. Becoming 'over-excited' may happen too easily, or he/she may always be placid or difficult to motivate. Your child may get exceedingly tired, frustrated or avoid trying again.

School may be a struggle. Teachers may misunderstand him/her as lazy, naughty, or troublesome. Playing with friends may be a puzzle, not understanding the unspoken rules, how to be gentle, to take turns, dislike of being too close to others. Your child may have only some or all of the above.

Professionals may have already described your child as dyspraxic or as having development co-ordination disorder or a specific learning difficulty, clumsy, self-regulation and/or attentional disorder.

You may have found that many people offer advice but that this doesn't match your child's needs. You may know of a service to help, but will have to wait a long time, too long when you and your child are experiencing stress, frustration and worry.

'Sensory Integration' is an assessment and treatment approach used to identify and address children's difficulties with co-ordination, motor-planning (praxis) and response of the nervous system to sensory input. Sensory Integration is the way the nervous system filters, interprets and co-ordinates sensory information for use. Sensory Integration is the process by which the nervous system regulates and organises activity and movement.

Some children have particular difficulty with this process, and this can lead to over or under reaction and disorganised responses, which in turn disrupts normal development and learning.

Sensory Integration is but one way to understand a child's difficulties. After discussions with me you may feel that this is not for you, or I may advise that this is not an appropriate approach for your child. If this is so, I will do my best to put you in contact with other services.

### **Sensory Integration Therapy.**

Sensory integration therapy is one way of helping children. It does not work for all children but for those it does, changes begin to happen quickly. Children are generally seen once a week for 2 to 4 school terms. Some improvements are usually seen within the first 6 weeks but it needs long term in-put to allow a child's nervous system to develop.

Sensory integration therapy aims at improving the way a child's brain responds to and makes use of sensory information and how this is used to plan, co-ordinate and organise movement. It also has a positive effect on self-confidence and self esteem.

Sensory integration therapy uses enhanced sensory in-put combined with planned motor out-put through which a child experiences success. The emphasis is non-cognitive which means that I work with the child's reactions rather than practice specific skills.

Sensory integration does not 'teach' a child new skills nor does it directly supply experience or practice in those areas of development that are causing concern. It involves the active participation of child (and therapist) in a way that facilitates interaction with the play environment.

To your child and you as an observer the therapy session should seem like just playing. To therapist it will be specifically designed to match and develop your child's nervous system needs.

### **Occupational Therapy**

#### **What is occupational therapy?**

The aim of occupational therapy (OT) is to maximise the infant or child's potential to participate in daily activities by minimising the impact of disease and disability through the use of purposeful activity. The occupational therapist (OT) is dual trained in physical and mental health. The occupational therapist will assess how the infant/child's physical and mental health as well as the environment impact on participation in daily activities.

#### **What does an occupational therapist do?**

- Assess children's abilities and potential within the context of their family, physical and psychosocial environment.
- Enable children to maintain a balance and maximise their participation in daily activities including self-care, school related tasks and leisure time.
- Problem solve barriers to participation in daily activities
- Use activity as a therapeutic tool
- Adapt the environment to maximise the child's ability to engage in activities