



*Occupational therapy practitioners*  
HELP PEOPLE OF ALL AGES  
*develop the skills they need for success in everyday life where they*  
LIVE, LEARN, WORK, AND PLAY.

#OTMONTH



# Introductions

**Leigh Moir**

Clinical Specialist Occupational Therapist

Link Occupational Therapist at West Byfleet  
Junior School

# Goals:

- To understand the role of Occupational Therapy.
- To explore strategies for ZOR.
- To understand the OT services available and what they mean (Support for All, Targeted and Specialist).
- How to use our website and online

# What is Occupational Therapy

OT's help people across the lifespan participate in the things they want and need to do through the therapeutic use of everyday activities (occupations).

American Occupational Therapy Association 2017



What is an occupation?

**OCCUPATIONAL THERAPIST**

*(It's okay, no one knows what we do.)*

# Domains of OT Practice

## Self-Care

- Toileting
- Bathing
- Dressing
- Feeding
- Sleeping
- Grooming and Hygiene
- Meal Preparation

## Productivity

- Handwriting
- Organisation
- Regulation
- Routines
- Participation
- Tool use

## Leisure

- Sports
- Play
- Physical education
- Hobbies
- Social Activities
- Craft / Arts for fun

# When can OT help?

OTs help with **functional issues**....

- Billy has hypermobile joints and is struggling to hold a **pencil to write** and also to **do up his buttons**.

Rather than....

- Billy has hypermobility he is very floppy.

(If Billy can still write, do buttons, hold his cup etc then he does not have any functional struggles.)

**When you ask for an OT remember to tell them what it is the child cannot do (the functional task).**

# What is regulation?



- **Arousal** is the level of alertness in the body.
- **Optimal arousal** is just the right level. At nighttime, optimal arousal is low enough to facilitate sleep. At school, optimal arousal is when a student can focus and attend.
- **Regulation** is the ability to change arousal to match the environment and the activity. Essentially, it is the ability to adjust to an optimal level of arousal.
- **Dysregulated** is the opposite of regulated. What is important to remember is that this doesn't always mean that their arousal is too high. Often, we think of dysregulation as angry or out of control behaviour. It's important to remember an individual may freeze or dissociate. These responses are also indicators of dysregulation.
- **Regulation develops over time and with experience.** Each time a child experiences dysregulation and is able to regulate they learn what helps them. However, this process starts with co-regulation.

- **Co-regulation** is when someone else helps another individual to regulate. We usually think of adults helping children. However, adults help adults all the time. Think about when a friend or family member was upset, and you gave them a hug, or a time when they were angry, and you listened.
- **Self-regulation** is the ability to stay regulated without the help of others. It is the ability to use your own strategies to either calm down or energise.
- **Emotional regulation** refers to the ability to regulate our emotions. Neurologically the front part of our cortex (our frontal lobe) is responsible for emotional regulation. The connections to this part of the brain continue to develop into adulthood. Some individuals, including those with autism, need more support to develop these connections.
- **Sensory regulation strategies** are strategies which use the senses to help with regulation. These are often used to support individuals with autism and those who experience sensory processing differences. But in reality, they can be helpful for everyone.

# How many of us do these things to pay attention or listen?



Chew the tops of our pencils or tap our pencils



Sleep or sit in weird positions



Felt the labels on our clothes or had really itchy clothing







Twirl our hair when listening to someone



Tap feet or hands

## Zones of Regulation!

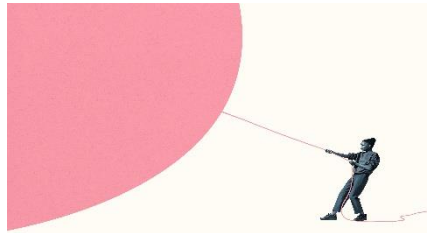
Blue	Green	Yellow	Red
			
<p>Sick Sad Tired Bored Moving Slowly</p>	<p>Happy Calm Good to Go Focused Ready to learn</p>	<p>Frustrated Worried Silly/Wiggly Anxious Excited</p>	<p>Mad/Angry Mean Yelling/ Hitting Out of Control</p>



## Blue to Green

We need stimulation to increase arousal and alertness... in other words, our bodies need waking up.

- Heavy work -



This can be pulling or carrying heavy objects, climbing, blowing, pouring. These activities can help to let the body know where different parts (mouth, arms, feet etc) are in space/lighting them up and providing feedback to their nervous system.



## Blue to Green – Movement –



This can be running, jumping, carrying heavy objects, blowing, chair push-ups. These activities can help light up different parts of the body, giving feedback to the nervous system.

## Blue to Green - Eating and breathing



This could be crunchy food, sour food, yoga or stretching. This will provide feedback to the nervous system, waking it up.

## Staying in the **GREEN**

To stay ready to learn, think about the use of touch, movement, deep pressure, seating position and breathing.





Moving from **YELLOW** to **GREEN**.

Our bodies have had a little bit too much sensory input and we need calming down.



Ideas to calm down could be relaxing music, use of a dark room, swinging, pulling objects or stretching. These could help settle an overwhelmed system.

Moving from the **RED**.  
Our bodies are feeling overwhelmed with sensory input. We need to find a way to calm.



Ideas to calm an over excited system could be singing, soft music, sensory room, soft/comfy space, time. These could help to reduce the stress on an overwhelmed system.

# Moving through the zones. Take away notes...

- No two children are the same and their sensory needs will be different.
- Sensory needs are unconscious needs and children are likely to be unaware of them.
- These slides are by no way the entire list of strategies! There are hundreds of things to do to wake up or calm down a child's nervous systems.
- Something that works for one child may not work for another child.
- Some activities can work for both waking up and calming down depending on the child.

## **Facts to reinforce with students:**

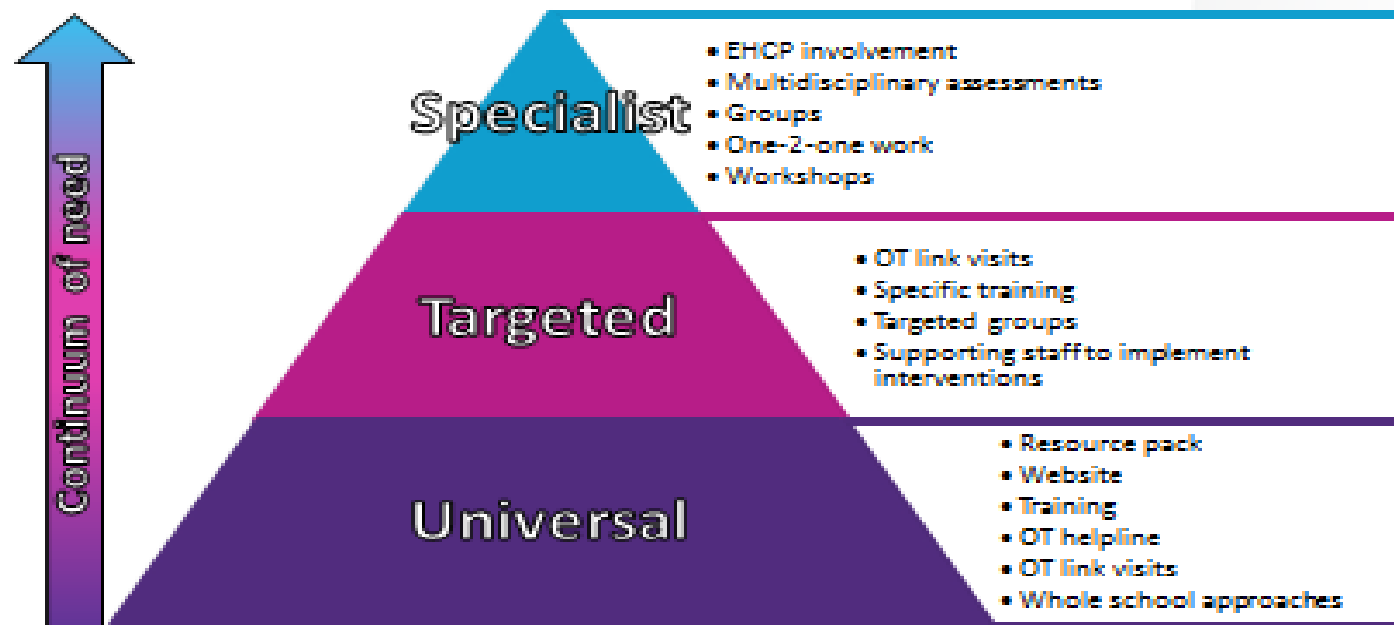
We use different tools in different situations. Sometimes we use the wrong tool first and that's okay and we continue to try one until we find what works.

The more we use our tools the more time we spend in the green zone where we can learn and have fun.

Try using your selected tools in day-to-day life. Maybe hang a poster somewhere visible such as on a table, locker or desk.

# What does OT look like in school

## Service Design



Using the website



[Home :: Children and Family Health Surrey \(childrenshealthsurrey.nhs.uk\)](https://childrenshealthsurrey.nhs.uk)



Select Language ▾



[Home](#) [About Us ▾](#) [For Families ▾](#) [For Professionals ▾](#) [Contact ▾](#)

Search







## Using the website



[Home :: Children and Family Health Surrey \(childrenshealthsurrey.nhs.uk\)](https://childrenshealthsurrey.nhs.uk)

Children and Family Health Surrey services are provided as a single service under one contract by CSH Surrey, First Community Health and Care, and Surrey and Borders Partnership NHS Foundation Trust.



Find out about our services by selecting a group from the list below or visiting the 'For Families' section.





Advice Line





What to do if your child is unwell





Infant feeding (inc breastfeeding)





Pregnancy, birth to 4 years





5 - 19 year olds



Therapies



Children with additional needs



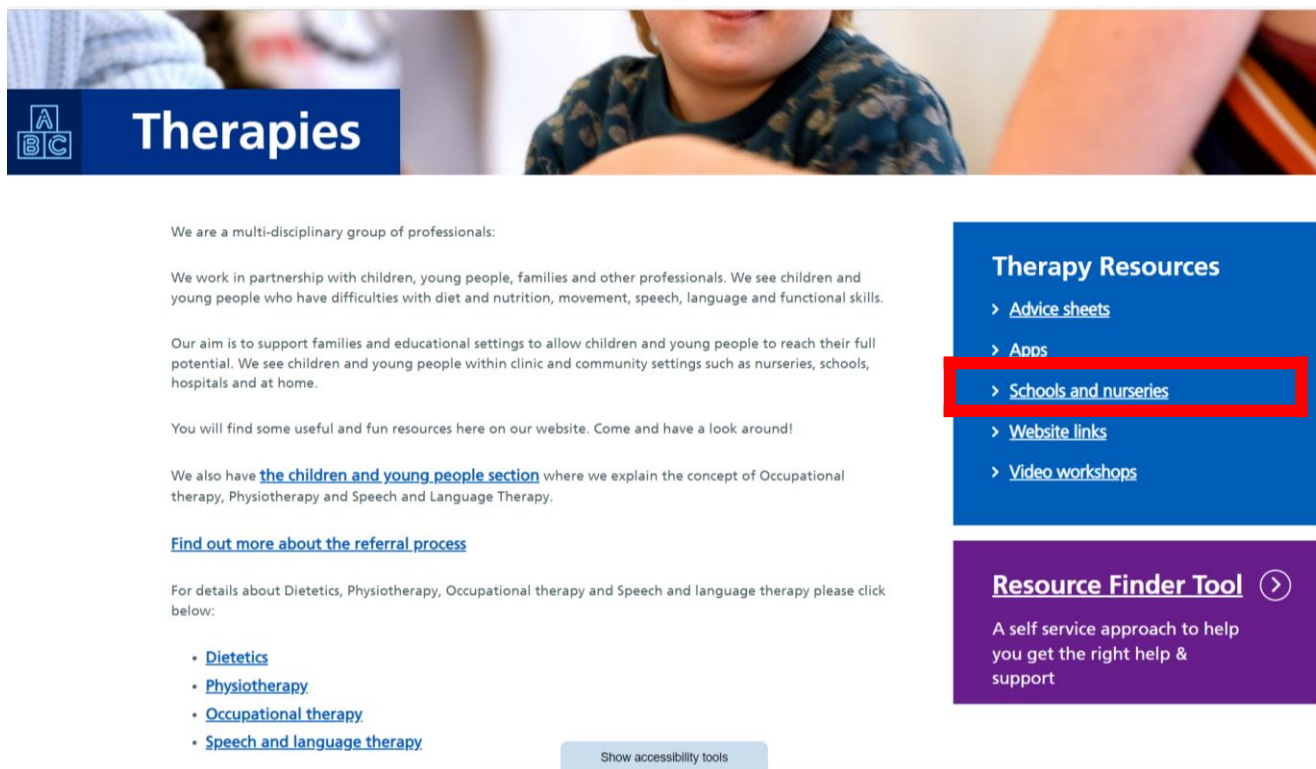
Emotional health and wellbeing

<https://childrenshealthsurrey.nhs.uk/categories/therapies>

Show accessibility tools

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Click therapies this will take you to this page



**Therapies**

We are a multi-disciplinary group of professionals:

We work in partnership with children, young people, families and other professionals. We see children and young people who have difficulties with diet and nutrition, movement, speech, language and functional skills.

Our aim is to support families and educational settings to allow children and young people to reach their full potential. We see children and young people within clinic and community settings such as nurseries, schools, hospitals and at home.

You will find some useful and fun resources here on our website. Come and have a look around!

We also have [the children and young people section](#) where we explain the concept of Occupational therapy, Physiotherapy and Speech and Language Therapy.

[Find out more about the referral process](#)

For details about Dietetics, Physiotherapy, Occupational therapy and Speech and language therapy please click below:

- [Dietetics](#)
- [Physiotherapy](#)
- [Occupational therapy](#)
- [Speech and language therapy](#)

**Therapy Resources**

- > [Advice sheets](#)
- > [Apps](#)
- > [Schools and nurseries](#)
- > [Website links](#)
- > [Video workshops](#)

**Resource Finder Tool** >

A self service approach to help you get the right help & support

Show accessibility tools



# Click schools and nurseries



## Resource Packs

### Occupational Therapy Early Years Resource Pack (part 1 and 2)

- [Occupational Therapy Early Years Resource Pack Part 1](#)
- [Occupational Therapy Early Years Resource Pack Part 2](#)

### Occupational Therapy Schools Resource Pack (suitable for school aged children)

- [Occupational Therapy Resource Pack](#)

### Occupational Therapy Problem Solving Resource Pack (suitable for Special Schools and Units)

- [Occupational Therapy Problem Solving Resource Pack](#)

### Occupational Therapy Resources for Secondary and 16+

- [Download therapy resources for ages 0-19](#) – from Glasgow and Clyde a leading NHS resources website
- [Download secondary classroom strategies](#) – from the Dyspraxia Foundation

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## Resource Finder Tool



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# Click OT resource pack

Child excessively seeking movement e.g on chair, that compromises attention and functions



- Allow regular *movement* or *rhythm* breaks from the Movement Strategies (seeking) sheet in appendices always followed by a couple of *deep pressure* or *heavy work* activities from the 'Ready to Learn' strategy sheet (in appendices). Try to incorporate activities during transitions or prior to activities requiring focus.
- Use a **Move and Sit cushion** or **weighted lap/neck snake** whilst sitting on a chair or the floor to aid attention; see equipment sheet for details.

**Strategies not to be used on those with complex medical conditions e.g. epilepsy without consulting the Occupational Therapy Team.**

Child appears sluggish; has poor visual / auditory attention; and/or decreased awareness of pain/ temperature/ hands being dirty



- Allow regular *movement* or *rhythm* breaks always followed by a couple of *deep pressure* or *heavy work* activities from the 'Ready to Learn' strategy sheet (in appendices). Try to incorporate activities during transitions or prior to activities requiring focus.

**Strategies not to be used on those with complex medical conditions e.g. epilepsy without consulting the Occupational Therapy Team.**

Child is distracted or overwhelmed by noise e.g. holds hands over ears in noisy places



- Wherever possible prepare the child before loud noises eg. Bell ringing.
- Make sure that a quiet area is available in the playground.
- Provide headphones if this enables the child to engage more fully in the playground.

# Additional useful links on the right-hand menu



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# Helpline



Open Tuesdays and Thursdays from 1pm to 4pm.

Tel: [01932 558 570](tel:01932558570)

We offer practical Occupational Therapy advice, strategies and support to schools, parents/carers and other professionals in relation to a child's/young person's functional and independence skills.



Thank you  
Question Time

