

Shining with ADHD by The Childhood Collective

Episode #229: ADHD and Sensory Processing: Understanding Your Child's Sensory Needs

Laura Petix: Or they might really like the sound of like loud music on their headphones, but really can't tolerate the sound of a dog barking or a baby crying, right. Same thing with touch. You could be really into like sensory, dry sensory bins: beans, sand, dry, pasta, but cannot stand the feel of like a wet sleeve and that's like ultimate torture. So you can totally have within system, different responses.

Mallory: Hello friends. Mallory here today with Katie as we welcome a very exciting special guest, Laura Petix, who you may know as the OT Butterfly.

Katie: Yes, Laura is a neurodivergent pediatric occupational therapist. She's also a nationally recognized voice in sensory processing and nervous system informed behavior support.

Mallory: With a background spanning clinical practice, research and large-scale digital education, Laura is known for making complex sensory science accessible, affirming and actionable.

Katie: And more recently she authored her newest book called The Sensory Code, which we cannot wait to share more about today. So Laura, thank you for joining us. We're so happy to have you here.

Laura Petix: I am so excited to finally be here with you guys. I feel like I have been watching your stuff for so long and we're in the same circle. So I'm excited to get to chat with you, at this like live right now happening.

Katie: I know, it's so fun to be on and get to chit chat. And you're on the west coast, right? Are you in California?

Laura Petix: I am, I'm in southern California. About 30 minutes, 20 to 30 minutes from Disneyland.

Katie: Yes. And if you're a Disneyland fan, you gotta check out the OT Butterfly, her Instagram account. Because you guys do a lot of Disney, right?

Laura Petix: You know, it's been a couple years since we renewed our pass. Sadly, my daughter just with school, it just got too hard to make use of it. But I will, I am always up for, for chatting. And there was a time where I created a lot of content about neurodiversity strategies and managing meltdowns at Disneyland. So I'm your girl. I still love chatting if anyone wants tips.

Katie: It really helped me. Yeah, so we're in Arizona, so we're only, you know, what we would call a short drive six hours away from Disneyland. But it's funny because all of, all three of us are big fans of Disney and I feel like there are some adults that are like, oh, Disneyland, like that's so lame. But we're into it. So I did watch a lot of your content and it is so helpful because it can be a lot for our kids going into Disneyland and that's the kind of thing we're actually going to talk about today. So we know you've spent a lot of years helping parents to understand sensory processing and now you've put so much of that into your book, *The Sensory Code*. So as we dive in today, can you just start by telling us like what made you feel like this book was so needed and what do you really hope parents understand differently after they read it?

Laura Petix: Yeah. So this book, I always say, like I basically brain dumped every single thing I know about raising a daughter with sensory processing differences plus my knowledge as a clinical based OT and put it all together in this sort of roadmap. And even though I am a pediatric OT and I already was a practicing OT when my daughter was born and we found out she was neurodivergent, I still felt like I was caught off guard and like, didn't know what to do. I think one, because it was my own daughter and I just, when you're too close to it, it can be really tough. But two, her signs and traits and behaviors that I started noticing was at an age where it was out of my expertise. So it was when she was like one and a half to two and in if in the child development space there's a whole sector of early development of early intervention which is 0 to 3 and I was outside of that range. I was like the three and up. So I was not only a first-time mom, first time mom to a neurodivergent daughter and I didn't really know this time of development so I was still sort of learning at that same time. And so I kind of combined what was going through my mind, meant like at that time processing this stuff for the first time while also realizing that I was neurodivergent myself.

The dynamic that that set up between my husband and I and then putting all that together with a little bit of science and bits of information in there for parents and teachers to make more sense of it so that when a parent feels like they're in the same spot I was, where for some reason occupational therapy was out of your accessibility, whether it's finances, whether it's geographical location, whether the medical providers haven't talked to you about it yet, or you're on a like a really long wait list, whatever it may be, if you are finding yourself in that spot and you are also struggling with knowing how to support your kid with different kinds of behaviors which we can talk about, I hope that this book finds you at that time because this can at least make you feel like you're doing something to move the needle in some way. Because I know how tough it feels to sit there and just feel helpless and see, you're like, already notice these things and you're like, what can I do? I have to wait. No one's coming to help me. This is the book that I hope parents can pick up and teachers as well.

Katie: I love that so much. And I do know that there's so many parents in our community who through a lot of times getting their child support, right, whether they're seeking it from a pediatrician or an OT or a speech pathologist, that they start to realize their own neurodivergence. And so I love that you brought that up because I do think that impacts how we parent and in a really very real way that it can be overlooked. And so I think that's a really important perspective that you share. And I know a lot of our listeners are like, yes, that is me. I didn't know that that was me, but now I do. And so that is beautiful.

Laura Petix: Yes. Thank you. Especially as a mom, you know, it's like we, I think there's so much talk out there of moms being touched out, overstimulated, that it's just part of this like, normal narrative. And it's like every mom feels touched out. And that's true, but it's like, no one talks about the level of dysregulation that you experience and how much of an impact it has on the rest of your day and night and how it can last a really long time. And I also feel like it's now thinking back to all of the years, I always call it like, raw dogging life. And like, I literally went through my entire, like it's just caught up to me now. And I'm like, oh my gosh, I've been doing this my whole life with no support and it's now I have like a chronically dysregulated nervous system that has another tiny nervous system that I'm trying to not chronically dysregulate. And I'm like, who, who, who's getting the priority here?

Mallory: Super mom's trying to do all the things, regulate all the nervous systems. So, so when parents hear like, sensory issues, sensory challenges, a lot of times their brain is going

to go to like that child who's covering their ears around loud sounds, or like their child is really particular about clothing, they don't tags in their clothing. But sensory processing is so much bigger than that, right. And it's not just for kids, it's for grownups, too, as you're saying. So can you give us a quick overview of the different sensory systems? Because I think this is much broader than a lot of parents realize.

Laura Petix: Yeah. So we always learn about the main five sensory systems in, like, kindergarten, right. It's always sight, sound, smell, taste, and touch, which is what most people are familiar with. And the three additional sensory systems is the vestibular system, which the receptors are located in our inner ears. And so every time your head is tilted backwards or it's upside down or you're spinning or you're moving, you're swinging front and back, that information is being sent to your brain and giving your brain data points about how your head specifically is positioned in space. Which is important for things like balance and coordination. And then sort of piggybacking off of that and adding more data to the brain about where your body is in space is the proprioception sense. And these receptors are all over your body, in your tendons and your muscles and your joints. And anytime you're giving active resistance to your muscles and tendons and joints, it's telling your brain, like, this is where your arm is, this is where your leg is, this is how it's moving. So that also contributes to body awareness, and how to move your body through space, how to put on a shirt without looking at where the hole is. You can kind of, like, feel it and know how to move through that. And then interoception is one of the ones that I talk about the most when it comes to emotional regulation. So interoception are our internal body sensations. So anytime we recognize that we're hungry or full, or that we have to go to the bathroom, or when we feel just like a body fatigue, when we feel thirsty, when we say like my stomach just dropped because I got some bad news, that sensation those are interoception sensations. So feeling your heartbeat fast, all of those are informing our brain about the state of our body and if we need to do something to take care of it. So there is a very strong overlap there with emotional regulation, because for every emotion that we experience, there is an interoception sensation that's associated with it. And so how people notice that and respond to that can all be part of sensory processing.

Mallory: Interesting. Is pain part of that last one, too?

Laura Petix: Yeah. So pain can be part of that and depending on where you notice the pain, sometimes if it's like a cut, it might be like a tactile component to it. But like tummy aches and discomforts and feeling like little twinges of pain and like dull aches, that is definitely part of interoception.

Mallory: Yeah, I'm just thinking of, you know, we'll get into it, sneaky ways that this kind of shows up. But I'm just thinking about a friend in particular who has a son who's not attending to, like will show up at the doctor acting totally fine. Double ear infection, had no idea. Like not complaining of the pain.

Laura Petix: Not complaining of the pain, but their body. But what happens is, so there's some kids who have like he might have a high threshold for interoception. Meaning his brain needs like a super intense information for it to even recognize that there's pain. But there's also another way that sensory processing can diverge and that's in the sense of being like of discriminating or being able to identify what the sensation is. So sometimes there will be kids that'll say like their knee hurts and then they'll like start vomiting and it's like they had the flu. It's like they just felt off, they couldn't tell what it is. Or there's kids who won't recognize pain or express pain, but their behavior is like they've been acting really off. They've been so tired, they've been irritable, moody. Turns out they had a fever the next day and it's like their body knew there was something off and they were behaving in a way that was signaling to the adults around them. This feels like different kind of behavior, what do we need to do? And then it's only when you get curious and you like maybe check the medical stuff and you're like, oh, there's something like this, this is pain, this is discomfort and you weren't noticing or not expressing it.

Katie: Yeah. That's really resonating for me personally because I know I didn't realize that I really struggle with interoception. I was at the doctor recently talking about, you know, anti inflammatory diet and some things and they said, oh well, you know, just really notice like how you feel after you eat gluten or how you feel after you eat sugar. And I kind of like looked back at the doctor and I was like, I don't, I'm a very good student and I will do my very best to get an A on this project, but genuinely, I was like, well, what can you maybe like give me what would I be looking for? Because I think I would eat something that I, that wouldn't maybe like, I mean, unless I was like sick, sick. But they're saying more just like, how do you feel generally after you eat gluten? And I'm sort of like, I'm unaware of changes.

And that's really, it's very frustrating actually because it's like I want to do whatever's going to help me feel better, right? But if I'm not aware, and I see that with my kids and many, many kids, you know, they come in, they're hot, sweaty, tired, they probably haven't gone to the bathroom in a few hours, like, hey, let's just get those needs met before we dive into, for example, a speech therapy activity or whatever it is. And I feel like those ones seem a little more obvious, but it's really interesting to hear you put that into words. And I'm like, oh yeah, it's me.

Laura Petix: That's a really good example because I, you know, even with kids we're like, how do you feel today? Are you okay? Do you like, what are you feeling? And it's like, I don't know. So I, when we're trying to get to the root of interoception and I'm trying to help kids, even if it's I'm trying to explore their emotions or if it's like a pain or discomfort, I'm always saying, what do you notice? Do you notice anything in your stomach? Or what do you notice down, I'll even pain point. I like one specific area and I'll even like give them a little tactic. Do you notice anything here? Are you, what do you notice? It's kind of like what do you notice? And give a specific location. But I, my daughter and I are on the opposite side of it. We are very hyper aware of our interoception sensations to the point to a fault where she over reports certain things. You know, like I had to get used to that because, when she was like three or four, she would mention every little thing she noticed. And I'm like, what, what do you mean your tummy hurts? I'm like, oh, you had to go to the bathroom? You know, she would feel a little throb in her head and she'll be like, my head is pounding. And I was like, what do you mean your head is pounding? And I'm like, oh, it's your vein. Like, you were hanging upside down and you were feeling the blood rushing to your head. So, right. And for me, it's like an anxiety loop when I'm getting anxious and I feel my heartbeat, I can hear it in my ears. Like, I can count it to the millisecond. I am so in tune with it that it starts to give me too much information. And it's really hard to separate from that. So you could be on different sides of this and still have, interoception processing differences.

Katie: Yeah, those are really great examples of specifically the over and under sensitivity that we can see. Can you help us understand maybe another example or two examples of other systems where you might have that over sensitivity or under sensitivity and what parents might be seeing?

Laura Petix: Seeing. Yes. So let's talk about the vestibular system. So I mentioned that earlier, it's the inner ear receptors that tell your brain about the position of your head in space. If you have a kid who is constantly spinning, always hanging upside down, I say they're usually like the first in the bounce house at a birthday party, the last out, like, you give them opportunity to move, they will move. And if you don't give them an opportunity to move, they will find a way, right. They constantly. They might have a high threshold for vestibular input, meaning their brain needs more of that input, more intense vestibular input, longer duration of it, or, more frequent input for their brain to recognize that vestibular movement. And so they might be seeking it out more often. So these are the kids that usually are being like, they're getting the most bruises and scrapes because they're moving so fast, they're not even aware. And it's usually an unintentional thing, but they probably are hurting other people as well because they're just constantly moving. So I would say that those kids have a high threshold. Sometimes you can also say they are under sensitive, like, they're just not recognizing it enough. Now, the opposite, which is kind of where I'm at, are people who are have such a low threshold, meaning it doesn't take much vestibular input for my brain to recognize it and be overstimulated from it. So I am hypersensitive to vestibular input, meaning I get dizzy very easily. I can usually sense an earthquake within, like, the first second, even if it's pretty mild, because I'm so sensitive to my environment moving. And, you know, even like after getting off of an elevator, it takes me a little bit to adjust. I can do most rides, but like, I can't do upside down rides. I can't do the big drops.

Mallory: I was gonna ask, what does this mean for you at Disney?

Laura Petix: I mean I went the, I went on the Incredicoaster, the one loop ride for the first time ever, like four years ago as an adult. And I was like, I did it. I will not do that again. But you know, and if I'm, if I'm on something like that, I can make it through. But I usually I'll have a headache after. I'll take a little bit of time to adjust, whereas, you know, other people, my husband can go on that over and over and over again and just like be like fully into it. So that's vestibular. And then I would say if there's one other example, we could do tactile. So touch. So some kids, these are the kids if you've seen pictures, there's memes of kids like covered in like peanut butter or shaving cream. You just leave them alone for two seconds and they're like, they're in the sensory bin. Like they want it all over their body. They can't get enough. They can't get enough. They love, they love messy, slimy, sticky, just exploring all kinds of textures. And they, so those, I would say, also have a high threshold. They need a

lot more of it to recognize that. And they might also be really cuddly and like to just like be touched and hugged and touch others. And then on the other side we have our tactile, sensitive kids. Also me, I'm just pretty much a low threshold across the board. These kids, you might see them struggle with finding the way, feeling comfortable in the way that clothes fit them. So yes, they might be sensitive to tags and seams of socks like a lot of folks, but they could even be really particular about how the garters fit on their waist, how the length of the sleeve touches their wrist. They might really struggle or avoid crafts at school. Don't like the feeling of stickiness on their fingers, which then could affect how they eat and what they use to eat. And they might get distressed if there's, you know, little food residue on their face and then it can just kind of affect their behavior from that. You might see them avoiding a lot of things or being very kind of having really big reactions and meltdowns based on their experience around touch activities.

Mallory: So is this something that maybe moms can relate to who feel easily and quickly touched out? It's coming from that tactile.

Laura Petix: Yeah. And so what I would say to add nuance to this conversation, because we were kind of talking about this earlier how we're like all moms a lot, I would say I haven't spoken to a mom ever who's ever been like, I could be touched more. Like no. You know, usually it's like I'm good, but it's usually by the end of the day and it's usually when we're already experiencing a lot of cognitive overload from lots of other things in our day. So our nervous system is just in general at a lower capacity because it's been going so much. So even for neurotypical parents, when our nervous systems are shot and they've already used as much regulation as they can, then any sort of sensory stimuli is going to be too much for you. So if you're experiencing being touched out just by the end of the day, that doesn't automatically mean like you are touch sensitive. It means that you're human. But if you are also happen to be tactile sensitive like myself and you experience that, the reaction might be bigger where you're not just like, oh my God, can you not touch me? It might literally be like you have to get up and walk away. You might yell, you might snap and it might be such a visceral response that like your heart beats fast like it should feel more of an intense experience if it's, it's a true like sensory processing difference, right. That's an important distinction.

Katie: Yeah. And when I know for my family when we had an OT, there was, it was very interesting to me to kind of see the results of her assessment that she did and to see that like my child had certain areas that he was very over sensitive and then others were under. And I think that's also confusing for parents because it's like, wow, you're making a lot of noise and that doesn't seem to bother you one bit. That actually seems to regulate you to hear so much more sound or whatever. But then you know, even the same thing like a fire truck going by which is also very loud and it's like oh, cover the ears. So that, maybe you could just speak to that a little bit, because I do see that there's, it's not always a clean like yeah, we're just an overly sensitive kid.

Laura Petix: Right. No, you're right. It's actually really common to have something called mixed thresholds, which is what you're talking about. So you could be over responsive or really sensitive to sounds, but you could be under responsive and have a really high threshold and more need for movement or touch. So it could be between systems where you kind of have a mix, but you can also within the same system, have differing responses, right. So like what you're saying, some kids can be vocal stimming and like to repeat a sound over and over again, or they'll be tapping their finger on the desk, making lots of sounds, or making the little water drop sounds with their cheeks.

Katie: Mal and I are both laughing. We're like, yeah.

Mallory: They're allowed to make the sounds.

Laura Petix: Yeah, correct. Because they're in control. But then they might, and, or they might really like the sound of like loud music on their headphones, but really can't tolerate the sound of a dog barking or a baby crying, right. Same thing with touch. You could be really into like sensory, dry sensory bends: beans, sand, a dry pasta, but cannot stand the feel of like a wet sleeve and that's like ultimate torture. So you can totally have within system different responses.

Katie: Yeah, that makes sense and that's very consistent with what I've seen. Yeah and one concept from your book that we really want parents to hear about is the idea of a nervous system budget. So can you kind of explain what that is and how parents might use that framework to understand their child?

Laura Petix: Yes. So I started talking about how to proactively accommodate your kids using this framework or this concept. And if anyone's listening, and you've heard of spoon theory, which is a common theory used mostly in the physical disability world, where you're sort of wanting to conserve energy or saying that I don't have enough energy or mental bandwidth, I don't have the spoons today to do that task, right. It's very similar, but I wanted something that was a little bit more concrete and objective to almost itemize each task throughout the day, which would help parents be more on board with proactively accommodating their kids. Because I was running into a lot of parents who would say, well, if they're not asking for it, do I need to accommodate? Like, should I wait for them to ask? Or if I do this, it's going to, they're going to always ask for it. And so I wanted to help them illustrate why regulation is a cumulative thing. Meaning, your child could be functioning completely fine until 4pm and then all of a sudden they're like a different kid and you're like, what's happening here? The nervous system budget will help you understand that. So if we think of everyone's nervous system, every single person has one, every single person has a nervous system budget, which is like the amount of resources we have to stay regulated. And I just said, let's put a dollar amount to it. Just wherever you are in the world, whatever your denomination of money that you use, just pick a number, right. I think in the book I said \$20. Let's say we have \$20 as our nervous system budget capacity. And every single thing that we do in our day comes with a certain fee, a certain deduction, or a cost to our nervous system. And where it differs from person to person is how expensive each task is based on how our nervous system interprets that. So for my daughter, putting socks on might cost her nervous system \$5, but for someone like me who's not sensitive to socks, it might cost me a dollar. So if we're thinking about our kids morning routine before school, think of all the sensory triggers and things that they are required to do. If it's if your child has ADHD and has executive functioning challenges, then each transition might take like \$10 out of their nervous system just at baseline, right. So listing all those things and knowing your child's nervous system, you can assign an arbitrary dollar amount, but just knowing that some things are more expensive for them throughout the day. What this does is it shows you that like you might be, by the time they just step foot in the classroom, they're already at like a negative budget. If we're talking about the sound of the alarm, washing their face, eating a blueberry, getting their feet wet on the grass as they cross from the car to the classroom. All of those things are deducting something from their nervous system. And then the classroom has a lot of sensory triggers and cognitive demands, executive functioning demands that are continuing to deduct from their nervous system. So we pick them up after school and they're at like a negative 50 balance. And then we say, go

wash up, you got to go to karate. Go get your uniform on. We got to go here, we got tutoring, And we're doing more and more and more, right. So, so that's the idea of the cost towards the nervous system. And then what I also add to it to help parents then think about accommodations or how to support their kids is I help them understand the idea of adding tiny little deposits to their nervous system budget throughout the day. So you can add deposits by proactively offering them a sensory strategy that might help their nervous system feel more regulated. So for example, when my daughter was really struggling with socks, we would put the socks on and then I would squeeze her feet to put some calming proprioceptive input onto her feet, give her a little foot massage, she puts her shoes on and then we would do like 10 dinosaur stomps. So I've, if the task, let's say was \$5, I'm adding like maybe 50 cents a dollar back into her budget by kind of providing this regulating activity for her. If you are thinking about accommodations, right. So let's say I went and bought my daughter the really most sensory friendly seamless socks that can discount a task. So instead of \$5, maybe it's \$4 this time. Maybe on the way to school, I drop her off at the front of the school instead of having her walk through the field so she doesn't touch the grass and get wet. That is, that's an accommodation that would decrease the cost of that task. So it's constantly assessing and knowing your child what's going to be expensive to their nervous system today? What can I discount for them? What can I add to their deposit? So that when they are at school, which I don't have control over as a parent, I cannot, I can recommend accommodations, which is part of the conversation, but I can't go in and tweak lots of little things. So I need to reserve as much in their nervous system budget as possible. And then after school I might need to make some big deposits as well so that we can get through homework, so that we can transition to dinner, do bath time, do the bedtime routine and not wake up with a negative budget from the day before.

Katie: Yeah, that's a really common one. Especially like you mentioned the kids with ADHD and those executive functioning challenges and you know, layering in that like school can be really challenging and a lot of kids, like you said, do better at school, but then they come home and it's like, like you said, they're negative balances everywhere. And I am curious if you had any kind of just blanket recommendations for parents? Like when you mentioned making big deposits, I love that and I can totally see this with one of my kids. Is there any thoughts on like what that might look like or things parents could try?

Laura Petix: Yeah. So it's always going to be different for each child and it's really about knowing the state of their current nervous system and what they need to get to, right. So we usually in OT, we usually talk about alerting or calming activities. So like if you think about yourself waking up for the day, having a massage in the first 30 seconds of your day is not going to help you wake up. Like if anything that's going to put you back to sleep, right. So that's like a calming activity that you might need if you're having a hard time winding down before bed. So my state of the nervous system when I wake up, it's pretty alert and if I am going to prepare for a talk or a presentation or if I'm a kid getting prepared for school, I might need a calming activity before school if school brings me anxiety and I get anxious about being around a bunch of kids, right. So for that a calming activity to make my morning less over stimulating, I would think of not turning on overhead lights. I would do as much natural lighting as possible. I would think about managing the sounds in the environment so making sure that bathrooms aren't so overly echoey or maybe even putting on some like white noise even or calming music while I'm doing my brushing my teeth and brushing my hair. On the other hand, you might have a kid who's slow to wake and they are just, you got to pull them out of bed, they're so slow to warm up and you can, they're not moving fast enough, they're not alert enough to get through their day. They might need maybe more colorful lights in the morning, maybe a hype up song that you play as they're like walking down to breakfast. Maybe there's like a freeze dance routine you do as they're helping to get dressed. So it's less of a universal strategy and more of knowing like do I need to alert my child's nervous system right now or help them down regulate. And that can change differently after school, before bed, when you wake up, but really getting close to understanding their behavior and knowing what you need to prepare their nervous system for.

Mallory: So it sounds like it's just very unique to each child. So parents really need to be paying close attention to kind of what is costing my child, what's pulling out of their budget, what's making deposits into this nervous system budget to really know how to best, to best help their kid. And this is kind of, again, this is relying heavily on the parent making these deposits, making these accommodations, but as our kids are getting older, we want our kids to need us less to do these things, right? We want our kids to start noticing these things on their own. So, how can we help, kind of, how can we help parents make this shift from, like, mom is the one in charge making these deposits, making these accommodations to a child kind of taking the initiative and advocating for their own needs, knowing what their body needs and doing that?

Laura Petix: This is a really important conversation. I'm glad you brought this up, because this is usually also when parents are like, okay, but am I going to be in, at their college dorm, like, waking them up and putting on music for them?

Katie: Giving them a foot massage and doing dinosaur stomps.

Laura Petix: No, you are not. I mean, you can if that's your relationship, but that's not what it's going to turn into. So in, I believe it's chapter it's either chapter five or six of my book where I really encourage parents to talk about neurodiverse with their kids, regardless of diagnosis, whether you're at the beginning of your journey or not. Talk about neurodiversity as a general concept of differences in brain wiring. Where someone might, experience something one way versus the other and we all need different things. So just already having that conversation as, like, a baseline level of understanding is really helpful. And then you want to get into, like, sports casting, what you're doing in the day, right. So you're like, oh, your feet, I know your feet really notice the way that those seams feel, I'm going to give your feet some squeezes because this helps your brain know that it's actually safe and not something that's dangerous, right. If your kid is older, you could say, oh, okay, time to do those stomps again. I know your brain really hates putting socks and shoes on. Let's do some jumps and see if that helps. Let's do some heavy work. You could call it heavy work. You could call it a sensory strategy. But you're wanting to narrate what you're doing and the reason why. And I would also do this for yourself. Like, I narrate all the time. I am so overwhelmed right now from too many sounds, I need to go stand in the bathroom and turn the lights off. I'll be right back in a minute. And then I'll come back and say, that made me feel completely better. I'm so glad I did that. So it's just narrating what you're doing and the tool they're using and the supports they're using and including them in the process, the whole way.

Mallory: Yeah, I think that's so important. And it's something we actually talk about a lot for parents raising kids with ADHD, because a lot of people with ADHD don't have this inner monologue kind of dialoguing them through what they're doing. So we say all the time, speak your thoughts out loud. Speak your inner monologue for your child's benefit. So, you know, you're trying to get from your house to school, but there's a detour today because there's construction. Talk about out loud, like, your problem-solving process. Oh, the road we usually take is closed today, so I'm going to turn here and see if we can take the back roads

and come in the other parking lot. Like, speak your problem solving out loud for your child's benefit so they can see that, you know, parents don't just come to this magical conclusion without any thought. No, we're actually thinking these things through, how we get from A to B. And so I love that. And I think that it takes the pressure off of parents to have to, like, have one really serious conversation about this. It's just little sprinkles throughout the day as you're doing it, and your child will pick up on that and learn from that. So hopefully we can transfer that responsibility to them over time.

Laura Petix: And it should also be with, like, even siblings. Like, it's not just you talking to the kid with ADHD. You might have a house where everybody has ADHD, which is very common. But even if you don't, it's just everyone should be involved in this, this language learning, because then that also removes you from dealing with sibling rivalry. And I was like, oh, he keeps making that sound with his noise. Help him to shut up. I don't want to hear him say those things. Right. And it's like, okay, you could talk. He's like, hey, you're that sound you keep making is totally overflowing my sensory cup. And then the other one could say, oh, that's well, that's what I need because it helps my brain focus. Okay, what can we do? You can focus on that. But it's even that bickering argument with that language is way less triggering than dealing with the other way that it could pan out, right?

Mallory: Sure. Yeah, absolutely.

Katie: That's definitely in my house. And I was laughing because the alert kid versus the calm kid in the morning, and it's like, totally have that. Like, one kid is hyping himself up as loud as he can, and the other one is, like, silence. Like I can't tolerate any noise. And so it is a constant conversation. And I think that's such an important lesson for parents outside of sensory. But I can really see it with sensory, because, honestly, our sensory things really do overlap a lot of times. Like the thing you need to regulate is really triggering me. And that's kind of hard, I think, in some ways. And I think a lot of us parents are like, I'm a warrior. Like, I can get through it. And it's just, I don't know, but I love that you're reframing that for parents, because I do see in my home, at least, that that's a big source of sibling conflict, and it's really difficult.

Laura Petix: It's a conflict between my husband and I. He very much has a high threshold for everything, and I'm so low threshold. So she sees us have conversations about it especially this always comes up in the car, music being loud. And then my husband will, like, ask me a

question, and I'll have to go in and turn the music down to, like, talk to him and answer because, like, there's no way I can do both. And sometimes I will prefer to eat dinner by myself because I say I'm really hungry, and I don't want to talk, and I don't want to be talked to. So I want to eat. And I will, like, tell her that I'm like, I'm not mad at you, I'm just, I don't feel like talking right now. So I'm gonna go eat in the other room, and then I'll come back and sit with you. Yeah. Like, it's just that being open and talking about it, with them so that it's just a normal part of life of, like, this is how I'm feeling. This is how I'm gonna take care of it right now. And if you need to add in 'I'm not mad at you, but I just am very overwhelmed.' Like, sometimes kids need that explicit, like announcement of, like, I know my voice doesn't sound happy right now, it has nothing to do with you. Yeah, like the amount of times I wish my parents would have said that to me because like you could feel the tension. And as someone who's sensitive to that, I just like absorb all of that in the environment.

Katie: Yeah, that is also helpful and I can see how for parents just, you know, putting in that work up front can be so helpful and it might feel like, oh my gosh, this is taking so long, this is so hard. But at the same time, we know that when you don't put those things in place, managing all that sensory stuff, that can also take a lot of time. So I love this. It's such a positive way to frame it. And I know there's going to be a lot of listeners who want to know more about where to get your book, where to get all the details of the budget and all the things. So maybe just fill us in a little bit about what that's going to look like.

Laura Petix: Yes. Okay, so let me tell you about the three parts of my book and then let you know where to pre order it and the really cool bonuses that come with it. So part one of my book is really the foundations of it all. This is the mindset that I want parents and teachers to have before they even start digging into the sensory components. How to be neurodiversity affirming. What that even means. Understanding what the nervous system is, because we say nervous system all the time, but I think most people don't really even know what exactly that is and how sensory fits into that. I also talk about how to handle meltdowns because before you get into the work of supporting sensory systems, I know that day to day life is still riddled with meltdowns for a lot of parents. And then part one ends with really how we should think about neurodiversity and how we can talk to our kids about it. Because to get buy in and to start the sensory strategies which we talk about in part two, we want to be able to say, hey, this is what we're exploring because remember, we learned about this. So we should, so it's kind of guiding parents through the work as they're reading the book. Part two

is really when we dive into the sensory systems, and they all start out with a case study, influenced by one of my previous clients, where what that sensory system really stood out as a space that they needed most support in. And so it starts out with a case study, what I was noticing. And then I go into a little bit of the science behind it. And then always give you some tips of like, how to explore if your child needs more of this kind of input and what kinds of things you can do. And then it ties it up at the end with like, where are they now? Like, what happened? How did we support them best? And then part three is really important because this is where it helps you put all of the sensory strategies that you probably explored and tried out, and it puts it, helps you frame it in a context that's helpful to go forward day to day life. Because parents are like, am I supposed to sit here and do like OT with my kid like all day long? No, not at all. I'm gonna walk you through how to integrate it into your day-to-day life so that it can be more proactive and becomes more consistent and repetitive so you don't feel like you're going through a checklist every day. And then it also leaves you with where to go from here because as I said, this book is a really good stepping stone. But I know that there's going to be families, this book is not going to solve all your problems. I still think that in person OT, if it's accessible to you and you have a kid with sensory processing differences, it's definitely worth looking into. So I talk about all of the ways OT can help your kids and how to go about finding access to therapy services. And so you can get my book at theotbutterfly.com/thesensorycode. It's available on pre order right now. And if you order before October 5th, then you get access to three bonuses that I spent so much time on and I'm just, I really want everyone to be able to access this. My publisher told me to create one bonus and in true ADHD fashion, I could not decide on one. And every time I created one I was like, well, now they're going to need this and they're also going to need this. And so I'm making it all. So the first bonus is a sensory inventory, which is essentially a list of common behaviors that your child does and then you're just saying, yeah, I've seen them do this. And then it'll categorize it as like, that is related to tactile or that's related to vestibular, that's related to proprioception. So it's not a diagnostic evaluation, but it helps the parents or teachers prioritize. Like, wow, it turns into a visual graph and is like, wow, I see a lot on tactile. I need to really focus on that first so you're not overwhelmed. Then, the second bonus is the sensory activity vault, which is a vault of videos of different sensory activities you can explore with your kid based on each sensory system. So if it's like, oh, you know, the inventory said I needed to focus on proprioception and vestibular. So I'm going to look at some proprioception and vestibular activities and see what happens, see if my kid likes it, if they become more regulated. And then the third bonus is that sensory lifestyle builder. Kind

of like what I was saying in the last part of my book. It's an interactive guide where you can actually put in your family's schedule or the flow of your day and you're going to type in what sensory tools and strategies that worked and you can drag and drop and put them in different parts of your day. So it comes out to a nice sort of, like I say, schedule and quotes because it's not necessarily like, you know, do this at 2 o'clock. But it's more of the flow of after school, they like spinning so let's get the spin board out and put it in the kitchen right before homework, right. That kind of thing. So then my hope is that that in combination with the book, it's as applicable as possible so you're not just going to read the book and feel like, what did I just read? This is going to actually help you put it into practice alongside it.

Katie: Yeah, well, I totally agree with you. I think you did need all three of those bonuses.

Laura Petix: Yes. Right!

Katie: Definitely want to get onto preorder so that you can get those bonuses and that, that's all sounds honestly very helpful. So that's fantastic. And then you've mentioned a few times, but if people want to follow you and continue to learn from you, your Instagram handle is theOTbutterfly.

Laura Petix: Yes, that's right. And then my website, theotbutterfly.com and I also have a podcast that I just restarted. It's been a while since I came back and it's rebranded now to match my book. So I have a podcast called The Sensory Code Podcast, out wherever you listen to podcasts.

Mallory: Oh, I can't wait to listen.

Katie: Yeah, I didn't realize that. That's so exciting.

Laura Petix: It's been a while. I had a different, I had one for a while and then I took a break and then I was like, it's gonna be a six month break and it took like a two year break. And so now I'm back and I completely rebranded. So it's a nice fresh start.

Mallory: Oh, I love that. Well, thank you so much, Laura. This has been so helpful. I can't wait for our listeners to check out your book, grab all those freebies by October 5th, and then connect with you on socials.

Laura Petix: Thanks for having me.