Let’s Talk Learning Disabilities

EPISODE 15

Welcome to Let's Talk Learning Disabilities with Laurie Peterson and Abbey Weinstein. Laurie & Abbey spend their days talking about dyslexia, dysgraphia, dyscalculia, and ADHD. They talk to parents of struggling students and adults who have had a lifetime of academic challenges. They want to share those stories, along with their own insights with you. So, *let's talk learning disabilities*.

Laurie: Welcome to let's talk, learning disabilities. This is Laurie

Abbey: and I'm Abbey

Laurie: and we are super excited today. We have Betsy Williams from top pediatric therapy. She is an occupational therapist, and she's going to tell us, we're going to talk all things occupational therapy today. So I'm super excited. So welcome, Betsy.

Betsy: Thank you. Thank you for having me.

Laurie: Absolutely. We are very happy to have you, so we're going to start like, Super top level easy. What is occupational therapy?

Laurie: So, uh, the basis of occupational therapy is actually that word occupation. Um, and then occupational therapists can work with anybody over the lifespan. Um, but being a pediatric occupational therapist, we work with the occupations that a child, um, has. So the occupations that our kiddos have are, um, motor. So play activities, gross, motor fine motor activities. Um, walking, running, climbing, um, coloring, buttoning, um, things like playing with peers. So social skills, um, would fall under an occupation of a child, um, school occupation. So handwriting being able to sit in a chair and listen, and focus is an occupation that we work on as well. Uh, following directions, um, Anything that a child would do, um, daily brushing your hair any kind of

grooming tasks, getting dressed. Um, so any daily occupation of a child is what I, as an occupational therapist, um, would work on.

Laurie: So tell us a little bit about your center.

Betsy: So our, uh, center we're located up in Frisco, Texas. Um, and we are, um, and we're considered an outpatient clinic, but we work from, um, the sensory sensory integrative. Um, theory. So we look at a kid holistically. Um, we look at their, their basic sensory systems and, um, decide from there what we need to work on occupation wise. So, you know, a parent may. Uh, have a kiddo come in and they're having a hard time focusing in school. Um, and we might find that they have very poor body awareness. So we may work on body awareness so that they can improve their focus in school. Um, so yeah.

Laurie: What about for like the younger kids, like your preschool and your, your kindergarteners. I mean, you're, you probably have parents with a whole host of concerns, right? Um, not just their school performance, but it could be things like being able to cut their food or color or alert button, their pants cut with scissors.

Betsy: Yeah, a lot of times with our little, our little ones are our preschoolers. We get, um, maybe the, the pre-verbal kiddos are aren't able to make their needs met verbally. Um, and so they may, um, get attention in inappropriate type of ways. Um, throwing themselves down, screaming, having temper tantrums beyond. The two and three-year-old temper tantrums. Um, and so we may get, um, parents that call us because they just don't know what to do with this tantruming child, um, behavior issues, behavior. Hitting, hitting, and biting friends and stuff. Cool. Um, things like that that are all very, um, input seeking types of behaviors for our little, um, but also frustration because they're not able to talk or make their needs met. Um, so we. We would work with that child on again, improving body awareness. Um, and then also would probably recommend speech therapy.

Laurie: What do you mean by body awareness? Like how do you, what does that mean?

Betsy: Um, well, so when we talk about, when I talk, when I talk to any parent, a lot of us, when we're in school, we learn about our five basic

sensory systems. So vision, smell, taste, hearing, and touch. Um, but we also have. Three actually internal, um, body senses. One is our purpioseptic sense, which is the big word, but that's basically our body awareness. So I'm able to know where my body is in space because I'm getting constant feedback from my muscles and my joints up to my brain to tell me where my, where my body is. So I can talk to you guys. I know that my. Hands are up in the air. Cause I'm, I use my hands a lot when I talk, um, my left leg is crossed over on my right leg. Um, my right foot is firmly on the floor. My back is against the chair. I don't have to look to know where my body position is because my muscles and my joints are constantly giving feedback to my brain. And then my brain receives that information, tells me if I feel comfortable, if I don't feel comfortable. Um, and then I have an appropriate, hopefully motor output considering the situation. Right? So that's our purpioseptic sense. Our, um, another internal sense is our vestibular sense and that is, um, our receptors are located in our inner ear. And that's my, my relationship with gravity. So am I sitting upright? Am I falling out of midline? Um, it was to my right side of my body doing versus my left side of the body. That's my, how am I moving? So body, body proprioceptive, his body position. Where am I? The stipular sentences. How am I, how am I moving? What's my body doing? Right.

Abbey: Um, and are those kids that are often like off balance or uncoordinated are falling out of their chairs or, or so knowing where they're at?

Betsy: It can be both. So the, the thing about sensory integration is it is just that integrating our senses. So that's kind of what we do. We will, um, kind of weed out. Is it a vestibular problem where their little body is not understanding what's being fed to their vestibular system and they are either seeking out more input. Or on the flip side, we have a lot of kids that are very sedentary and they don't like to move and they may have, um, we call it gravitational insecurity where they get scared when their feet are off the ground.

Laurie: Um, that's so interesting

Betsy: Or they're up high or whatever. My, my son actually, we used to go over, um, Overpasses. And he was very firmly in his chair. Um, but he would just freak out because he was up so high. Um, and that was definitely a vestibular issue, um, with him. But then on the flip side, you may have a

kiddo that is able to climb up and as long as their feet are firmly intact, um, yeah, vice versa. They may be, they, uh, They need their feet for that input for that body awareness. Um, we call that postural insecurity. So for a kiddo that may not like to swing, it may be because they don't understand where their body position is because their feet aren't because they're, if you don't own the ground and they're not getting that input from the ground, um, which is why, you know, positioning with all, all of our occupations are very important for our kids.

Laurie: Um, so how do you work on improving that? Or once you determine which. Senses right. Or systems you want to work on then can you give a couple of examples of the kind of things that you might do to help with the vestibular or proprioceptive?

Betsy: Um, so a lot of times, uh, with our proprioceptive system, we're working on just getting them enough of that input. So we do a lot of, um, climbing. So climbing, jumping wheelbarrow walks, and it kind of animal walks, anything where they're working their muscles and their joints, um, to improve strength, um, to give as much input as we can to their muscles and joints so that hopefully their little brains start receiving it. Um, And then the circular wise, um, we may start off with very little vestibular, um, for a kid or that's that has, you know, vestibular processing differences. And we may, if it's a kiddo that really, um, is having a hard time with movement, we may give them a lot of that proprioceptive input first, get their little bodies better regulated proprioceptive wise and then do small increments of a similar until we can give them more and more and more, and their little brains are learning how to process it.

Laurie: So when I think of like sensory processing issues, I think about kids who don't like loud noises or who don't like textures like the tag or the socks or whatever. So where do those fit into those systems?

Betsy: Um, so they, so in general, proprius susceptive types of input are very calming. In general. Um, and so for a kid, or that may have an auditory processing or an, or maybe hypersensitive to noise, um, then we would recommend doing, um, more proprioceptive types of input to kind of calm their nervous systems. A lot of times they're so worried about what, what noise or touch or vision visual impairment is going to make their bodies feel bad. So

if we can give them. Proprioception, but then also work on the whatever specific sensory system is giving them the most, um, anxiety. Um, then, then that can, can get better. Um, but there are specific programs for, um, for auditory differences right. Uh, that we use this as well.

Laurie: So, so basically all the kids that you guys see, one of those systems is being impacted, but it shows up in different ways. So talk to me about like, What are the symptoms that people come complaining about that then you can address with, through one of these symptoms? Like, what are your, what are the frequent things? And I just really different with different ages, but still kind of what are the most

Betsy: It is. So we, um, and with each sensory system, it can look very different because we have kids that are, um, hypo, which means they're low. They need more and more of that type of input. And we have kids that are hyperactive to it. So they get just a little bit of that input and it causes disruption as well. So, um, so we would see, so like for a kiddo with the tactile processing differences, we typically get the ones that are hypersensitive to two different textures. Um, or on the flip side, we may get a kiddo who likes to wear a long sleeves in the summer. Um, what would the opposite of that is it's like, they, they just want more of that, that topic, or they're constantly touching you or they're you onto them hugging you are there. They don't have good awareness of, I mean, it's kind of body awareness too, but they don't have a good awareness of personal space and they're very, very close to their peers in the lines at school, and they get in trouble for touching and pushing and pulling. And, um, so it may be a kid that looks like that. Um, and then, um, you know, vestibular wise, we may have a kiddo who does not like to move, um, who is our sedentary kiddo and those kiddos often get overlooked because they're so doing what they're supposed to do there, their work. Um, but they may have a hard time at PE because they have a hard time running. Um, but as long as they're good and they're quiet, then they, they can get overlooked. And now on the flip side of the, um, so, so that type of kid who would be a hyper responsive kiddo to, um, To vestibular types of input. And then on the flip side, do you have your hypo responsive kiddos that can't sit still? And those are the ones that, that get into trouble. Maybe, you know, the hyperactive part of the ADHD, kiddo who is, is constantly on the move and constantly seeking that vestibular input for. Whatever reason. So it's, what it is

Abbey: So, what would you say is the most, the most common concern you hear of parents calling in or does it just vary? Is there a most common concern that you're hearing lately?

Betsy: Um, it's funny. We kind of go through these. These phases. I feel like we've had a lot of, of tactile kiddos that have come in recently. And I feel like there have also, there's also been an up swing in anxiety, um, which is not thanks for the comments.

Abbey: Yeah. We've seen an upswing in anxiety as well.

Betsy: Um, and so it's said that those have been like the big two, I would say recently.

Laurie: Do you feel like the, that somebody gives her learning at home now that they're, they're not developing some of those systems the way they should, because they are more, have been more confined to mean it's getting better now, but they've been more sedentary and more confined. So maybe some of those systems aren't developing?

Betsy: For sure. I think screen time is a huge concern in our kiddos in general, but I think with the pandemic there have been. Much there's there's, there's been much more opportunity. Understandably. So I was a parent that had to get work done and still sometimes has to get work done. So my kids are very happy with iPad and TV. Um, and that's just what it is. Exactly. So, um, but I do feel like. There's less opportunity for movement, um, because of the pandemic.

Laurie: So what are some of the academic, um, concerns from some of these system interruptions, whether it's hypo or hyper, what are some of the things that play out in a school setting that you see?

Betsy: Um, the one, the big one that we get is, um, handwriting. So parents that, um, that whose children have illegible, illegible, um, They're all over the paper.

Laurie: So which system is that?

Betsy: that that's combination. Okay. Um, there's a visual piece to it. Obviously there is a tactile piece. Um, and then the big one is that proprioceptive sense, certainly. Um, so position and how. Um, that ability. So like, uh, handwriting copying, um, it, you have to take a picture from your brain or from the screen and then have a motor output. Um, that looks just like the picture that is in your brain or on the board. Um, and so to do that, you, your body has to know where it's moving, how it's moving, its true body position. So, um, but then you also have to have that visual. Processing piece and then, right. Um, which is important.

Abbey: And I guess to be able to hold the pencil correctly and form the letters correctly and move your hand across the line, across the page, that is you have to have that body awareness as well. Right, right.

Betsy: Body awareness. And the big thing I think that, that we see is, so the way we develop is from central to distal. And a lot of times our kids are not. Um, they're, they're not confident in their core, the core isn't as strong as it should be to have a nice, good foundation for our writing. So we need to have a nice, strong core, nice strong shoulder. Um, nice. Stable forearm. And then when we write, we, um, we typically stabilize with our pinky and our ring finger. And then our hope is that we have a nice, good dynamic tripod grasp. So it took to push and pull. Um, but a lot of times what we see are kiddos that are stabilizing the, in their hand, um, and with a fisted grip, or even like putting a lot of pressure on them, um, the tip of their fingers, um, And so that causes handwriting to hurt.

Laurie: And so that could be a weak core muscle?

Betsy: I mean, theoretically, it could be, Yeah. That it could be. I also feel like handwriting is a lost art very, very early too. Um, and, and kids aren't really ready. So they, they start, um, with, uh, a poor grip from the beginning and then they get into these poor habits, even when core maybe where it should be, but they get into these poor motor plans and these poor habits with writing, and those are hard to break. So I wish three, four, and even five year olds are really working more gross motor. Right. And maybe like tong work, you know, so working on those three writing grasp skills, um, Before we were pushing letter writing, but that's just not our world right now either.

Abbey: So what other services do you guys offer at top pediatric therapy? I mean, are you all occupational therapists? Are there other types of service providers?

Betsy: We do provide speech therapy as well. Okay. Um, and, but we are, we're mostly OT. We have seven, seven OTs that are there. Partially or more full-time depending on that.

Laurie: And the therapist, they all do the same types of therapy or do you guys have special T areas or?

Betsy: Yes, we all kind of work from that sensory integrative, um, standpoint. Um, I would say I do have some therapists that may be a little more biomedical. Then, like I'm maybe more regulation and really truly sensory. Um, but we all do have a good foundational knowledge of sensory integration and, and, you know, using our sensory systems to get the, the goals met that we need to get.

Laurie: Um, and then you, I know we had, we were poking around on your website and looking at the different kinds of, of stuff that you guys do. And I, we noticed there's some, like IM therapy, which is interactive metronome therapy. Um, social groups and there was another main center gives those things that are, so can you just touch on each of those a little bit?

Betsy: Sure. Um, so social groups, we actually don't have any running right now. Um, I need a new speech therapist. You just don't have enough seats that we, but we were doing speech kind of social groups. Um, and we used a lot of the Michelle Garcia winner curriculum. Um, the social thinking curriculum, um, and had a really good success with those. So, um, but we've also done like sensory motor social groups and focused on, um, regulation in a group.

Laurie: Hmm. So what would that look like? Like as far as knowing where you fit physically in the group, or being able to do an activity.

Betsy: All of the above. Yeah. Kind of all of the above. So that we use a program called the zones of regulation, which is Lisa Coopers, I believe I'm going to hopefully not get that wrong. Um, she's got a really great program

that talks about where is my, um, my arousal level and my green and my just right. I'm able to follow directions and feeling calm and confident in my body. Um, and my yellow zone, do I have increased anxiety? Do I have the extra energy I'm having a hard time focusing and my blue zone, do I have low energy? Am I tired or sick? Or am Ired zone? Am I out of control? Um, and so what we like to do, and we do it, um, in our, in our OT sessions too, is teach the different zones and also teach, you know, how that individual child is feeling in each zone. And we let them know that there's no. There's no bad zone. Um, there are appropriate times to begin all, all levels. We don't really want to ever hang out in red, um, and the out of control zone, but we teach them, how are we feeling? How do we identify in ourselves and others? And then. What types of sensory input is going to work best for that child to help with regulation?

Abbey: Depending on what zone they're in. So are you teaching them to become self-aware of their zone and then to kind of advocate for what they need to help them with that zone?

Betsy: Yes, that's exactly right.

Abbey: That is so cool.

Betsy: And then, so the ones that can, and for the other, the ones that may not have, um, The ability yet based on developmental age or chronological age, then we teach it to parents and it kind of gives parents like, oh yeah. So this situation is causing little Johnny to be in yellow zone. Um, let's try this type of activity. See if we can pull them down or sometimes it's ex you know, pulling them out of there yeah. Activity. Right. Um, and then regrouping and calming and then trying it again.

Abbey: So, you know, we've talked about, we mentioned interactive metronome in a previous podcast when we were talking about processing issues and different types of processing issues. And so where, what is something or how do you guys use interactive metronome therapy in your center and what, what do you address with interactive metronome

Laurie: and how do you explain it? Cause we may not have done a great job. I mean, you obviously would be an expert. So can you explain. Explain it a little bit and then how you would use it.

I always send parents to their website because they explain it better than I ever can. Um, and it's a different type of therapy. Um, and I tell parents, it's, it's a tool in our toolbox. Um, I use it very differently than. A speech therapist would use it versus, um, a biofeedback therapist might use it. So, um, so depending on the child that I work with, um, if we're working on attention and focus, then I'm looking at the duration of time that that child is able to, um, To do the activity and keep it within the time constraints that I need him to do. So, and I don't know if that answered really that question, but interactive metronome is a computer based program, um, that uses a metronome beat, um, set at the typical tempo is 54 beats. Um, but that can be modified based on the child's impulsivity or, um, Even, even ability to move, we can make it faster, make it a little bit slower. Um, And it works on rhythm and timing, attention, focus. Um, and we use it. So if I have a kiddo that may have attention to focus issues, I'm looking at doing an activity for a certain duration. Um, but I've also used it for kiddos, um, that have a motor planning issue. Um, and I want them to get into that rhythm and timing to be successful with a certain and motor plant. I use it, we use it different ways.

Abbey: So one of our questions that we wanted to find out was can occupational therapy help individuals with ADHD? And it sounds like there are many different, um, factors involved in occupational therapy that can help with attention and focus and sustaining that attention. Impulsivity, hyperactivity, um, Hypo activity.

Laurie: I really think talking about the zones back to that piece, where that helps with that. Cause so many ADHD kids lack self-awareness & self-regulation skills even into adulthood. So to be able to, you know, be more aware of, okay, to put a name to it or a color to it or whatever. That to me is huge.

Abbey: That is huge to know exactly, become more aware of what's going on with your body and how you feel and how you feel, and then what you can do about it. If you're being too hyperactive, what are some strategies that I can do to help myself lower my activity?

Laurie: Or is it my environment? Right? If during this activity I'm a yellow, but this activity I'm a blue. Why? And how do I alter by how do I, how do I change it? So I'm successful.

Betsy: And it also gives, um, clinicians and parents and teachers and students kind of a uniform language to talk about that child and their arousal.

Abbey: Right. Yeah. So what other, what are some other common conditions, I guess, quote, unquote, or disabilities that, um, you work with and that occupational therapy can help?

Betsy: Um, um, all kinds like our, our center basically. Our biggest population that we work with would be autism spectrum, um, because of sensory because of sensory and a lot of his kiddos are over-processing under processing. Um, and so there are a lot of sensory underlying sensory needs that their little bodies need so they can catch up. Um, and on the flip side there, they also have all these wonderful splitter skills, right. Um, that we're, we're trying to kind of get. The little, the holes caught up in between. Um, so, um, we do, we do see a lot of kiddos that have some type of learning difference, whether it's a dysgraphia or an ADHD or dyslexia. Um, what else?

Abbey: Probably for the younger kids

Betsy: so like the little guys eating and swallowing a new, well, we do, we do. Um, yeah. And the little guys, when they came in, they may. They may not have it at diagnosis, except that they just may be behind a few minutes. Um, and their pediatrician just wants them to catch up. Um, we, we do see some, um, you know, uh, random babies with torticollis. Um, it's like a shortening of the neck muscles because of positioning, um, which we love to get, because if we can fix them at three months old, then. And just educate parents on the importance of tummy, tummy, tummy time, the importance of crawling, hitting all those developmental milestones, then, um, then we won't have to see them at five.

Laurie: Right, right, right. Um, I have a quick question. Uh, Mendez earlier, at what age do you determine hand dominance? Or is there a different number of bedding?

Betsy: Um, I, because of the push to right. Um, at an early age, I mean, I really tried to get them to have a dominant hand by five, but sometimes kids just don't.

Laurie: Um, so what does that mean? Or does it mean anything?

Betsy: Um, sometimes we do have true. Um, but extras to treat ambidextrous kiddos or kids that are, they are just going to write left-handed that gross motor is all right-handed. Sometimes it's a across think of midline issue, um, where the kids just, you know, if I put a crayon on the right side, they're going to pick up with the right hand and, and use that. And that's, it goes back to our vestibular system. Or if I put it on the left side, they're going to pick it up their left hand and use it. And that, that is an issue because you know, we're not, we're not able to cross midline and really, um, Pick a side to use or just using whatever. So that's kind of an immature, interesting, um, nervous system type of, uh, behavior. Um, and if with that kiddo, I wouldn't necessarily push a hand, but I would definitely work on it crossing midline.

Laurie: Because eventually then they'll pick the hands. Eventually the backhand that makes sense. You let, let them make that choice right there. It felt right.

Betsy: What gets tricky is. You know, they're coming to me and I'm letting them use whatever, but then at school they're making them.

Abbey: Yeah. I think a lot of teachers are forcing them to pick a hand into parents and parents too. And then can you, I'm curious, can you change their pencil grip? I mean, if they've, is that something that's hard to do? I mean, once they're in, let's say first grade or second grade and they still have an inappropriate pencil grip. Is that something that you can change?

Betsy: Um, it's changeable. Um, the kiddo has to want to change the grip. Um, it's yeah.

Laurie: That's the big one. They have to want to do it.

Betsy: And want to do it. So, and if they have a lot of times, when we start changing a grip, then they're writing change changes, and it isn't as good as they perceive it to be. Um, and so they'll go back to their old grip, um, their old inefficient grip, but I just, you know, try to remind them that. You know, in the long run, um, it's going to be more efficient. You're going to be able to write longer. You're going to have better endurance. You're going to have less pain in your hands. And things like that. So it's doable, but, uh, it really, the kids have to want to do it.

Laurie: Handwriting is so hard right now because of technology. Right. And I think it's frustrating because we do have so many kids that are fluent at the hunt and Peck. So they're not, they don't have the, the home keys or whatever. However we learned at the time they can not impact like nobody's business. And so it's like, well, parents don't want to push handwriting because they're typing. But at the same time, it's I feel like it's a developmental skill. You really need just as part of your process of developing language and. Your writing skills really can't skip that can you?

Betsy: I, I don't think so therapists, but, um, you know, I guess a lot of times schools, parents, teachers, if the kids are functioning and getting their work done whatever way, then they then they'll take it. Um, I mean, I do think handwriting is very important as far as like motor planning and the fine motor development.

Abbey: And can it be improved? You know, we, we actually diagnose a lot of clients with dysgraphia that have illegible or very, very poor handwriting. Um, so is that something that. Can it be improved through occupational therapy?

Betsy: I think it can. It can, I've seen it done. Um, a lot of times, I mean, it's just, I mean, I'm dysgraphia is a real diagnosis of course. But um, through motor planning and teaching and reteaching and practice and re practice, then those motor plans can change.

Laurie: It's like going back to the root right. Went back to the sensory stuff. Right.

Betsy: Yeah, exactly. Is it a postural control issue? Is it a fine motor strength issue? Partially. Is it a visual, visual, spatial issue, right? Yeah. And, and you know, you too. And so we would also, you know, maybe share with developmental optometrist or, you know, like, let's go look at this portion of it. See what they have to say, and then we'll incorporate some of their goals and activities into what we're doing.

Laurie: How much does your stuff overlap with like a vision therapy kind of thing?

Betsy: I would say quite a bit. Right. For a lot of a lot, I would say. But don't you do some of the same activities, would you say you do, but if I have a kid or that, um, That may be, will have been an OT for a couple of months. And I feel like there's still some significant visual attention or, um, ocular motor, or just perceptual wise. There's something I'm missing. Um, which just happens a lot. I'm very happy to get a second opinion. Um, for vision and also for auditory, um, I send referrals for, of processing disorders.

Abbey: So you start with an evaluation when they come to you and that kind of determines your course of treatment and therapy?

Betsy: Yes, they do an evaluation. We do standardize, um, as much as possible, um, gross motor and fine motor evaluation. And then we have a whole list of clinical observations that we're looking at. Um, the parents fill out a sensory questionnaire based on behaviors that they're seeing at home. Um, and then we kind of put everything together. And say, based on what you're telling us, you know, we only see them for an hour and a half. So sometimes our snapshot, isn't the truest picture. Um, so a lot of it's gleaning information from parents and their concerns. And, um, sometimes they work much better for us. Sometimes they work much worse for us. Um, but just based on parent information, information that we get during, um, that, that session, then we, um, We make a course for treatment.

Laurie: And do you see kids normally like once a week, twice a week because it depends?

Betsy: It depends, depends on a lot of things. Um, their, uh, their level of need, um, insurance we do take on, but, um, it's can be limiting at times.

Schedules are also very limiting at times. So it just, it just kind of depends, but I would say most of our kiddos come twice a week initially, and then we, we try to fade them back to one time.

Laurie: And would you say like your initial plan for kids is usually like three months, six months? I know that can completely vary by the specialist.

Abbey: We usually say six to 12. Yeah. Um, we like to evaluate six to 12 months, depending if I have a kiddo that is just flying through, um, And then I think we're going to get them done in six months. That's great. I would say most of our kids are with us at least a year.

Laurie: And do they ever need to, so you have somebody graduate from OT at six. Is there ever a time down the road that they're going to need to come back for any kind of like tuneup or?

Betsy: Um, we've had some come back and you know, it just depends on the skill. Yeah, exactly.

Abbey: So I'm curious. Um, you're in a clinical practice, you know, private practice. How is school-based occupational therapy different from clinical based or private based occupational therapy is one question. And then the second question would be why is it that there are so many kids that struggle with handwriting at school, but they don't qualify, they are not found eligible for occupational therapy services through the school?

Betsy: That's a good question. Um, I love our school OTs that we work with. We do a lot of collaboration, um, and there's some really wonderful OTs in the school district. I think they are very overwhelmed. There are, there's a lot of need in the school district. Um, their goal is for that child to be functional. At school. So if they, it doesn't matter if they're, they have a gross grasp, as long as their handwriting is legible, they're functional and that's okay. Um, they're performing up to grade level or

Laurie: That's their occupation, right? Like they're, they're that back to what we talked about, the very beginning there. Making it happen.

Betsy: xactly. And so, as long as they're functioning in school, then they don't necessarily need occupational therapy. Um, so we. Look at it a little bit different. A lot of times, you know, there are regulation things going on that, um, that we want to work on or motor skills. And a lot of times that the skills aren't a big enough deficit to maybe cause them to not be functioning in school. But if we can just catch them up. A little bit and make them more confident than they're going to perform even better in school, but that's not the schools, the school's job isn't to make them be the best, the best, the best that they me it's for them to get through their day and to do, um, to do everything at a functioning level to pass in my opinion, a deficit.

Laurie: Well you're right though, because a deficit and I think a deficit is there's always an, a different, different opinion, right? What somebody in the school or what a parent might see is the deficit. The school is like, it's fine. Like it's not that big of a deal with a parent thinks it is. So there. It makes sense. And there are, I think they're completely overwhelmed. There are too many kids that do need support too. They really do have to kind of pick the worst, the greatest needs and address those first.

Betsy: Yeah. They're having the more visual dysfunction in school, right. Um, catch up.

Betsy: So school, they just need to have, make sure that they are functioning fine. Good enough. Whereas your goal is to have them functioning to the best of their ability. Right?

Betsy: Right. Um, the reason we named top top is it stands for transforming our potentials. And so if I have a kiddo that is performing, you know, at level. Six, if I can get them up to level seven or level eight, then that's my goal. I want him to be the best that he can be.

Abbey: That's awesome. I love that, that was awesome. To the best of their potential.

Laurie: So is your certification and national certificate to get to your licensure? Is it a national licensure? Is it done per state? How does that work to become an OT?

Betsy: So licensing per state, um, we go through, uh, the Texas. Um, I can't remember an executive born or whatever, um, to, to keep our licensing up.

Laurie: So if you wanted to go to Oklahoma and work for someone there, you'd have to have your license, your OT. Yes for Oklahoma. So when people are, are outside of Texas and are looking for a pediatric OT, it's kind of self-explanatory, you would find somebody who's got the right certification, works with kids. I know even just looking at other cities for some of our clients, I have a hard time finding people that talk about handwriting, which is interesting to me. Um, and so I feel like that. To me, it's one of the more common things, but sometimes it's harder to find anyone that either specializes in it or really feels comfortable.

Betsy: Right. Um, there are, there are two really wonderful handwriting programs that we are we use and are familiar with. One is handwriting without tears. And again, I cannot think of who did that one. Um, the other one is first strokes by Jan McCloskey. So she is actually here in Plano first strokes first, we'll put those in the show notes.

Laurie: We'll put links to both of those.

Betsy: So, um, so you can always contact those. I know Jan is. Probably doing virtual, you know, if a parent is bottled a state, um, but I don't know. That's a Jan question. Sorry, Jan. Um, but her program is amazing. Um, and then you know about, we don't have a parent maybe look to their websites and see if there's a practitioner that specifically is working on in their area. Um, the other thing I tell my parents to do is, um, And actually, I just had a friend, a friend of a friend who lives in Miami and she, and they were in town and she had a little boy and I said, you know, I, I don't know. I don't, I can't, I'm not a diagnostician. Um, to me, it looks like he's doing great. Does he need speech? Probably, it's not going to hurt him. OT is not going to hurt him. Let's just, you know, catch up those skills a little bit. Um, but I said, you know, look into your mommy groups, your Facebook mom groups. Um, she wasn't. A hundred percent happy with the person that her doctor center too. And that's fine, you know, we all have opinions, but I know that my moms know a lot more than I do a lot of times. And so, yeah. So if you can find a mom, a mommy group, or a daddy group, um, for whatever you're looking for. Um, then a lot of times you can get some good information, good referrals there.

Laurie: I didn't think about that. That's a great idea, but I do like the idea of those handwriting programs. Cause I know I'm familiar with both of those and handwriting without tears. I know it was used across the country, so there'll be people that are using it.

Betsy: Yeah I know Frisco ISD is using that, um, So we use it a lot in our clinic, but the Jans programs are really great too.

Laurie: Are they, are they, um, teaching cursive again? I know we took her sip away for awhile or some districts did. I feel like Carson was really important for handwriting because of the flow and the, I don't know. I just think it's easier for our dysgraphic kids. And so is that something that, um, you guys ever worked on cursive with the kids?

Betsy: We rarely work on cursive with the kids. It really is a huge undertaking. If I get a kid that is just, is not getting print. Um, then I'll do like loops and other groups and, you know, and do a cursive, um, program with them. Um, you know, and then just as far as motor planning, there's just one way to, yeah. Right, right, right, right. Um, and so it, isn't easier. I think in a lot of ways, it's an easier way to learn, but then you have to. The visual side of it. Right. Different from the print that we read.

Abbey: And yeah, I do think schools are teaching cursive again, because I've seen several students recently that are writing in cursive and practicing cursive. So I think, yeah, I think it ebbs and flows. Um, they sometimes it's in the curriculum sometimes it's not, but they start implementing it at third grade usually. But I know that a lot of the dyslexia therapy programs. Teach those kiddos cursive, because it is easier for the individuals with dyslexia to write in cursive as well, the flow. Right. So it's cool. That's good to know that it is easier for dysgraphic individuals as well.

Laurie: Makes sense. Well, thank you for being here today. This has been great, but we're going to put your information in the show notes, along with those handwriting programs and anything else that you think might be helpful. We'll add in there as well. Um, if you guys have any questions or have any topics you want to hear, please email us letstalklearningdisabilities@gmail.com. Otherwise have a great day. We'll uh, we'll be talking to you with our next episode. Thanks, bye.

Thank you so much for joining us today. In our show notes you can find information about today's talk, as well as links to the resources and other episodes. If you have questions about today's talk, have ideas for future episodes or just want to stay connected, you can contact us through Diagnostic Learning Services on Facebook, Twitter, LinkedIn and Instagram. So, Let's Keep Talking Learning Disabilities. This podcast is sponsored by E Diagnostic Learning. You can find more information at www.ediagnosticlearning.com.

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