

NEWSLETTER

September 2024 Issue

Back to School!

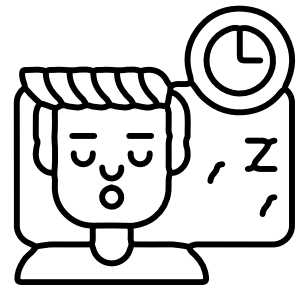


The clinical team would like to welcome you back following the summer break. We understand that the summer break can be difficult but we hope that you and your child had a restful break.

If you have any concerns please get into contact with the school or ask for the clinical team.

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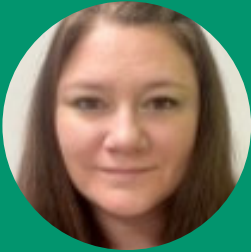
- Updates from the clinical team.
- Meet the new clinical team.
- Sleep Hygiene Tips



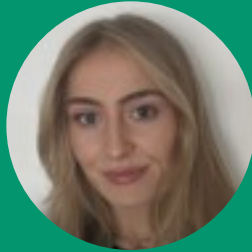
Updates from the Team:

- We have lots of new clinical team members!
- We have been working hard over the Summer to review our referral processes and waiting lists.
- We are reviewing EHCPs and their recommendations.
- We are reviewing emerging need and consistently assessing risk.

Meet the Team:



Rachel Simpson
Art Psychotherapist
Clinical Lead



Grace Tomlinson
Assistant
Psychologist



Rachel Coles
Integrative
Psychotherapist



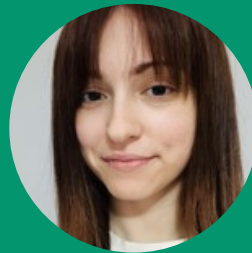
Caitlin Boyle
Art
Psychotherapist



Kim Potter
Integrative
Psychotherapist



Mariam Amir
Speech and Language
Therapy Assistant



Niki Gkezepoglou
Occupational
Therapy
Assistant



Sophie Kenning
Specialist Speech
and Language
Therapist



Emilee Cowell
Assistant
Psychologist



Deborah Abson
Senior
Occupational
Therapist

Find out more about the team on the next page!



I'm Rachel, I am a Specialist Art Psychotherapist and the Wellbeing and Clinical Lead at Meadowcroft Schools and Residential. It is my role as Clinical Lead to support the clinical team in the provision of needs led therapeutic interventions, and to support the wellbeing of our staff teams.

As a therapist I provide tailored therapeutic interventions both verbal and non-verbal for our pupils and residents. I currently run a Specialist Art Psychotherapy Service within the NHS and find that working in both health and education simultaneously informs and promotes best practice in each area.



Hi, I'm Rachel, I am a psychotherapist at Meadowcroft School. I graduated from Leeds Beckett University with a PGDip in Counselling and Psychotherapy in June 2023 and work as an integrative, relational psychotherapist. Previously I've worked as a counsellor and psychotherapist in a sixth form college and a women's charity. Before this I was a secondary school teacher.



My names Grace and I'm an Assistant Psychologist at Meadowcroft school. My passion for psychology grew during my undergraduate degree in Clinical Psychology which led me to pursue my master's in Applications of Psychology. During this time, I have gained valuable experience working in educational and healthcare settings as a learning support assistant and brain injury rehabilitation worker.



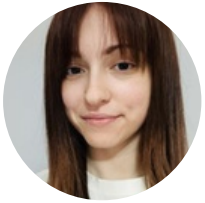
Hi I'm Caitlin, I'm an Art Psychotherapist that qualified with an MA from the University of Derby. Before Meadowcroft, I worked at Leeds Beckett University supporting student mental health and before that I was an art psychotherapist at an SEN secondary school. I trained in a trauma informed and attachment focused way and I have additional training in sensorimotor art therapy. I have a specialism in neurodiversity and I am neurodivergent myself!



Hi, I'm Kim. I am an Integrative Psychotherapist here at Meadowcroft. I have worked in various mental health roles over the last 12 years, and in schools supporting children and young people as a Psychotherapist for the last four. My favourite part of my job is getting to know the students I work with and building positive relationships with them.



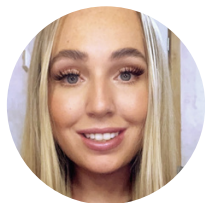
Hi, I'm Mariam, I am the new speech and language therapy assistant. I have worked in education for a while and before Meadowcroft I was a teaching assistant.



Hi, I'm Niki, I'm an Occupational Therapy Assistant at Meadowcroft School. I moved to Leeds from Athens, Greece in 2020 and since then I've worked as a Support worker supporting adults with Learning Disabilities and the last 2 years I've been working in Occupational Therapy supporting children and young people in various places.



I'm Sophie, the Specialist Speech and Language Therapist at Meadowcroft. I have a BSc in Speech and Language Therapy from De Montfort University in Leicester, and I have been a Speech and Language Therapist for three years. In that time, I have worked with children with a range of speech, language and communication difficulties. I have also previously worked in roles in Early Years and Education. I am passionate about providing a neuro-affirming service, with a child-centred approach. I have recently joined the team at Meadowcroft, and look forward to working with the children, young people and their families, as well as the lovely staff team.



Hi, I'm Emilee (pronounced like 'Emily') and I'm an Assistant Psychologist at Meadowcroft school on Tuesdays to Thursdays, as well as at Armley Grange School on Mondays and Fridays. I have always been interested in psychology and decided to start my career in it after college, where I completed an undergraduate degree in Psychology. I have also completed a masters in Investigative Psychology. Before becoming an assistant psychologist, I worked as an intermediary supporting individuals through the court process, as a support worker for adults with acquired brain injuries, as well as a healthcare assistant at a special needs school.



Hi I'm Debs, I'm the Senior Occupational Therapist for Meadowcroft. I graduated from London South Bank University a long time ago, having since worked in hospitals, private practice, an independent SEN college, before moving back up to Yorkshire to work at Options Barton and now Armley Grange plus, Meadowcroft. These have given me 7 years' qualified experience of working in neurodiversity and I am also neurodivergent. I am a trained Sensory Integration Practitioner, and I am always looking to improve my practice through continued professional development, currently learning from a variety of courses that I am working through.

Sleep Hygiene

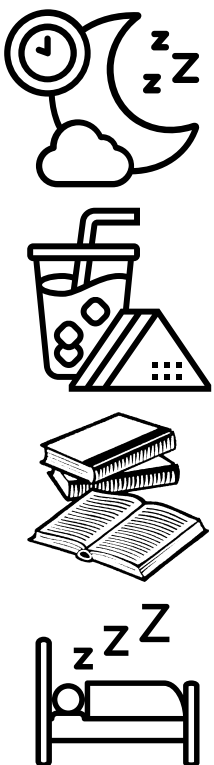
Sleep Hygiene refers to healthy habits, behaviours and environmental factors that can be adjusted to help you have a good night's sleep. Sleep is integral to everyone's daily functioning and we know that if someone in your house is not sleeping, this can disrupt everyone else's routine.

We've been hearing that lots of people have been struggling with sleep whether their own or their child's so we thought some tips on sleep may be helpful.

Tip #1- Have a Well Defined Bedroom Routine.

Now this may seem like an obvious one, and we don't want to patronise but sometimes, but it can be hard to keep kids in a routine if there are outside factors that affect their behaviour or sleep.

A bedtime routine means a set of activities that take place at the same time every single day.



An example of a bed time routine:

- Turn off any electronic devices such as the TV, iPads, phones and have a calming activity away from screens such as drawing, play dough/theraputty, colouring or reading a book.
- Have a snack and/or drink- try to avoid caffeine (although caffeine does react differently in the brains of people with ADHD so keep this in mind).
- Go to the bathroom for a wash, clean teeth and toilet.
- Into the bedroom for quiet time such as a story/reading, massage or some calming music. (Think about the lighting and noise, if you can dim lights or put on a lamp instead of the main light this helps to signal to the brain that it is time to wind down).

Tip #2- Calming Activities

As mentioned above, it can be great to have a bank of activities that are calming and helpful for your child. Sometimes, kids can become easily overstimulated, especially if they have special educational needs.

You will know which activities are most calming for you child but we've added some examples if you need ideas:



Examples of Calming Activities:

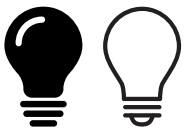
- A nice quiet warm bath or shower (Having some music, a podcast or some sensory lights may be helpful)
- Reading a book or being read a story (If your child has a tendency to get carried away and keep reading try limiting them to just one or two chapters of their book)
- The presence of small toys or their favourite stuffed animal. (Try to limit noisy toys with lights/sounds and screens).
- Having a familiar/favourite blanket on their bed.
- Having a comfy bed (Try to make sure they have a comfortable bed space and only keep things that are conducive to sleep on or near the bed)
- Rhythmic/repetitive movements.
- Soft, calming music.

- Keep lights dim leading up to bedtime. Blue light is in your everyday white light bulbs, TV's, tablets and phones and this light suppresses melatonin (the sleep hormone) levels. We suggest you use red based lights where possible and make sure the curtains/blinds block out any outside light. You can get filters on electronic equipment in accessibility settings or as external screen protectors.
- Use a fixed bedroom routine and once your child is in bed use additional relaxation techniques, such as stroking, massage, and relaxing music (depending on your child). This will help your child to relax rather than soothe them to sleep. Additional relaxation techniques should be at the beginning of the routine. You don't want your child to fall asleep at this stage

Tip #3- A Good Sleep Environment

Having a good sleep environment is really key in helping your child fall asleep and more importantly stay asleep. We're know you're doing the best you can, here's some tips that may help.

Things That Can Make Up a Good Sleep Environment:



- Light- Keep the bedtime environment dark as much as possible. You can use a red based light/night light if your child is afraid of the dark. Black-out blinds can help to reduce light coming in from outside.



- Associations- Make sure the environment is one your child associates with bedtime. For example, keep toys to a minimum, or put them away at night time. Avoid electronic equipment such as T.V.s, tablets, phones and computers in the bedroom. Where possible, avoid letting children do anything other than sleep activities in/on the bed to keep their associations with the bed and sleep and not other waking activities such as homework.



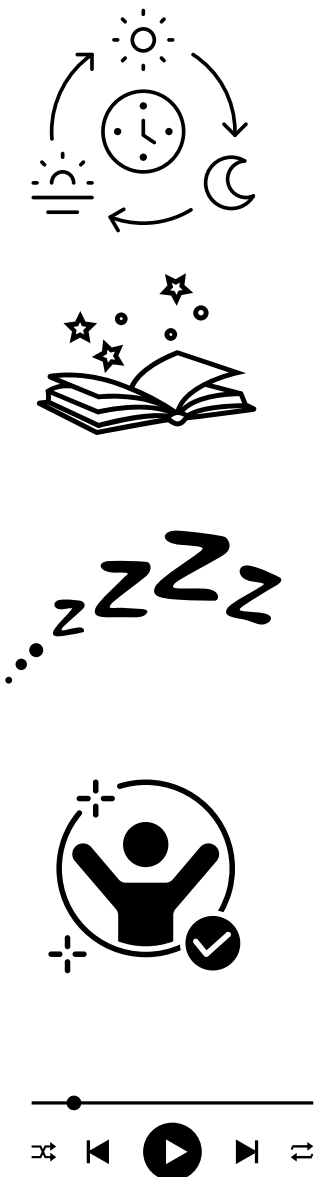
- Bedding- your child should be comfortable and each child will have their own preferences (consider their individual sensory needs). Some children may like heavy blankets or sleeping bags, some may not like the feel of bedding. It's important to make sure that your child is at a temperature that is comfortable for them using fans or cooling/warming blankets. Weighted toys and blankets can be really helpful for some children but be careful that they are the correct weight for your child's size- it should weigh no more than 10% of your child's body weight.



- Noise levels- this can vary based on the individual. Some children may like music or white noise for sleep, and this can also help block out background noise. There are also things like sleep earplugs that can help if your child is particularly sensitive to noise.

Tip #4- Positive Sleep Associations

As mentioned above, kids will make positive associations with their environment before sleep, this can comfort them if they wake up rather than them seeking out comfort from you and possibly disturbing their own and other people's sleep more.



- As outlined above, creating positive associations involves developing a set bedtime routine characterised by quiet activities that your child enjoys and also associates with sleep.
- Many children find it easier to fall asleep with specific sleep associations, such as being rocked or read to. These may not be available during the night when they wake.
- It is normal for children to wake up briefly at the end of each natural sleep cycle, usually every 60-90 minutes. If they cannot get back to sleep they will search for the positive associations they have made at bedtime.
- This is why it is a good idea that these positive sleep associations do not involve you. Where possible, train your child to be independent with their sleep associations.
- For example: If your child listens to music to go to sleep, perhaps they could turn the music on by themselves. Or have the music on all night at a low level so that you don't need to go into their room and risk them waking them more.

Tip #5- Use a Comforting Object

Some objects will be comforting to children. Your child may already have a toy or object that they find comforting but here are some tips for introducing one. This may not be useful with older children.

- Decide what object to use- it may be better to allow your child to pick. You will need to get your child used to the object first. Cuddly toys are probably the most common but this can also be a blanket, a book, a photograph, whatever works for your child.
- This can be done by slowly introducing the object during the day in one-to-one time, calm time or play time. This interaction needs to be with you and repeated on a daily basis. It may take a while to establish the positive association.
- Once your child is attached to the object and is using it to comfort themselves in the day, it can be introduced to the bedroom. An easy way to find out if they are attached to it, is to leave the object in a different room and see if they go and get it or communicate that they want it.
- You can then introduce it at bedtime to help them settle without you. If night waking is the issue, you leave the object with them when they settle as a reminder of you.
- For older children, it may be tempting for them to use electronic devices but this should be avoided where possible- using the 20 minute rule is a helpful trick. If you cannot sleep after 20 minutes, get up and do something: mindful breathing, reading (something that doesn't interest you) or doing a crossword are good ideas that don't involve screens. Do that for 20 minute and try to go back to bed- repeat if necessary.
- The hope is that this will associate bed with sleep and not with laying awake wishing you were asleep.

Tip #6- Moving Bedtime Backwards

This is also known as phase advancement. If your child is having difficulty falling asleep at a desired time, but is settling before 1am then 'phase advancement' or moving their bedtime backwards may help.

This technique helps to move sleep patterns to the desired time, can increase the average sleep time at night and decrease sleep disturbances.

- First decide on an appropriate bedtime and waking time based on your child's sleep needs (these are individual for your child and you may need to speak to a Sleep Practitioner to help with this).
- 1. If you need to make changes to get to these times, do so by 15 minutes each day (or at a slower pace if needed).
- 2. Using bright light in the morning can help advance the body clock.
- Example: If your child is put to bed at 8pm, and doesn't sleep until 11pm, you would start by putting them to bed at 11pm (with a calm down routine before). Gradually make this time earlier by 15 minutes each day, until you get to a more reasonable time.

Tip #7- Moving Bedtime Forwards

This is also known as chronotherapy. If your child is staying awake until after 1am, then this technique may help to move their sleep time forward. Chronotherapy has been shown to increase a child's average sleep time at night and decrease sleep disturbances

- 1. Chronotherapy involves carefully and consistently delaying your child's bedtime and wake up time each day whilst maintaining a regular schedule during waking hours.
- 2. This method works best with a structured bedtime routine and calm down time.
- 3. Move the bedtimes and wake times forward by three hours each time (please note, this means sleeping in the day during the process so school holidays are usually the best time to try).
- 4. Using bright light in the evening will help delay the body clock.