



## Frequently Asked Questions about Occupational Therapy

### **Q: What is occupational therapy?**

**A:** Occupational therapists who specialize in pediatrics are trained to create opportunities for children to master developmental tasks and achieve independence in their home, school, and community environments. A child may be referred for evaluation and treatment if he/she exhibits one or more of the following behaviors:

- avoids climbing or playing with balls;
- seems clumsy, falls frequently;
- struggles or is unable to hold a pencil and/or scissors;
- avoids or struggles with drawing and handwriting;
- has challenges with sitting still unless focused on computer or TV;
- seems sensitive or defensive;
- has difficulty playing or socializing effectively.

### **Q: What areas of development does a pediatric occupational therapist support?**

**A:** Pediatric occupational therapists provide support with:

- gross motor and core strength;
- fine motor and hand strength;
- sensory integration;
- visual perceptual skills;
- attention, organization, memory;
- self-regulation, emotional regulation;
- play and social skills;
- self-care and self-dressing skills.

### **Q: What is sensory integration?**

**A:** The term sensory integration is used to describe certain processes in our brain that allow us to make sense of information we get from our environment and act on it. The term refers to the process by which the brain interprets and organizes various sensory experiences, including sight, sound, smell, touch, movement, body awareness, and the pull of gravity.

Sensory integration is a normal phenomenon of central nervous system functioning and provides a foundation for more complex learning and behaviour. Some individuals' sensory integration does not develop as efficiently as it should, and dysfunction can result in motor development difficulties, learning difficulties, or behavioral concerns.



**Q: How do I know if my child has a sensory integration disorder?**

**A:** Some specific concerns might be:

- takes a long time to learn new tasks/skills;
- seems clumsy, has too many accidents;
- is not keeping up with peers;
- presents with behavior issues at school;
- has trouble with handwriting;
- demonstrates unpredictable behavior in social situations, especially new or highly stimulating ones;
- acts restless or fussy when held;
- displays short attention span;
- seems overly dependent on routine or schedules, and/or becomes easily upset with minor changes;
- acts impulsively or explosively;
- angers easily or frequently, and is accused of fighting, acting out, or “bullying” others;
- appears overly colicky or fussy;
- exhibits picky eating behavior.

**Q: What happens during occupational therapy?**

**A:** An important component of sensory integrative therapy is the inner drive and motivation of the child. This plays a crucial role in the selection of therapeutic activities. Based on evaluation results, the therapist utilizes specialized knowledge to analyze tasks your child needs to master and customize activities during sessions based on your child’s needs.

**Q: If occupational therapy services are recommended for my child, does that mean he/she has autism or another kind of disorder?**

**A:** The answer depends on the nature and level of the child’s challenges and struggles, and whether he/she has other co-existing challenges such as specific learning disorder (literacy or numeracy), attention deficit disorder, or autism spectrum disorder.

**Q: How long does my child need to attend Occupational therapy for?**

**A:** There is no single answer to this question because every child and family is different. We want children to finish therapy as quickly as they are able. We work with each child at their specific level and help them progress toward achieving their goals, which is a process that usually takes time. We tend to recommend an end to therapy when the child:

- is performing at a predetermined level or within expected range;
- has reached all goals and objectives, is no longer considered to be at risk, and the initial concerning behavior has been eliminated;



- exhibits a plateau in progress toward goals and efforts made to modify the intervention plan have not led to notable gains (i.e. efforts made to change goals, procedures, activities, and strategies are not producing expected results).