

Greg

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Speaker: Welcome to the Peaceful Parenting Podcast. I'm your host, Sarah Rosensweet, mom of three young people, Peaceful Parenting Coach, and your cheerleader and guide on all things parenting. Each week, we'll cover the tools, strategies, and support you need to end the yelling and power struggles, and encourage your kids to listen and cooperate so that you can enjoy your family time.

Speaker: I'm happy to say we have a great relationship with our three kids. The teen years have been easy and joyful. Not because we're special unicorns, but because my kids were raised with peaceful parenting. I've also helped so many parents just like you stop struggling and enjoy their kids again. I'm excited to be here with you today and bring you the insight and information you need to make your parenting journey a little more peaceful.

Speaker: Let's dive into this week's conversation.

Hey, all welcome back to another episode of the peaceful parenting podcast. I'm so excited today. To have Greg San Tucci as our special guest. He is an occupational therapist and really specializes in sensory processing. Which is something that [00:01:00] comes up so much in the families that we work with as a cause of dysregulation and challenging behavior.

this month. We had Greg, actually, this was a few months ago now we had Greg. As the guest expert in my peaceful parenting membership, every month we choose a theme and the theme for the month that he was in was sensory processing. So we had a training on different sensory processing challenges and how they show up.

And. And what you can do about it. And then we invited Greg in to do a member Q and a and to talk to us about sensory processing, this is a great example. Of what we do inside the membership. If you are interested in being in the membership, the doors are currently open right now for the month of June.

If you join us for this month and hopefully beyond. This month, we are talking about raising kids with a positive sense of self-worth. So you would get a workshop that I did about raising kids with positive self-worth and you would

also. Depending on when you join, you would either be able to listen in or [00:02:00] participate in our guest expert Q and a, this month.

It's Ned Johnson, who was our podcast guest last Week. He is fabulous. And he has worked with so many thousands of kids and families, and really knows a lot about. Raising kids who ha who do have the positive sense of self worth and how we as parents can support them and why it's important. So if you join us this month, you will. Either of you joined before June 24th, you will have access to participate in the Q and a, if you join after, you'll be able to listen to it.

But again, we're doing. Raising kids with a positive sense of self-worth and that's so important for mental health and success in life and having a happy life. And not being afraid to try new things and having that sense of resilience. So we're going to get it to Greg soon. I promise. And just a second, if you do want to join us, you can go to [re-imagine peaceful parenting.com/membership](https://re-imagine-peaceful-parenting.com/membership).

Again, I'm taking new members this month, the month of June.

There are lots of other benefits to being in the [00:03:00] membership, a parenting coach in your back pocket, or two parenting coaches, me and Corey. We do group coaching every week, at least once a week. Some, some weeks we have actually two meetings a week where you can drop in and ask us a question. We also have a private Facebook community where we answer all of your questions and just, it's a really, really wonderful supportive group of parents who are doing this peaceful parenting thing along with you.

And. It's sort of like having a gym membership for peaceful parenting. That's how I think of it. And it's so that we stay intentional and we stay consistent. And we have, you know, coaches and fellow parent cheerleaders along the way.

You can go to. Re-imagined peaceful parenting. Dot com slash membership. Okay. Let's meet Greg.

Sarah: Hello, everyone. Hey, Greg, welcome to the membership and the podcast.

Greg: Hi, thanks for having me. Yeah, so excited to have you

Sarah: back. It was so fun talking to you for the summit, and I'm so glad that you agreed to come back and talk to us. This is something that comes up. [00:04:00] so much in our community and with coaching and our membership, the sensory piece.

Sarah: So just give us a little introduction about who you are and what you do.

Greg: Hi, I'm Greg. How about that? Okay. I am a pediatric occupational therapist and, and I've been doing it now for 25 years which is frightening that I'm getting titled. My most important credential I think is that I'm the dad of.

Greg: Two amazing teenagers. But in terms of my, my clinical work I still work in the schools. I work in outpatient settings, which is more of like a medical model frame of mind. But primarily I work with kids as young as babies all the way up to, to teenagers. And I would say that. Sensory processing issues and behaviors are probably the number one thing that I identify as a barrier to helping these kids just completely thrive.

Greg: So whether it's, it's autism, ADHD, or some sort of [00:05:00] developmental disability sensory processing usually comes into the conversation fairly quickly. So I am certified in sensory integration. I, I think sensory and I'm so glad you're having this dialogue because when parents start putting their sensory lenses on the behaviors start making more sense.

Greg: And then you can kind of move everybody forward. Without. Yelling or frustration or dysregulation from everybody. So thank you for having this conversation.

Sarah: Or making it like a moral judgment, right? Like, you know, something wrong with this kid or, or whatever. Cause I think that's what parents jump to when they don't understand what's happening.

Sarah: Yes.

Greg: Yeah. So hopefully this conversation will bring some aha moments for, for people and then they can just see, see things differently. So, yeah.

Sarah: Awesome. So sensory, okay, tell us what sensory, first of all, we all know the five senses that we were taught in kindergarten hearing, sight, taste, touch and smell.

Sarah: But can you tell us about the three, I think I've heard people call them the [00:06:00] Hidden senses.

Greg: Yeah, they're the fancy words. So the there's the vestibular sense. So that is your sense of movement. So if you're older and you bend down to pick

something up and then you come up real quick and you're like, Whoa, that's your vestibular sense.

Greg: It's also the reason why many people over the age of 30 aren't online today. for roller coasters because your vestibular system changes over time. And it is why it's why we know that kids need movement in order to be the best kids that they can be. It's it's why they're wiggling. It's why they have a hard time sitting still.

Greg: It's because they need this movement. It's like a vitamin for them, but. In a sensory mindset, it is the vestibular system that we are feeding. And that system touches every part of the brain. So it's super important. So it's a fancy word for a logical concept that kids need to move and that active students make better learners.

Greg: Another sense. That's that one of the hidden senses. [00:07:00] Another fancy word is proprioception, and that is your body awareness sense. So another example that if you're, if you're walking in your living room and you bang into the coffee table, you know, you're not having the best proprioceptive moment right now.

Greg: That is what allows you to walk through a door without banging into the doorframe. It's where you are in space. For kids who are walking in line in a hallway and have a hard time walking in a straight line, and maybe they're rubbing their hand against the wall, that is a strategy to help them figure out where their body is in relation to the wall.

Greg: So that sense is proprioception You know, obviously it's wildly important, because if not, you get your clumsy kids, your bulls in a china shop and all the, the stuff that happens, the proprioception is the why. And the one, the other hidden sense that's probably getting the most Most room in the literature right now is [00:08:00] interoception, and that is your inside feelings.

Greg: So, if you're hungry, or if you have a headache, or if you have to go to the bathroom, those are internal feelings that can mess you up and make you not be your best self. We're all not our best selves if we have a headache or we have to go to the bathroom. So that, that awareness of what you're feeling on the inside is interoception, and that certainly can affect a kid's behavior, their ability to focus.

Greg: So, yeah, we talk about see, hear, touch, taste, smell. Those are the, the five that we learn in school, but the fancy words vestibular, proprioception, and

interoception is what kind of, Levels up our knowledge of sensory processing so that we can just better support our kids.

Sarah: Awesome. Thanks for that great explanation.

Sarah: What can you just explain what sensory processing is? I mean, I guess maybe I'll take a stab and you tell me if I [00:09:00] got it. It's how we take in information from the world or inside our bodies in the, in the hidden senses and make sense of it. Is that like a fair explanation or would you add to that?

Greg: Sure. So you get. And it's funny, kids these days are bombarded with sensory input. More so than we were generations before this, they're getting sites and sounds from all over the place all the time. So yeah, it's, you take that in and it comes in at a lower brain level. And then your body figures out what to do with it.

Greg: That's the processing part and sends it off. to whatever part of the brain that causes the reaction or the behavior. So it comes in from the lower brain, processes out, and then, you know, your brain sends it wherever it needs to go. So a sound can come in if, if it's a loud sound, you know, your body has to process it and figure out, okay, is that sound going to hurt me?

Greg: What do I [00:10:00] do with this noise? And you can see how something like the vacuum cleaner could be scary and that's going to cause a certain reaction. So that sensory processing happens and then you react accordingly. Versus a sound that's more, That's not as threatening. You have a different reaction to that.

Greg: So that's kind of how sensory processing works. And it is happening non stop.

Greg: And we have filters. We know what we can take in and just kind of let go and put behind us. or what we actually need to address. And so I would say for, for sensory processing issues, that filter may be messed up or, or, or need a little bit of support that, that, okay, it's, that's not ambient noise.

Greg: Like, what is that? I have to address it right now. Or if you're walking down the same hallway, if you've got the lights and all the bulletin boards and all the other people talking, that's a lot. And so if, if you're, if you're [00:11:00] processing is an optimal it's going to take a lot of energy just to get down that hallway.

Sarah: So I would, I could see how, like, when you're talking about the vacuum cleaner, it's like a scary noise. So that would be your sensory filter interpreting what your senses are taking in as a threat.

Greg: Yes.

Sarah: And so setting off like that fight, flight, or freeze on the nervous system.

Greg: And so when you hear, when you hear a loud sound.

Greg: The first thing you do is you're going to use another sense. You're going to use your, your visual sense to figure out where it's coming from, how close it is to me and is it going to hurt me? So, yeah. So you go into that, that fight or flight and then boom, you're using a sense like, okay, I need to know what this is.

Greg: So my son would run to the couch. And, you know, laser focus on what that noise is, allow himself to understand what's happening in the environment and then react accordingly.

Sarah: Okay, cool. What about when you have [00:12:00] sensory, when, I don't know how to ask the question I want to ask. When you, when kids, like if a kid who's always seeking sensory input, like putting things in their mouth or touching things, how would that be the, like a why does that happen?

Greg: Ah, that's such a good question. So there we talk, let's talk about proprioception and putting things in the mouth. So there are a lot of proprioceptors in the jaw area. It is a very calming sense, kids sucking their thumb biting on things. So it's, so when I see kids go to the mouth, that tells me a lot about what they're doing to try to.

Greg: downregulate and keep themselves calm. I will also say that if you go to a movie theater, what are they selling? They're selling crunchy popcorn and chewy Twizzlers because that helps us. Stay focused and regulated during a two hour movie. So again, [00:13:00] it's a perfect example of when kids go to the mouth.

Greg: That may be seen as if it's biting or whatever, or, or, biting something or biting another person. That may be seen as, A behavior to me that is information now biting a person is not okay, everybody agrees with that. But you can already see how okay if that's what their body is telling them that they need in order to settle down.

Greg: Okay, we need to acknowledge that they are dysregulated they are stressed, and we need to get them the input that they need, so that they don't feel like biting a person. is the only thing that they have. Does that make sense?

Sarah: Yeah, totally.

Greg: Okay.

Sarah: So you mentioned an attempt to regulate. Can you talk a little bit about the role of the sensory system in regulation and say what you mean by regulation?

Greg: So, And I, it's so easy to say the word calm, but regulation is not [00:14:00] necessarily calm. And I use the example of Michael Jordan shooting a championship basketball shot and making a game winning buzzer beater. He's not necessarily calm, but he certainly was regulated to be able to make that shot. So it is, you know, if you're, if, if you're, It's that, that window of tolerance that if you're too escalated, you can't function optimally.

Greg: And if you're too low, you can't function optimally. So it's finding that, that window of tolerance where you can be your best self so that you can, you know, the, your sensory systems are kind of working efficiently, you're in an environment where they can work efficiently and you're able to kind of access the thinking, reasoning, problem solving part of your brain and move forward.

Sarah: Very cool. And so that explains why some kids, or humans, why some people need more sensory input and some people need less because it depends on where they start, where their baseline regulation is.

Greg: And it's [00:15:00] interesting that you said about the sensory seekers and constantly needing movement. This is where, this is where I like nerd out clinically.

Greg: And this is where like, if you go into the literature and you read about polyvagal theory and the neuroscience behind it, When I hear a kid labeled as a sensory seeker, it may be, but for me, a sensory seeker, you get them the additional input that they need, and then they can get back to functioning optimally.

Greg: For the kids who never kind of get enough, I start wondering, are they sensory seeking, or are they mobilizing because of a sense of threat in their environment? Are they so, like, just dysregulated that that movement that chaos

is their norm. Because that's a different approach. I wouldn't give those kids vestibular, vestibular, vestibular, that I would look to try to downregulate them in another way.

Greg: That's where I kind of [00:16:00] like geek out as an OT. Well, you can tell if they, if they don't, if you give them vestibular and then you can Do something more sedentary, you know, sensory seeking is, is good if it ain't working, then, you know, yeah,

Sarah: so that what looks like sensory seeking could actually just be dysregulation.

Greg: Yes.

Sarah: And then if it's not solved through meeting that sensory need, then you're, then what would you do?

Greg: That's what that's so that's when this and I see this a lot in like an ADHD profile. That's where I may give them again. Kids need to move. I'm using movement for connection and to to let them know that I'm here to work with them.

Greg: But if I see that the movement is too much, you know, I'm Helping them feel that and then I'm moving them to something more sedentary seated on the ground, which is great as much bodies can get on the ground and then having them feel that [00:17:00] and let them feel that difference that look, look, this is great.

Greg: The, the work you're doing, the attention you're giving it, this is amazing. And we couldn't do this when you were zoom, zoom, zoom, zoom, zoom. So it's that, you know, your energy level as, Oh, what I'll use for the kids is, you know, your energy level has to match the energy level of the task or the demand. So if you're super high energy and you're going into library, that's going to be a problem.

Greg: If you're super high energy and you're going into gym class, you may be okay. So trying to not only again, not to get mad at them or frustrated that they're just not listening or they're just not sitting still to help them understand their bodies and if you can get them to that calmer place to then recognize, feel this, like, this is great.

Greg: This you're, you're, you're winning. You're doing absolutely amazing stuff right now. Over time, if you repeat that same message, they start to feel it and get it. And then the strategies come from [00:18:00] there.

Sarah: Kids must love you. I bet they just love it when you show up.

Greg: I had a kid. It was so sad. I had a kid just yesterday that he was just hysterically crying.

Greg: Because our hour was over and it actually, it choked me up. I'm like, cause he had his best day. Like it, what he, he, why would you want to leave? So yeah, it's really fun to get to a place and I don't mean it to toot my own horn, but it's really fun to get to a place where the kids know that they're not going to be judged.

Greg: That, you know, I have to get myself into Zen mode and into that, that, okay, you know, the kids do well if they can, that their behavior is just a symptom. When you get to that place and you're just there to help, they feel that? I love this, this is like a new phrase for me, that regulation is contagious.

Greg: So that if I, if I bring calm to a kid. They [00:19:00] pick up on that and I can then share my calm with them. And if I'm dysregulated, if I'm reacting to their behaviors, well, they're going to pick up on that too. That's where power struggles happen. So, so yes, kids, you know, cause I'm fun and happy and silly and I have really cool toys.

Greg: But what I've learned over time, it's not just the cool toys. It's, it's that, you know, I am giving my brain and my body to them, to share whatever they need so that they can be their best selves. So they love me because they win and they feel good and they do things that they couldn't do before. Yes.

Sarah: Well, and also I bet it's because, you know, they're, they may be used to their behavior being seen through a behavioral lens rather than a sensory lens. And they probably feel really seen like, Oh, this guy recognizes that I am doing the best I can. And a lot of this. Stuff is beyond my control and the teachers or my parents are telling me to quit it and get it together.

Sarah: So I bet that's really nice for them to like that, just that positive regard that maybe they're not used to having.

Greg: But [00:20:00] same kid, same kid yesterday. This kid was, was fabulous. He, he threw something. He was amped up and he threw something, but he threw it on the pillow on a soft pillow. So it didn't break.

Greg: And you know, mom was like, Oh my God, I do something. And you know, the toys didn't break. And I actually, my first reaction was. You know, I, I acknowledged that he was really excited, frustrated, whatever the emotion was, but I said, thank you for taking a moment to think and actually throw it on the pillow so that it wouldn't, that it didn't break.

Greg: I said, it didn't break. And then we went back to giving him the body input that he needs so that he doesn't have to throw it anymore. And he was fine. And it was funny to watch his face. Like, wait, I didn't get in trouble. So it's, again, to get there is hard. It's taken me a long time of, like, self talking to myself and talking me off of the cliff when something crazy happens.

Sarah: Yeah, yeah.

Greg: But it's worth it.

Sarah: All right, well, so I'm, I, we do have a bunch of people on the call, and so I want to open it up to [00:21:00] questions. Kory, do you want to ask your question first? And anybody else who has a question, raise their hand so I have a sense of how many questions we have. And I've just got maybe one, one, Segway for you into what we're gonna be talking about in terms of sensory and behavior.

Sarah: How do you encourage parents to start to understand and start thinking of like using the sensory lens that you're talking about and making that shift to understanding behavior through a sensory lens?

Greg: The best way is through real examples so that they can actually live it in their house. So, and you can take mealtime, bath time, homework time, the real stressors.

Greg: So, you know, I'll ask a parent, you know, how is your kid at bath time? And, oh, they love the bath. And I'm like, well, how are they with washing your, their hair? And then it's like, oh, we just get through it. Or, you know, it's just, you know, we scream for a second and then we get out. Then I asked them why and they're like, well, we tilt their head back.

Greg: Well, there's your vestibular system. That's scary. You know, [00:22:00] that's, that's how you help them think sensory. So everything is sensory, but not everything is a sensory processing disorder that warrants skilled occupational therapy. So to help parents, the first thing is to, and we talked about this during the summit, my big tip was lead, lead with curiosity is just ask the questions.

Greg: Was that scary? Was, you know, what did that feel like? To start there because we don't just want to guess they have the information. We just have to kind of get it from them, either through their behavior or through their words, however they can communicate it to us. So that's the starting point.

Sarah: That's great. Yeah, I, I, it's just, it's such a powerful lens to have once you put it on, I think. Yeah. Yeah.

Greg: Yeah. And keep it on and keep adjusting it. Yeah.

Sarah: Yeah. Totally. All right. Well, Corey, do you want to ask

Corey: your

Sarah: question?

Corey: Sure. So I work with Sarah. I'm one of her trained [00:23:00] coaches.

Corey: And one of the things that comes out, comes up all the time in my house and in all of my client's houses is trying to figure out. What is actually the underlying cause to behavior? And what's really tricky is a lot of things look the same, but have different underlying causes. So you were starting to get at that and I want you to expand about how you can tell the difference between it being, you know, sensory causing the behavior or ADHD or anxiety or, you know, pathological demand avoidance.

Corey: How do we, you know, how do we figure out what is sensory or what is something behavior can look the same, but it'd be different. So, for instance, if it is ADHD, well, you're trying to do all these sensory interventions and they don't seem to really be working.

Corey: Would that be your clue that maybe it's ADHD versus sensory?

Greg: Okay, that's so so starting from the I'm channeling Ross green here starting with the difficulty.

Greg: So so [00:24:00] what I now I understand what the question is like you're trying to figure out what is the root cause of it.

Greg: So

Greg: you're starting you have to it's almost like you're starting top down like like what is the difficulty difficulty doing homework difficulty sitting at the table And then the why so It wouldn't be difficulty sitting at the table because they have ADHD or difficulty because they have anxiety that there's something at that moment in time and it could be different.

Greg: You know, difficulty doing homework could be because they're exhausted because the homework's hard. You know, they're just not able to pick themselves up. And those are all different, you know, the sensory interventions may be different for that particular moment. So if you start with the difficulty.

Greg: And then work it down. And again, the more I work with a lot of non speaking kids. So, you know, you have to, you have to make some educated guesses as to the why. Because it, [00:25:00] they may not be able to communicate it, but if, if you watch them and you notice the difficulty you can break it down from there.

Greg: So I would start with the difficulty, break it down from there. If they're able to communicate. If you solve that problem at that moment in time, that's the win. I don't know if it would necessarily be like a global solution. I like to take one problem at a time because we realize there's a lot of unsolved problems when you get into this mindset, but once you start solving them, you get into a rhythm.

Greg: And it becomes quicker. And the, because the collaboration was there, you can start making assumptions because you understand your kid's sensory profile a little bit more. A good example of that is, is, you know, is bath time alerting or is bath time calming? So if bath time is really alerting and that the kid gets out of a bath, you have this massive temperature change and massive temperature change and they're like off the chain [00:26:00] running around and you got to try to get them to lay down.

Greg: I would move that bath time. to, to earlier in the day, earlier in the evening, so that they have a chance to settle on down. Once you understand the profile, you make the change, the behavior then changes durably. So I hope that answers the question that, that I, I, the difficulty is because of whatever's happening in that context at that time.

Greg: So I start with the difficulty and then the sensory presents itself from there. And even if it's ADHD or anxiety or any sort of diagnosis or pathology, I'm still focused on the difficulty first.

Corey: Thank you so much. So

Sarah: I have a

Greg: question. I don't know if that helps parents or not. No, no,

Sarah: I think it

Greg: does.

Greg: And

Sarah: it's still just, it sounds like it's still just using the sensory lens and trying to introduce Regulating regulating tools. [00:27:00] Kristen in the chat asks a question. When will curiosity be satisfied for a 22 month old that's been dumping water or milk at mealtime since 16 months. He's been drinking out of an open cup since eight months.

Greg: So 22 months dumping everything so is able to drink out of an open cup, which is a developmental skill. But that's also a gold mine for a dumper. So yeah, I noticed you're having a hard time drinking out of that, that empty cup. What's up? I can answer that question because dumping is fabulous because it's causing effect and the mess is great.

Greg: And I'm too young to figure out the cleanup part of it. And I don't even care because dumping is fabulous. So I feel like I'm speaking for a 22 month old. So so, so there's that. So with that, I mean, I boundaries have to be set. Yeah. Like, you can't just have messes and messes. [00:28:00] Like if you can drink out of this cup and use it, fantastic.

Greg: If not, we have to clean this up. And I always try to get kids back in the game. So it's not like taking something away as a punishment. It's okay. This is an open cup. It's for drinking. If you can drink out of it, great. I could look at possibly putting less liquid in there. Like there's different strategies, but if a, if a 20.

Greg: Two month old can't really access their whatever's there of their prefrontal cortex, their thinking part of the brain they're going to need some

help. So staying calm, celebrating when they can use it appropriately, but setting a boundary that you can use this cup for drinking, but not for dumping. I think that's fine.

Greg: But 22 month olds dump liquids. It's cause and effect. It's developmentally appropriate and very annoying, but yeah,

Sarah: I think I think that it's, they don't have any impulse control yet [00:29:00] at that age. So they, it's just too fun, as you said. And maybe, I mean, when my kids were that age, they had very small cups.

Greg: Yes. My first thought was less liquid. Yeah.

Sarah: If it got, I actually found these little, like, they were like these, you know, those A& W mugs with the handle, but they were tiny, like, like two inches tall and they were perfect little kid cups. How cute

Greg: is that to drink it out of a mug? They were really cute.

Greg: Kristen, did

Sarah: you want to say something further to your, to what Greg said?

Kristin: No, that that answers it. We we try it in phases. Now we're starting baby led weaning with his little brother who's eight months old. So, you know, I'm like, go ahead and teach him how to drink out of an open cup. And so he does it, but then he starts to dump it again.

Sarah: I would say from a parenting coach perspective, give him lots of opportunity to dump other things. And you might find that if he can dump other things all [00:30:00] day long, then he might not be quite as interested in dumping his cup at mealtimes.

Sarah: Does anyone else on the call have a question before I go to the ones that were sent?

Stephanie: Sure. Full disclosure, if my question sounds a bit more technical, it's because I'm actually a fellow OT.

Greg: We have a plan!

Stephanie: And I'm a big of a fan, a bit of a fan of yours, so I'm having a little, like, moment.

Greg: Hi Stephanie. Hi, nice to

Stephanie: meet you. Nice to

Greg: meet you.

Stephanie: So my question is with regards to interoception and, because I feel that all, obviously all the sensory Domains have an impact on behavior, but I'm seeing more and more how the interoception part and like the emotional regulation and all of that.

Stephanie: But it's like, how to. Improve interoceptive awareness in kids that struggle with, you know, like [00:31:00] the disruptive behaviors and, you know, explosive and like emotional regulation and all that.

Greg: So strategies to teach interoception. And it's interesting because we talk about like potty training and, and. And that interoceptive awareness for young kids is one of one of a huge barrier. I had a kid this week who mom's struggling with potty training and he came in, he was completely drenched. His jeans were completely drenched from water that spilled in the car seat that he was sitting.

Greg: He didn't even know he was wet. And I'm like, okay, okay. Let alone the internal feelings. So, and Kelly Mahler's work is, is amazing. M a h l e r kelly mahler she she really talks about activities that you can teach kids how does that make you feel if you take big heavy breaths how does that make your chest feel so to to label that when kids I was in a [00:32:00] kindergarten class this morning and, and, you know, kids are waiting on line to go to the bathroom.

Greg: You know, there's an opportunity that, well, you know, if you don't have to go, what is going to the bath? What does it feel like? Well, it's pressure down here. Typically to label what that feeling on the inside is, or if you're putting your head down, do you have a headache? What does it feel like here to try to label what that feels like to help bring awareness to it?

Greg: So if you're, if you're, you know, if you're, you're rubbing your hands together really fast, well, how do your hands feel? They feel hot. To just, to bringing that awareness to them, that pays huge dividends later on.

Greg: Because interoception starts, Very early on again, little baby crying because they have discomfort.

Stephanie: Yes.

Greg: Mom comes in to settle that discomfort, feeding them, changing them. Oh, okay. So that co regulation leads [00:33:00] to better self regulation. The link is interoceptive awareness.

Stephanie: That's it. That's why it's really

Greg: important to teach kids and using ourselves and our interactions with them to, to teach them. How things feel so that they can then feel it, understand it, and then react accordingly on their own,

Stephanie: like something that comes up both as mom and is that I think when you ask them questions, like, they don't know what to say.

Stephanie: Right. So I think maybe like, It's using like opportunities that pops out throughout the day and start with modeling like, oh, I'm hungry and like, yep, stay out loud, the stuff that I know for myself, but just so that they can kind of relate, maybe.

Greg: Like to explain to them how, like, if you have a headache that my head hurts or what it may feel like or that I have to go to the bathroom so I feel it here.

Greg: [00:34:00] Yeah, to model it, great way to teach interoception awareness. Because it's huge for so many things and that's like, talk about invisible senses. We're talking about what they're feeling on the inside and they can't communicate it. Oh my gosh, I think about when I, I guess everything kind of, you know, started happening when I turned 40, the hair, the eyes go, everything starts going right.

Greg: But like, I knew that I had a headache because things were a little bit blurry. But my question is, does a seven year old know that things are blurry? I like, like, do they do they feel that? So like, it's so important for them to kind of understand their bodies. And yes, modeling is the the best way to is a great way to go about it.

Greg: Thank you for that. Stephanie is a great OT.

Sarah: She is. She's a great, one of our members. Did that, did that cover that for you, Stephanie?

Stephanie: Yes, sure. I might have a followup, but I'll, I'll [00:35:00] think about it.

Sarah: Okay. I have a couple questions that were sent in. One of them was from somebody who's a preschool teacher who has two kids in the class.

Sarah: They have to stand on a, everyone has to stand on a stool to wash their hands before snack time, I guess, or something. And they're a sock only classroom. Like they don't wear their shoes in the classroom. And two of the kids lose their minds if they think there might be a drop of water on the stool and their socks might get wet.

Greg: That would be me. Yeah.

Sarah: So I guess she's asking Is there a specific way to go around to go? I mean, yes, they could wipe off the stool. Would you recommend that? Or is there something that you would recommend when someone's anxious because of a potential sensory something offensive sensorily like that?

Greg: I'm having a visceral response to that whole situation. So And I'm a guy, I live at the beach, but I still wear water shoes when I go into the ocean. I [00:36:00] very super sensitive feet, a crooked sock, let alone a wet sock is enough to throw my day off. So that being said. I'm looking at the expectation. So that I, I'm questioning the rigidity of that.

Greg: Every child has to have this stool in, in this setup. The, at the hospital that I work at, they teach us that the, the, the best way to wash hands is through hand sanitizer. So there are different ways to get your hands clean for this, knowing that. that in a sensory nightmare of an environment, which is the bathroom, just walking into the bathroom in stocking feet.

Greg: I have an infection control questions about that. I think

Sarah: it's, I think it's a sink in the classroom. Like it's not in the bathroom.

Greg: Okay. Okay.

Sarah: But I hear you. I mean, like, it, to me, this sounds like a teacher flexibility thing of, of either wipe off, dry off the [00:37:00] stool or let them use hand sanitizer and not, not use the sink.

Sarah: But this is one of those ones where we want to have the adult be flexible instead of forcing a child to deal with some really uncomfortable sensory, potential sensory thing.

Greg: Yeah, I, because I, I am tactile defensive and that when I heard that situation, like my interception went through the roof, like I was just like, wow.

Greg: So I mean, yeah, maybe the kid can have their own stool that they can kind of control and make sure that it's dry. If you want to kind of keep that expectation there, but my first reaction is, we have to look at the expectation, and not necessarily the, the, the sensory to. to help get the conformity because that sensory situation is noxious for somebody who is tactile defensive.

Sarah: Yeah. And I'm really glad this came up because you and I talked a lot about this in the summit interview about listening to kids. And it's not a lot of a lot of, I hear a lot of talk about like sensory exposure and a lot of that ends up being for the convenience [00:38:00] of the adults in the, in the family or in the school or whatever.

Sarah: And that, that that's not. It's not fair. I guess it's the Yeah,

Greg: de Adult imposed desensitization is not something that I support. I w I am tactile defensive. I will desensitize myself. Thank you, . Yes. Mm-Hmm

Sarah: mm-Hmm. Yeah. Yeah. And if your kid, if your kid wants to change their shirt because their sleeves got wet, I mean, I, I can remember that from you know, when my kids were little, like if one of my kids, his sleeves got wet, he didn't wanna wear the shirt anymore.

Sarah: And I was happy to change it, but I have also coached people who say like, I can't understand why my kid loses their mind when their sleeves get wet, when they're washing their hands. And so it's really just being a lot more, I think, a lot more compassionate. when there is that difficult behavior that comes around after because of a sensory issue, right?

Sarah: Being a lot more compassionate about it. And I think most people can think of things that they personally don't like, like, you know, and I don't like walking on grass. I don't, I [00:39:00] actually don't like going barefoot at all. I,

I like to wear socks, like, you know, I don't like being barefoot generally. And so I think most adults can think of something that they don't like to do and try and use that to find some compassion.

Greg: I was just having this con Oh my gosh, I was just having this conversation. It took me forever to be able to eat sushi. And but, I prefer rolls that have the skin on the outside and not the rice. Because I feel like I'm able to process that outside better than just the sticky individual things of the rice and then having to get it.

Greg: And then the squishies on the inside. God, I'm, I'm having a moment. But like, yeah, so we all have our things. And it's really interesting, like, yeah, call yourself out on some things that you like, and we're not, we're not judging you. Well, you can judge me on the sushi. I don't care. But , like we're, we're, it's not a judgment thing.

Greg: It's a preference thing. And, and the other thing is if you provide some accommodations or modification, [00:40:00] who's it? Who's it hurting?

Sarah: Yeah, yeah, totally. Stephanie has her hand up. Actually, just I'm going to go to Jessica first in case we run out of time. Jessica asks any suggestions for number two and potty training her son just turned three, he refuses, we sing a song, and he knows where it goes. He will throw himself on the floor to not go. He was moved up at the daycare and he's the only one who's not potty trained.

Sarah: She doesn't want to push him, but would like to encourage him.

Greg: So so I hear some encouragement already. So he goes in the. Pull up or the diaper and you bring the diaper to the toilet. You put the poop in the toilet and you flush it because that's where the poop goes. And then he can flush the toilet if he wants, if he doesn't, that's telling.

Greg: So like, that's all of the encouragement. Potty training is tricky. That's low pressure cells. My daughter took forever. to actually have the confidence to realize [00:41:00] that it's not an internal organ falling out of her body, that it's actually just the poop. It is scary that a piece of you is falling out, there's all of this pressure, and then there's this release that is frightening, where it stays all nice and compact in there.

Greg: So if he's dropping to the ground, he's not ready. I'm, don't let that he's the only one get in your head. It's okay. He's your only one. He's the one. He's

one of a kind. So that's okay. Keep it low pressure sales. And so like, that's what I, what I do. Like, I, I, oh my gosh, I was bringing the kids in.

Greg: We would do it together again, the modeling, the, the encouraging them to flush, to, to trying to, to figure out. when their routine is, if you can, and that would be the time to to try to, to get them on there. The what was, there was one other thing. That just came into my head and it [00:42:00] left us as fast as it came in.

Greg: I'll suggest something

Sarah: while you're thinking, which is getting laughing about poop like poop jokes and laughing about, you know, like, you know, we had a poop emoji pillow for a while in our house. Like in Toronto, there's actually a poop cafe which is like this cafe where you can go and you get like ice cream Sundaes and little toilets, like the dishes are like little toilets and like everything there is poop themed.

Sarah: So. I don't know, laughing, being laughing yeah.

Greg: The the other piece that just came to me is, if you are having them sit on the toilet, keep in, this is keeping your sensory head on, keeping in mind that interoceptive piece. You don't want to have them sitting for a very long time. That short little durations, you don't want to be handing them an iPad and giving them for 15 20 minutes because they're gonna lose that feeling of having to go.

Greg: So you're trying to get the action, the thing to happen, but you want them to have To feel it. And so you got to be out and [00:43:00] about and running around and bouncing to be able to feel that you have to go. If you're just sitting on a toilet, waiting for it to happen so you can give them a sticker, you're not necessarily helping their interoception out.

Greg: So that was the other piece that I had to throw out there. Short durations of sitting in practice. helps in the long run.

Sarah: And again, I'm just hearing trust the process. Trust your kid.

Greg: Trust the process. Yeah. Yeah. Yeah.

Jessica: Hi Sarah. That was, that was my question. This is Jessica. But so yeah, we don't make him sit. I just ask him, I'm like, Hey, do you got to go number two? Do you got to go potty? And he says, no, I don't want to go. And you

know, I was like, when we sing our little song, like poop goes on the potty and he sings it and he knows where it goes.

Jessica: And he's like, it doesn't go on my diaper. It goes in the potty and we sing it. And he, he never sits for longer than like 30 seconds to a minute. Cause he'll, he'll sit and go, go go pee. No issues. It's just Number two, he's just like, nope. And he wants to bring his bear and he sits his bear on the potty and I'll get chocolate chips and like drop them in the potty behind him.

Jessica: And he goes and he thinks that's the coolest thing, but he, he's like, nope, not for me. [00:44:00] So I don't know. Just wondering if you have any suggestions. I wonder

Greg: if he knows my daughter, like if that's exactly like, and I, I forget how we actually broke through. And he, he said he was three.

Jessica: He just turned three in December.

Greg: My daughter was not successful at three doing this. I was, I was much later if there's any consolation and I know something about this and, and I, again, she was after four when she actually got it. So you're, you're still okay. And I, I again, agree with trust the process. It sounds like he's really, really scared about it.

Greg: But you're, you're doing a lot of things that are, that are good and it just sounds like it's going to happen when he's ready, you can keep encouraging, keep, keep doing what you're doing.

Jessica: Okay. Thanks for the encouragement. I appreciate it.

Sarah: And also take heart. Greg can't remember when it, when it happened, which is like someday you're going to look back and it's just not going to even seem that important.

Sarah: [00:45:00] Right?

Greg: Okay. Yeah. I know it wasn't three. I remember that. But

Sarah: just it feels so, I think these things feel so do or die when we're in them. But then like, if we can get some perspective, we can look back and it's not really, it'll happen. He will not be pooping in his pants when he's a teenager and he'll get it.

Greg: But we're getting pressure from the schools. It's not fair to parents. We're getting all this external pressure. So yeah, I think that's it.

Greg: You can tell them now that you talk to an OT, like you're doing all the things and, and he's showing so many signs of like, you know, Oh yeah, I'll, I'll participate in this part and I'll pee on the pod and it's just this one part that he's just not ready for.

Greg: Yeah. I'm not judging him and I'm certainly not judging you. Well, I am judging you. I think you're fabulous. So as best as you can as a parent, cause it is so hard is to just, you have time. Don't let the pressure consume you. Keep doing what you're doing.

Sarah: [00:46:00] Thank you. Yeah, that's awesome. That's so encouraging.

Sarah: Thanks, Greg. So do we have time for one more question from Stephanie? Is that okay, Greg?

Greg: She's got a follow up. I'm ready for it. All

Sarah: right. All right.

Stephanie: Actually, it's probably going to be quick. I just wanted to bounce on Sarah's comments about like the wet shirt or something or the wet stool. I don't remember.

Stephanie: And I'm just curious on how like what you suggest, because You know, like, yes, you want to be respectful that to them, it's a big deal. And it feels like, it's like, It's really like, I'm sorry, I'm struggling with my English today, but like it feels awful to their body to feel the wetness on. So like you, you don't like you want to respond to that part, but what about like when they get really hung on like I have to change clothes or I have to change all my clothes, even if it's just.

Stephanie: You know, this sleeve that's with, do you like kind of hold that tension and try to teach them, like, we can just roll this [00:47:00] sleeve up or give them options so that also they have, you know, different tools if it happens when they're not at home, or do you just kind of go, all right, change your whole set of clothes.

Stephanie: And

Greg: so, and I have my sleeves rolled up. I always have my sleeves rolled up because I am tactile defensive. So one of the first thing I do is I understand those kids. I validate that. And yes, I completely get ahead of it. that if I'm validating that they don't like when their sleeve is wet, well, here are some strategies to make sure that that doesn't happen.

Greg: So if something does happen in the beginning, I'm going to validate that. And if they want to change their shirt, that's fine. But because I'm giving strategies to prevent it from happening, you know, I'm giving them tools so that they don't just get caught up in this. If you let it go where they're caught, it just gets, it gets bigger and it becomes its own kind of beast where yes, okay, first it's the shirt.

Greg: Now it's all of the clothes. And that's why I think it's really important to, in a very positive way, [00:48:00] empower them to prevent it from happening. And then starting with that, yes, it's okay. We can change shirts. There was a little girl in, in kindergarten where she was biting her shirt, biting her shirt, biting her shirt.

Greg: And then she got all upset that her shirt was wet. So, you know, her first strategy was to turn the shirt around. So she was walking around with the shirt backwards all day because she didn't like it here, but in the back out of sight, out of mind, that was fine. But she, now she has strategies whether she needs something in her mouth you know, something like that.

Greg: If she's stressed because that's a lot of times where it comes from, like to address that part say, I just saw her today and she's not. Biting your shirt anymore. So I think distrusting may have happened. But yes to empower them to prevent it from happening Helps prevent it from Spiraling out of control

Stephanie: and when they're super small you just roll with it if they want to change the whole set of clothes It's kind of the way that you kind of [00:49:00] support them in the moment where they're getting dysregulated and who cares if you want to change your socks because of sleep, you know?

Greg: When they're young, if you're able to just roll with it, that puts you on such a great path for collaborating with your kid as it goes forward. Like, yeah, like they're, young kids, they're figuring stuff out. You know, we know what's going on and they don't. And so to just, yeah, to roll with them a little bit and really just like show them, I get it, I'm going to help you.

Greg: I'm going to support you. I'm going to give you a strategy to prevent it from happening when it doesn't happen. We're going to celebrate. Hey, you try your shirt. Try. Hooray. Yeah, just kind of, Rolling with that, find your inner child and use that to connect with them. And it pays huge dividends later on.

Sarah: All right. Thanks. All right. Last question before I let you go, which is something I ask all my podcast guests. And the question is if you were to go back in time to your younger parent self, what would you tell yourself?[00:50:00]

Greg: We already talked about it. Ignore the noise. We have a real problem with how The pressure that's put on parenting right now from society is really frustrating that like, and again, I know something I still trust mom's gut. When they're coming with me, it's, it's just, there's so much noise and you can take it from, you know, all of the, the young baby parenting advice.

Greg: I mean, there was a program called my baby can read and it's like, there's so much pressure. on parents that, you know, from the time they're 18 months, you're working for a D1 scholarship in some sporting event or that they have to be potty trained at preschool. Just trust your gut, trust what your child is telling [00:51:00] you through whatever babbling communication, however they are able to communicate with you, that that takes precedent over the noise of society, which is not necessarily a great source of information right now.

Greg: It's a great source of pressure that for parents, we have to there's a brand new book that I'm reading right now. It just came out a couple of weeks ago. I think it's called family unfriendly. And it's starting to talk about how society is so family unfriendly that we're constantly putting pressure.

Greg: You have to sign up for this. You have to do this. They have to be hitting this milestone at this time. Just know that if they're not, it's okay. And if you have questions, ask those questions to professionals. Don't rely on the pressures of society because that's broken. So if it's any consolation to, to the, the parents who are [00:52:00] brave enough to ask questions and speak up and how much that we heard, like, no, you, you got it.

Greg: You're doing it. Let them like stay in that space. It is just so less stressful and therefore you can be more regulated and then you can offer that regulation to your child. We just went full circle.

Sarah: I love it. Thank you so much, Greg. Where's the best place for people to go and find out more about you and what you do?

Greg: Two places. I'm, and I'm not very good at Instagram. I'm getting better, but Facebook, it's Greg Santucci Occupational Therapist. That's like my home base. And then for resources, I do a lot of like infographics and, and blog posts. All of that is available for free on gregsantucci.com.

Sarah: Perfect. Thank you so much.

Sarah: Really appreciate this. This is

Greg: amazing. Thank you.

Sarah: Yeah, no, it's awesome.

Speaker 2: Thanks for listening to this week's episode. I hope you found this conversation insightful and exactly what you needed in this moment. Be sure to subscribe to the show on [00:53:00] your favorite podcast platform and leave us a rating and review on Apple Podcasts. Remember that I'm rooting for you. I see you out there showing up for your kids and doing the best you can.

Speaker 2: Sending hugs over the airwaves today. Hang in there. You've got this.