



Move the Molecule

LDA - Parent Education Through Movement

PARENT STARTER GUIDE

Understand your child's behavior through movement.

A practical first look at sensory regulation, daily rhythms, and home strategies for calmer, more connected family life.

Start with observation. Build with rhythm.



Inside this guide

- The behavior checklist
- The body-environment-rhythm lens
- 5 movement-based home tools
- A 7-day starter reset



PARENT EDUCATION THROUGH MOVEMENT

Before we try to fix the behavior, we look for the signal.

You are not here because you need another person telling you to be more patient. You are here because something in your child's daily life feels harder than it should, and you want to understand what is happening underneath the behavior.

Move the Molecule begins with one simple reframe: a child's behavior is often a form of communication. It may be communicating fatigue, overload, hunger, fear, frustration, sensory discomfort, a need for movement, a need for predictability, or a need for connection.

This guide is not a diagnosis.

It is a pattern finder. Use it to notice what your child does before, during, and after hard moments. If you have concerns about development, safety, feeding, sleep, language, motor skills, or health, speak with your child's pediatrician or a qualified professional.

What this guide helps you do

1

Notice the pattern

Look at what happens before the behavior, not only the behavior itself.

2

Read the body

Pay attention to movement, sensory input, fatigue, hunger, transitions, and environment.

3

Build a rhythm

Use simple routines and movement anchors to make daily life more predictable.

4

Start small

Pick one tool, try it consistently for a week, then observe what changes.



DOES THIS SOUND FAMILIAR?

Your child may be telling you more than you think.

Check anything you have noticed. This is not a score, and it is not a label. It is a way to begin seeing patterns with more compassion and more precision.

<input type="checkbox"/> Meltdowns happen over small changes.	<input type="checkbox"/> Transitions feel like a battle.
<input type="checkbox"/> Clothing tags, socks, seams, or shoes cause big reactions.	<input type="checkbox"/> Loud places, bright lights, or busy rooms are overwhelming.
<input type="checkbox"/> Your child crashes into furniture, jumps, climbs, or seeks rough play.	<input type="checkbox"/> Your child avoids swings, slides, climbing, or feet leaving the ground.
<input type="checkbox"/> Hair brushing, tooth brushing, nail clipping, or bathing is intense.	<input type="checkbox"/> Your child chews shirts, pencils, toys, or fingers often.
<input type="checkbox"/> Your child seems fine all day, then falls apart at home.	<input type="checkbox"/> Your child struggles to sit for meals, homework, or quiet activities.
<input type="checkbox"/> A change in sleep, food, screen time, or routine derails the whole day.	<input type="checkbox"/> Your child needs deep hugs, tight blankets, or pressure to settle.
<input type="checkbox"/> Punishments, lectures, or repeated reminders make things worse.	<input type="checkbox"/> Your child has big emotions and has a hard time coming back down.
<input type="checkbox"/> You feel like you are constantly reacting instead of guiding.	<input type="checkbox"/> You can tell your child is not trying to be difficult, but you do not know what to do next.

If several of these feel familiar

pause before blaming the child or blaming yourself. The next step is not to panic. The next step is to observe the body, the environment, and the routine around the behavior.



THE MOVE THE MOLECULE REFRAME

Behavior is data, not a verdict.

When a child is dysregulated, adults often ask, 'How do I stop this?' That question is understandable, especially when the moment is loud, public, or exhausting. But it can lead us into a cycle of correction without understanding.

A better first question is: 'What is this behavior telling me about my child's body, environment, and rhythm right now?'

OLD QUESTION

What is wrong with my child?

This usually creates fear, urgency, shame, or a rush to control the moment.

NEW QUESTION

What is my child communicating?

This opens the door to observation, support, connection, and practical next steps.

OLD QUESTION

How do I make this stop?

Stopping the behavior without understanding the trigger can make the pattern repeat.

NEW QUESTION

What would help this body organize?

Movement, rhythm, pressure, quiet, or predictability may help the child participate more successfully.

The goal is not permissive parenting. The goal is better sequencing.

First, regulate. Then, teach. Then, practice the skill again when the child has more access to attention, language, and cooperation.



THE THREE LENSES

Before you correct the behavior, check these three things.

Most hard moments become clearer when we look through three simple lenses: the body, the environment, and the daily rhythm.

LENS 1

The Body

Is your child hungry, tired, wired, under-moved, over-stimulated, sick, uncomfortable, or seeking pressure and movement?

LENS 2

The Environment

Is the room loud, bright, crowded, rushed, unpredictable, cluttered, or full of demands?

LENS 3

The Rhythm

Has the day lost its anchors: wake time, meals, movement, quiet time, connection, wind-down, and sleep?

THE BRIDGE

The Adult Response

Your calm, simple, predictable response helps the child borrow regulation while their own system is still developing.

Try this before the next hard moment

Ask	Look for	Try
What happened before this?	Noise, hunger, screen time, rushed transition, crowding, fatigue	Reduce input, slow the pace, use fewer words
What is the body doing?	Crashing, hiding, chewing, crying, stiffening, running, freezing	Offer movement, pressure, quiet, or connection
What is the next step?	Too many instructions, unclear expectation, sudden change	Use first-then language and a simple visual or gesture



SENSORY SYSTEMS IN PLAIN ENGLISH

Your child is not only hearing, seeing, and touching the world.

Children take in information through multiple sensory systems. Some inputs feel organizing. Some feel overwhelming. Some children seek more input because their body needs stronger signals to feel ready and present.

TOUCH

Tactile

Clothing, textures, food, grooming, messy play, hugs, temperature, and physical contact.

MOVEMENT

Vestibular

Balance, spinning, swinging, climbing, turning, and the feeling of where the head is in space.

MUSCLES

Proprioception

Heavy work, pushing, pulling, carrying, squeezing, jumping, crawling, and deep pressure.

INSIDE BODY

Interoception

Hunger, thirst, bathroom signals, heartbeat, breathing, pain, nausea, and internal body cues.

SOUND

Auditory

Voices, appliances, classrooms, restaurants, crowds, sudden noises, and background sound.

SIGHT

Visual

Light, motion, clutter, screens, busy rooms, patterns, and visual expectations.

SMELL

Olfactory

Food smells, cleaning products, perfume, classrooms, cars, bathrooms, and unfamiliar spaces.

TASTE

Gustatory

Food texture, flavor, temperature, chewing, oral seeking, gagging, and mealtime stress.

A practical note

Sensory patterns do not automatically mean a disorder. They are clues. If sensory reactions are intense, persistent, unsafe, or limiting daily life, a pediatrician or occupational therapist can help evaluate next steps.



THE REGULATION MAP

Children often look different depending on their regulation state.

A child who is regulated can usually listen, try, connect, play, learn, and recover. A child who is dysregulated may look defiant, dramatic, hyper, checked out, rude, silly, or impossible to reason with.

State	What you might see	What may help
Overloaded	Crying, yelling, covering ears, running away, aggression, panic, refusal	Reduce input. Use fewer words. Offer safety, quiet, pressure, or a familiar routine.
Seeking	Crashing, jumping, climbing, chewing, spinning, touching everything, interrupting	Give purposeful movement before demands. Use heavy work, obstacle courses, animal walks, carrying tasks.
Under-aroused	Slumped posture, foggy, distracted, slow to start, low energy, disconnected	Add rhythm, light movement, fresh air, music with a steady beat, or a simple job.
Organized	Can listen, choose, recover, communicate, and try again	Teach the skill here. Practice routines here. Praise the process here.

The parent move

Do not wait until the explosion to introduce support. Build small regulation anchors into the day before the child is falling apart.

Simple parent script

'Your body is having a hard time. We are going to help it first. Then we will try the next step together.'



FIVE MOVEMENT-BASED HOME TOOLS

Start with small tools you can actually repeat.

You do not need a therapy gym to begin observing how movement and routine affect your child. You need simple, safe, repeatable tools that can fit into normal home life.

TOOL 1

Heavy Work Reset

Muscle input through pushing, pulling, carrying, crawling, squeezing, and jumping. Often useful before seated tasks or transitions.

TOOL 2

Rhythm Reset

Predictable movement with a steady beat: walking, marching, rocking, clapping, or bouncing gently.

TOOL 3

Transition Bridge

A short movement or visual step between activities so the child can shift without being thrown into the next demand.

TOOL 4

Pressure and Quiet

A calm sensory pause using dimmer input, comfort objects, deep pressure with consent, or a quiet reset space.

TOOL 5

Daily Rhythm Reset

A simple daily structure with anchors for meals, movement, connection, quiet, and sleep.

THE RULE

One tool at a time

Try one support for several days. Notice what changes before adding more. The goal is rhythm, not perfection.

Start tiny. Stay consistent.

The best tool is the one your family can repeat without turning life into a project.

Use the 7-day reset



TOOL 1

Heavy work helps many children feel more organized.

Heavy work means safe activities that use the muscles and joints: pushing, pulling, carrying, crawling, climbing, squeezing, and resistance. This kind of input can be grounding for some children because it gives the body clear information about where it is and what it is doing.

Try 1 to 3 minutes before moments that usually fall apart.

Wall pushes	Animal walks	Laundry basket carry	Pillow squishes
Couch cushion obstacle	Tug of war	Bear crawl	Chair push-ins

When to try it	How to do it	What to watch
Before schoolwork	10 wall pushes, 20-second bear crawl, then sit.	Does the child settle faster or resist less?
Before bath or bedtime	Carry pajamas, push laundry basket, crawl to the bathroom.	Does the transition become smoother?
During movement seeking	Offer a job: push the wall, carry books, move pillows.	Does unsafe crashing decrease?

Safety note

Keep activities pain-free, supervised, and appropriate for your child's age and ability. Avoid forcing deep pressure or rough play. Consent matters, even with young children.



TOOL 2

Rhythm can make the next step feel safer and more predictable.

Many children respond well to rhythm because it gives the body a pattern to follow. Rhythm can be movement, sound, language, or routine. The point is not to entertain the child. The point is to organize the moment.

MORNING

March the routine

March to the bathroom, march to the closet, march to the table. Keep words simple and steady.

TRANSITION

Use a beat

Clap a simple pattern while moving from one place to another. Repeat the same pattern daily.

CALMING

Slow rocking or walking

Use slow, predictable rhythm when the child is overloaded. Fast movement can be too much for some children.

CONNECTION

Call and response

Parent: First shoes. Child: Then car. Repeat in a warm, simple rhythm.

Try this 60-second reset

Step	Action
1	Get low and use a calm voice: We are going to help your body shift.
2	March together for 20 steps or walk slowly to the next room.
3	Repeat the next step in rhythm: First shoes, then car.
4	Give one clear job: Hold the keys, carry the backpack, push the door.



TOOL 3

Transitions are not small to a dysregulated body.

Adults think of transitions as quick: turn off the tablet, leave the park, get in the bath, put on shoes. For children, transitions can feel like losing control, losing connection, changing sensory input, and entering a new demand all at once.

Build a bridge instead of dropping the child into the next demand.

Bridge piece	Example
Preview	In two minutes, play stops. Then we do shoes.
First-then	First shoes, then you can carry the car toy.
Movement step	Do 5 frog jumps to the door.
Job	You are the door helper. You hold the keys.
Connection	I know leaving is hard. I am with you.
Repeatable rhythm	Same words, same order, same calm tone each time.

What not to do

Do not keep adding words once the child is escalating. Too much language can become more input. Say less, slow down, and help the body move through the next step.



TOOL 4

Some children need less input before they can give you more cooperation.

When a child is overloaded, more talking, more questions, more lights, more people, and more correction can push the system further. A quiet sensory pause gives the child a place to recover without shame.

SETUP**A small reset spot**

A corner, chair, mat, small tent, or quiet place with fewer visual and sound demands.

TOOLS**Simple supports**

A soft blanket, comfort item, headphones, dim light, picture book, breathing card, or stuffed animal.

PRESSURE**Deep pressure with consent**

A firm hug, pillow press, blanket burrito, or hand squeezes only if your child likes it and agrees.

LANGUAGE**No shame**

This is not timeout. This is a body reset. You are helping the child recover, not sending them away.

A calm pause script

'You are safe. Your body is having a big moment. We are going to make things quieter, then we will solve the problem.'

If quiet makes it worse

Some children need movement before stillness. Try heavy work first, then quiet. The goal is not to force calm. The goal is to find what helps the child organize safely.



TOOL 5

Daily rhythm is regulation you build before the hard moment.

A rhythm is not a rigid schedule. It is a predictable pattern that helps the child know what usually comes next. Many children handle demands better when the day has anchors.

Anchor	Why it matters	Starter idea
Wake	A predictable start lowers morning chaos.	Same first three steps each morning.
Food	Hunger can look like behavior.	Protein or balanced snack before hard transitions.
Movement	The body needs input before long sitting or waiting.	5-minute movement anchor before school, meals, or homework.
Connection	Connection can reduce power struggles.	10 minutes of child-led play or undistracted attention.
Quiet	A nervous system needs recovery time.	Dim lights, books, slower voices, fewer screens.
Sleep	Sleep disruption can magnify everything.	Predictable wind-down sequence and consistent bedtime cues.

Your first rhythm goal

Pick one anchor. Make it simple enough to repeat on a normal day, not only on a perfect day.

Pick one anchor



THE 7-DAY STARTER RESET

A simple week to begin noticing what helps.

Do not overhaul your entire family life. For seven days, choose one daily movement anchor and one daily connection anchor. Keep them small. Repeat them. Observe.

Day	Movement anchor	Observation prompt
1	10 wall pushes before a transition.	Did the transition change at all?
2	Animal walk to the bathroom or bedroom.	Was the child more willing to move to the next step?
3	Carry a small laundry basket or backpack.	Did purposeful work reduce crashing or running?
4	March or clap a steady beat during cleanup.	Did rhythm reduce arguing or stalling?
5	Build a 3-step first-then routine.	Did fewer words make the expectation clearer?
6	Create a quiet reset spot.	Did your child use it, avoid it, or need movement first?
7	Repeat the tool that worked best.	What pattern are you beginning to see?

The most important data

Track what happened before the behavior. A meltdown after a late bedtime, skipped snack, loud birthday party, or sudden transition is not random. It is information.



WHEN TO GET MORE SUPPORT

Education helps, and sometimes your family needs a professional eye.

This guide can help you observe patterns and begin practical home supports. It cannot evaluate your child, rule out medical concerns, or replace professional care.

Consider reaching out to your pediatrician or a qualified professional if you notice:

<input type="checkbox"/> Loss of skills your child previously had.	<input type="checkbox"/> Safety concerns, self-injury, or frequent injury to others.
<input type="checkbox"/> Severe feeding restrictions, choking concerns, or poor growth.	<input type="checkbox"/> Sleep problems that are persistent or extreme.
<input type="checkbox"/> Language, motor, social, or developmental concerns.	<input type="checkbox"/> Sensory reactions that prevent normal daily participation.
<input type="checkbox"/> Aggression, panic, or distress that feels unmanageable.	<input type="checkbox"/> You feel unsafe, overwhelmed, or unable to function as a family.

A strong parent move

Asking for help is not overreacting. It is leadership. Bring your observations, examples, routines, and questions. The more specific you are, the easier it is for professionals to understand what is happening.



START HERE WITH MOVE THE MOLECULE

Simple support for families who want to understand the pattern, not just survive the moment.

Move the Molecule is a parent education platform. We help families understand how movement, sensory patterns, daily routines, and connection can shape everyday behavior and regulation at home.

FREE

Parent Starter Resources

Short, practical guides that help you begin observing your child through the body, environment, and rhythm.

GUIDANCE

Parent Guidance Session

A conversation to help you organize what you are seeing and identify practical next steps for home life.

LEARNING

Courses and Workshops

Structured parent education on movement, sensory regulation, routines, transitions, and family rhythm.

COMMUNITY

Future Parent Library

A growing digital space for guides, videos, examples, workshops, and repeatable tools.

Ready for the next step?

Book a conversation or download the next parent resource through the page where you received this guide.

[Book a conversation](#)

Our promise

We will keep the work practical, respectful, science-informed, and parent-friendly. We do not label your child. We help you notice patterns, build rhythm, and support the child in front of you.



PARENT SCRIPT CARDS

Try fewer words, more rhythm, and more connection.

When children are escalated, long explanations often fail. These scripts are not magic words. They are simple language patterns that help you stay steady and guide the next step.

OVERLOAD**When your child is melting down**

'You are safe. I am going to help your body first. Fewer words now.'

TRANSITION**When it is time to leave**

'First shoes, then car. I will help. You can carry the keys.'

MOVEMENT SEEKING**When your child is crashing**

'Your body needs big work. Push the wall with me, then we try again.'

SENSORY SENSITIVITY**When clothing or grooming is hard**

'This feels too much today. Let's slow it down and find the next tiny step.'

REFUSAL**When your child says no to everything**

'This is hard. The next step is small. First one sock, then a break.'

RECOVERY**After the hard moment**

'That was a big moment. We are okay. Next time, we will help your body sooner.'

Remember

Connection does not remove boundaries. It makes boundaries easier to receive. A regulated adult can be both warm and firm.



SOURCE NOTES AND EDUCATIONAL BOUNDARIES

Built to be practical, careful, and non-clinical.

This guide is educational. It translates general child development, movement, sensory, and family rhythm concepts into parent-friendly language. It is not medical advice, occupational therapy, psychotherapy, diagnosis, or treatment.

Helpful references for further reading

CDC - Learn the Signs. Act Early. Developmental milestones help families track how children play, learn, speak, act, and move.

<https://www.cdc.gov/act-early/milestones/index.html>

CDC - Physical Activity Basics. Children 3 to 5 should be active throughout the day, and children 6 to 17 need at least 60 minutes of activity daily.

<https://www.cdc.gov/physical-activity-basics/guidelines/children.html>

American Academy of Pediatrics / HealthyChildren. Sensory integration therapy is typically delivered by occupational therapists, and significant sensory concerns should be discussed with a pediatrician or qualified clinician.

<https://www.healthychildren.org/English/health-issues/conditions/developmental-disabilities/Pages/Sensory-Integration-Therapy.aspx>

Center on the Developing Child at Harvard University. Serve and return interactions describe responsive back-and-forth exchanges between children and caring adults.

<https://developingchild.harvard.edu/key-concept/serve-and-return/>

American Occupational Therapy Association. Occupational therapy practitioners may use sensory-based interventions and Ayres Sensory Integration approaches to support participation when clinically appropriate.

<https://research.ota.org/ajot/article/77/Supplement%203/7713410230/25035/Sensory-Integration-Approaches-for-Children-and>

Use this guide as a first step: observe patterns, support safety, build predictable rhythms, and seek qualified help when concerns are significant, persistent, unsafe, or interfering with daily life.

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