

# SCHOOL-LINK NEWSLETTER

SPRING EDITION 2021

## IN FOCUS: SENSORY MODULATION

Welcome to the spring edition of the Justice Health and Forensic Mental Health Network (the Network) newsletter! In this edition, we will be focusing on sensory processing, the impact it can have on functioning and how we can use sensory modulation to guide interventions and adjustments to support young people's mental health, wellbeing and learning in the classroom.

Sensory processing plays a key role in our day to day functioning. We all use our senses to perceive, interpret, regulate and respond to situations and our surroundings. Children and young people experiencing difficulties in this area can exhibit difficulties with emotion regulation and problems engaging in everyday activities. Difficulties with sensory processing often occurs as part of neurodevelopmental disorders such as Autism Spectrum Disorder or Attention Deficit Hyperactivity Disorder (ADHD). Vulnerable populations, such as individuals who have experienced trauma or are from a low socio-economic background, have also been reported to experience increased difficulties with sensory processing.

Many young people involved in the justice system have complex needs and experience difficulties regulating themselves within the environment. According to the 2015 Young People in Custody Survey (YPICS), 20.8% of young people met criteria for ADHD which was three times higher than the prevalence in the general population. Additionally, 47.8% of YPICS participants had experienced at least one traumatic event. 83.3% of participants had at least one psychological disorder in comparison to the estimated 13.9% prevalence in the general population of young people.

Understanding and addressing sensory needs via sensory modulation strategies can therefore play an important role in supporting children and young people to soothe and self-regulate, leading to increased participation and engagement in the school environment and daily life. The articles in this year's newsletter aim to orient readers to sensory considerations when working with young people, and provide practical strategies to support them to engage in their learning.



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This newsletter is an initiative of the Justice Health and Forensic Mental Health Network School-Link team. For more information, contact the team on: [JHFMHN-schoolink@health.nsw.gov.au](mailto:JHFMHN-schoolink@health.nsw.gov.au)

Please help distribute this newsletter to:

**Education providers:** Principals, school counselling teams, teachers and staff rooms.

**Health and community services:** Child and Adolescent Mental Health Services (CAMHS), non-profit organisations, and Aboriginal Community Controlled Health Services.

**Youth justice services:** Children's Courts, Youth Justice NSW officers, psychologists, counsellors, Office of the Executive Director; and Department of Communities and Justice.

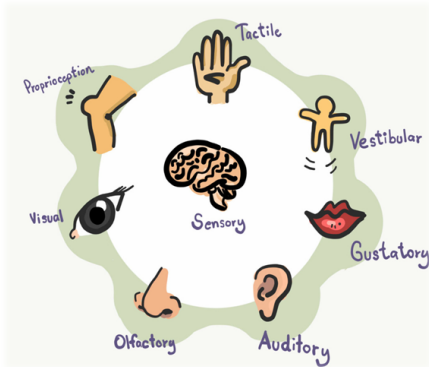


Source: Daily Mail Australia

# SENSATIONAL: WHAT IS ALL THE FUSS ABOUT SENSORY MODULATION AND ASSESSMENTS?

BY MICHELLE KIGHTLEY  
TEAM LEADER AND OCCUPATIONAL THERAPIST, BLACKTOWN EARLY ACCESS TEAM

All input that we receive on a daily basis comes through our sensory systems to the nervous system. Sensory modulation is the organisation of the sensory information that we are constantly receiving. When we are effective in this, our central nervous system can attend to relevant sensory information and disregard irrelevant stimuli. Most of us have the capacity to manage this unconsciously without attention but others struggle.



Source: Shutterstock

Sensory strategies are increasingly being used across mental health services to manage emotion dysregulation, from sensory rooms being used to reduce seclusion in inpatient settings, to community teams assisting clients to utilise sensory strategies at home to reduce self-harm and ED presentations. Common sensory modulation equipment such as fidgets, stress balls, and weighted blankets can be found in shops such as Kmart and marketed to the general population for “calming” and stress relief.

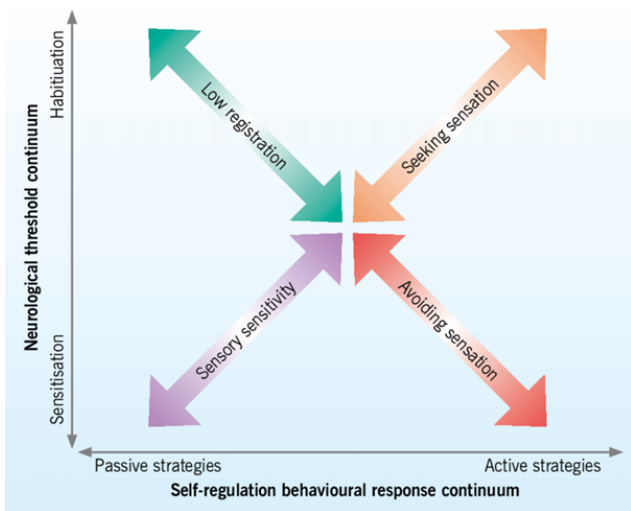
Whilst therapies such as dialectical behaviour therapy use generic sensory strategies, it is more a one size fits all approach. Sensory modulation and the use of the sensory profile looks to individualise these techniques based on the needs of the nervous system of the client. Occupational Therapists commonly use the Adult/Adolescent Sensory Profile and client interview to assess the client’s 7 senses and how they affect everyday life. These senses are Proprioception, Vestibular, Tactile, Vision, Auditory, Olfaction, and Taste. Everyone has a sensory profile and we use strategies unconsciously to help us regulate our emotions and help us to concentrate. It can be as simple as avoiding stores such as Lush or the perfume counters, going for a run when stressed, getting a massage, or playing loud music to wake yourself up or help you focus as you are writing an essay. What things do you do that help you to relax? Feel better? Focus? It is all related to our sensory profile.

## Why we assess?

There are a number of reasons to assess a young person’s sensory profile and it usually occurs once someone recognises the difficulties the child or adolescent is having. They may be having difficulty regulating emotions, disassociating in stressful situations, having difficulty managing anger, self-harming, having difficulty sitting still, be easily distracted, a fussy eater, clumsy, or isolating in a room. What we hope to achieve is to find out whether someone is over or under responsive for any of the senses and if there are any strategies that we can use to help balance this or make it easier for them to interact with different environments.

“

**WHAT THINGS DO YOU DO THAT HELP YOU TO RELAX? FEEL BETTER? FOCUS? IT IS ALL RELATED TO OUR SENSORY PROFILE**



Source: Rohit Shankar

**When people are over responsive?**

We like to use the analogy of people having a small or big cup for each sense. For some people just a small amount of stimulus is needed before they become overwhelmed. These people are identified as being sensitive or avoiding. What you might notice in people who are sensory sensitive is that they may be uncomfortable in a noisy room, and if someone is avoiding they will leave the room or put in earplugs. The difference between the sensitive and avoiding is the active or passive behaviour that happens in response to the input. Sensory avoiders will do something when their small cup overflows, whereas sensory sensitive people will just be uncomfortable and may become angry.

**When people are under responsive?**

These people have a big cup for sensations and it takes a lot of stimulus for them to get what they need. People that actively seek things out to fill their cup are sensation seeking. These people will swing on their chairs in class, play music loudly, click their pens, and are easily distracted. The other side of under responsive is low registration. You might notice that it takes a lot to gain their attention, they seem to space out.

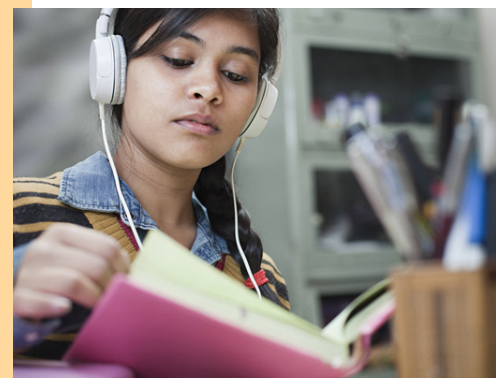


**What you can do?**

For everyone there are 3 senses that act as “superpowers” and balancers. These are proprioception, vestibular and tactile (deep touch). If people are under responsive these strategies will help them to fill their cup, if they are over responsive it will help them to empty it. Even if you do not have their sensory profile assessed you would be able to assist people using these sensory systems. Proprioception is how your body is aware of where it is in space. To use this system we can do anything that pushes and pulls our muscles and joints. This can be exercise, using weighted equipment or carrying anything heavy, or eating something chewy. There are plenty of examples on the internet for different classroom and at home activities you can do.

**CASE EXAMPLE**

A young woman in year 10 was having difficulty getting to school, engaging with people, and concentrating in class. She wore sunglasses inside and earplugs wherever she went. When we conducted her sensory profile we found that she was sensory sensitive to auditory, visual and touch. She reported that she didn't like crowds as they were too loud and she was worried about being touched by strangers. She said the classroom was too noisy and she could not concentrate on the teacher. She said it made her too anxious so she did not want to go. We worked with the school to organise for her to have a quiet space to go to when things got too much, a weighted lap blanket that she could have in her locker to use in class to keep her grounded and help her concentrate, and she moved to the front of the classroom away from the light of the window. She also was allowed to use her headphones to control the noise for part of the lesson. In therapy we also worked on her anxiety as when her anxiety increased so did her sensitivity. At home we worked with her family to allow her an hour each day when she got home that she could be in her dark quiet room without interruptions to recharge. This all helped her complete her schooling and engage with her family and friends.



Source: The Wall Street Journal

# SUPPORTING YOUNG PEOPLE WITH AUTISM SPECTRUM DISORDER IN THE EDUCATIONAL ENVIRONMENT

BY DR RICHARD BAKER  
CHILD AND ADOLESCENT FORENSIC PSYCHIATRIST, THE NETWORK SCHOOL-LINK

Children and adolescents with autism spectrum disorder (ASD) may present with a broad range of symptoms and have varying degrees of impairment and behavioural functioning. It is a condition that can affect how a person feels and thinks, impacting on how they interact with the environment and people around them. ASD is a lifelong disability typically recognised around age 12-24 months, although early symptoms may be evident prior to this. In recent years, prevalence of ASD in Australia has approached 1% of the population. The pathogenesis of ASD is incompletely understood but is considered to include genetic factors that impacts brain development. Environmental factors may modulate underlying genetic factors but are not likely to account for many cases specifically.



Source: Canva

## THE CORE SYMPTOMS OF ASD ARE CHARACTERISED BY:

- Persistent deficits in social communication and interaction (for example deficits in social reciprocity, nonverbal communicative behaviours, and in navigating relationships)
- Restricted, repetitive patterns of behaviour, interests or activities (for example fixated interests, hyper- or hypo-reactivity to sensory input, and preference for routine and structure)
- Symptoms are present from early childhood and limit or impair every day functioning

ASD can significantly impact both learning and behaviours in the school environment. It is important that appropriate supports are provided in this context. Behavioural, sensory, social skills, psychological and educational interventions form the foundation of treatment avenues in supporting young people with ASD. The principles of behavioural interventions include modifications in the physical and social environment that aim to shift behaviour using rewards and non-punitive consequences. In certain circumstances a young person may benefit from attending schools that specialise in supporting young people with ASD specifically. It may also be appropriate to use medications to assist in reducing emotional and behavioural disturbances associated with ASD, however they should be used judiciously under specialist care.



Source: Digital Preservation Coalition

In addition to support within the school environment, approaches to supporting young people with ASD should incorporate a multidisciplinary approach to care and will vary depending on the required treatment targets. Care providers can include GPs, psychiatrists, paediatricians, occupational therapists, speech pathologists, psychologists, specialist teachers and social workers. Carer and family support are also important.

Around 70% of adolescents with ASD will experience at least one comorbid mental disorder. The most common comorbid mental disorder occurring with ASD is attention deficit hyperactivity disorder (ADHD) with rates of comorbidity up to 50%. Around 30-40% of young people with ASD will have intellectual disability. Anxiety disorders, mood disorders, obsessive compulsive disorder and psychotic disorders are also more common in young people with ASD.

**Young people with ASD may present with symptoms of inattention, impulsivity, hyperactivity and poor executive functioning. This can be related to over-arousal, emotional dysregulation and anxiety typically observed in ASD but may also be related to comorbid attention deficit hyperactivity disorder (ADHD) or other mental health problems.**

ADHD is a common neurodevelopmental disorder which begins in early childhood and occurs in around 5% of the general population in Australia. The core symptoms of ADHD are characterised by a persistent pattern of:

- Inattention: difficulty sustaining focus, disorganisation, wandering off task, lacking persistence
- Hyperactivity: excessive motor activity, excessive fidgeting, tapping or talkativeness
- Impulsivity: social intrusiveness, difficulty delaying gratification/reward

Only a single symptom domain is required for diagnosis (however combined presentations commonly occur).



Source: The Guidon Online

Parent and carer led behavioural interventions utilised in the home environment share similar principles to those used in classroom interventions. There are also pharmacological therapies for managing ADHD in young people with ASD including stimulant therapies and non-stimulant based treatments. These treatments are usually prescribed by a paediatrician or child and adolescent psychiatrist.

Appropriately screening for and treating co-morbid mental health disorders is important. School teachers can play an important role in monitoring for signs that young people with ASD might need further mental health assessment for emerging co-morbid mood or anxiety disorders, these can include those listed below



Source: Paradigm Treatment

There are many effective treatments for co-morbid major depressive disorder and anxiety disorder in young people with ASD. First line treatments include psychological therapies such as cognitive behavioural therapy and mindfulness based therapies. Parents and carers are usually involved in the therapy delivery, particularly in younger age cohorts. In certain situations treatment can also include antidepressant medications.

Young people with ASD can have a great range of strengths and exceptional abilities. It is important that they are appropriately supported in domains which might require additional support in the home and school environment to ensure they have a rich and rewarding educational experience as part of their development.

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**SIGNS FOR FURTHER MENTAL HEALTH ASSESSMENT:**

- Prolonged loss of interest in activities previously enjoyed
- Sustained changes in mood (including increased irritability) for greater than a week or two
- Worsening school attendance
- Withdrawal from usual friendship groups or family and reduced communication
- Significant changes to appetite and sleep
- Engagement in risky behaviours such as substance use which they would usually avoid
- Unexplainable recurrence of tearfulness, worry, stress or feeling on edge

## SCHOOL & HOME BASED STRATEGIES TO SUPPORT YOUNG PEOPLE WITH ASD AND/OR ADHD

- Adjusting physical environment to be predictable with reduced distractions.
- Use of functional behaviour analysis to identify problem behaviours and when they occur (eg: ABC charts).
- Mark out learning zones to direct attention and focus.
- Check for understanding.
- Reinforcement schedules.
- Preparation for changes to routines.
- Timers and give warnings.

- Adjusting the environment with consideration of sensory needs.
- Individual Sensory Diet.
- Sensory toolbox.
- Quiet/calm down space.
- Allow for movement breaks.
- Incorporate sensory needs into the learning environment.

- Social Scripts.
- Social emotional coaching.
- Using visuals to explore feelings.
- Comic Strip Conversations.
- Review the rules of the game.
- Modelling of what a student should do.
- Create a system to communicate distress and aid calm down strategies.

- Simplify instructions and tasks into chunks.
- Clear routines and structures.
- Visuals indicating routine, introducing new learning concepts.
- Use clear praise when giving feedback indicating what the praise is for.
- Use special interests to motivate them in other areas.

# DEAR DR...

*DR JEN CULPH IS A MENTAL HEALTH OCCUPATIONAL THERAPIST WHO HOLDS A PHD IN IMPLEMENTATION SCIENCE. SHE WORKS WITHIN THE JUSTICE HEALTH AND FORENSIC MENTAL HEALTH NETWORK, ADOLESCENT MENTAL HEALTH TEAM. JEN CURRENTLY DELIVERS THE TEEN GOT IT! PROGRAM IN HIGH SCHOOLS ACROSS WESTERN SYDNEY AS WELL AS VIA TELEHEALTH. TEEN GOT IT! IS A THERAPEUTIC, EVIDENCE-BASED, EARLY INTERVENTION GROUP PROGRAM FOR YOUNG PEOPLE WITH DISRUPTIVE BEHAVIOURS DISORDERS AND THEIR PARENTS. JEN HAS WORKED IN ADOLESCENT MENTAL HEALTH FOR MANY YEARS AND HAS A PARTICULAR INTEREST IN SENSORY MODULATION.*

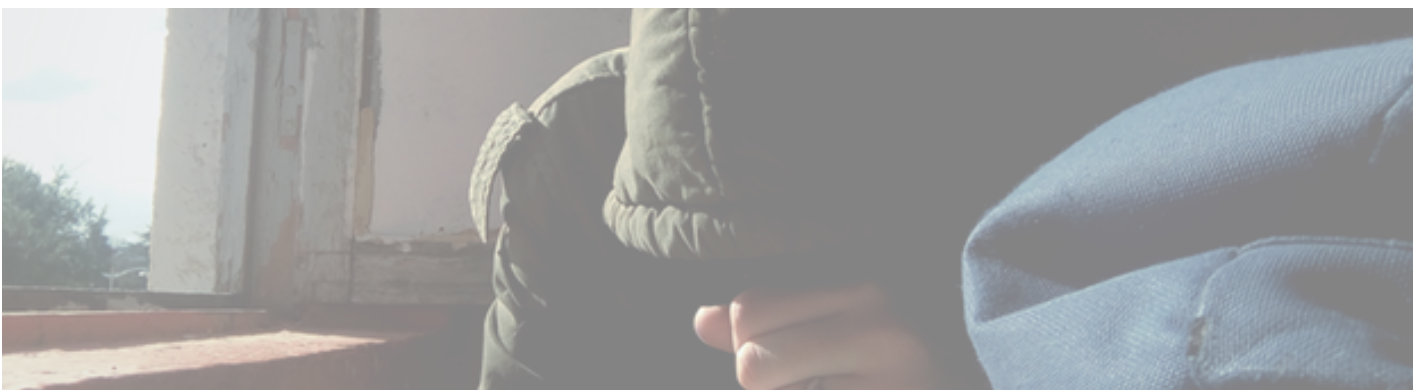
Dear Dr Jen,

I am a Wellbeing Teacher supporting a young man in year 8, of Lebanese heritage named *Samy (not his real name)*. He has been suspended multiple times this year for highly emotional outbursts in class and more recently for fights with peers. There has been some incidences where Samy has been bullied by peers, who make comments about his weight. He absconds from the classroom multiple times a day.

Samy has difficulty maintaining attention in the classroom, he often feels overwhelmed by noise made by other students which leads to him yelling at them, and gets him into trouble with teachers. Samy has difficulty understanding class content and will feel embarrassed and frustrated.

Samy does not have a formal diagnosis yet, and Mum is hesitant to see a paediatrician as she is worried about him being medicated. Mum says that Samy is generally respectful towards herself and his father, but has noticed he has difficulty expressing his emotions and gets frustrated easily with his siblings.

How can we support Samy to reach his potential at school?



Source: jbcnschool.edu.in



Hi there,

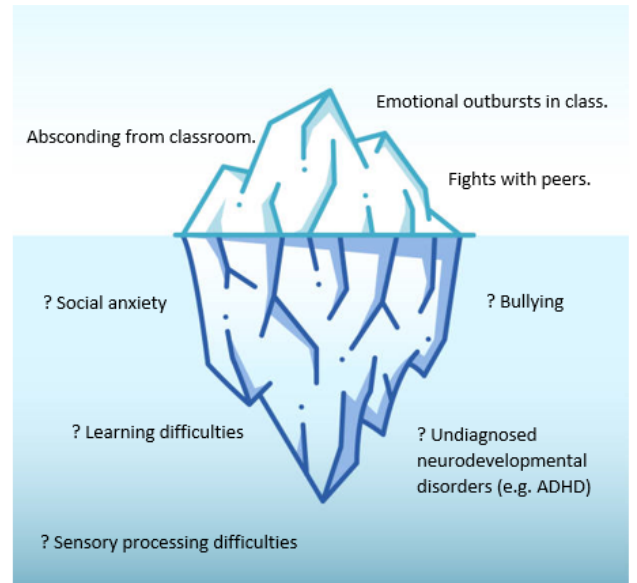
Thanks for reaching out and for your work in supporting Samy. We know that early intervention in mental health has positive outcomes across many psychosocial domains as well as school-specific effects. For example: maintaining connection to education, facilitating early help-seeking and developing positive relationships, as well as preventing substance use, homelessness and contact with the criminal justice system (Fazel et al. 2014).

I hold a strong belief that early intervention is well placed in schools as young people spend more time at school than any other institution. It is wonderful that there are Wellbeing Teachers out there (like yourself) supporting these young people who might otherwise slip through the cracks. Being able to pick up these early warning signs and facilitate interagency support from health services will help these young people stay on track.



**BEING ABLE TO PICK UP THESE EARLY WARNING SIGNS... WILL HELP THESE KIDS STAY ON TRACK.**

One of the fantastic things you are already doing, is trying to understand the underlying cause of these behaviours. I don't believe in "bad" or "naughty" kids, there is always something else going on. If we can take a step back to understand this, then we are on a good path to planning the most appropriate supports. The analogy I use with young people is the 'Iceberg'. The top of the iceberg is the externalising behaviour or the big emotions that we see. Hidden under the water there is a lot more ice which represents everything that contributes to the behaviour. We can use the same analogy to problem solve through the difficulties Samy is experiencing.

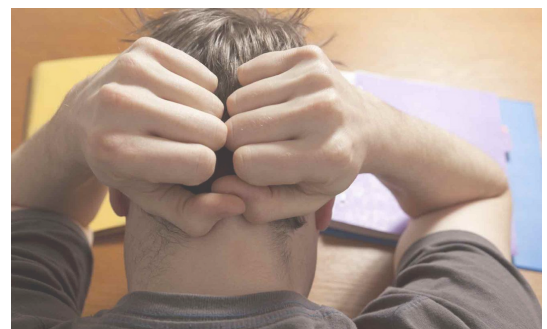


Source: istockphoto.com; overlay text by author

As I am your friendly neighbourhood occupational therapist on duty, I'd like to take some time in exploring the possible sensory processing difficulties, how they could be contributing to the difficulties Samy is experiencing, and some direction for addressing this.

**What about Samy?**

A sensory assessment would be beneficial to validate your observations. However, based on your description we could predict that Samy is sensory sensitive as he feels overwhelmed by loud noisy classrooms. His response pattern seems to be that of a sensory avoider; indicated by absconding from the classroom.



Source: kqed.org

## OBSERVATION AND FURTHER ASSESSMENT

We can work out Samy’s sensory processing and preferences by observing and exploring with them. Some of the questions you might ask yourself could be:



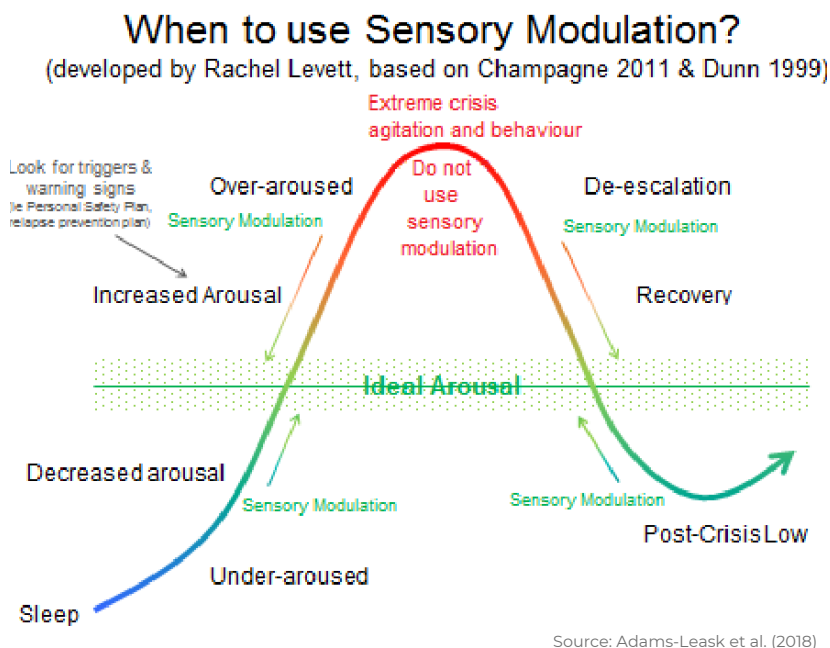
- Are there patterns or triggers to their responses?
- Do they avoid noise/light?
- Do they seek out quiet spaces?
- Do they avoid people touching them?
- Do they fidget or like to be on the move?
- Do they get in others personal space?
- What sort of activities seem to calm/soothe them?

If you think there is possibility that there may be sensory processing issues, a referral to an occupational therapist may be helpful to complete a comprehensive sensory assessment.

## RECOMMENDATIONS FOR SUPPORTING SAMY AND OTHER STUDENTS

Sensory modulation involves adjusting the sensory input for optimal functional engagement. This might be modifying the environment or their activities.

Use your observations to decide when the best time to implement sensory modulation is. This might be to de-escalate when Samy is overwhelmed, or it may be increasing input when he is appearing lethargic.



# USING STRATEGIES AND PLANS

Some examples of sensory modulation considerations could be a simple as:

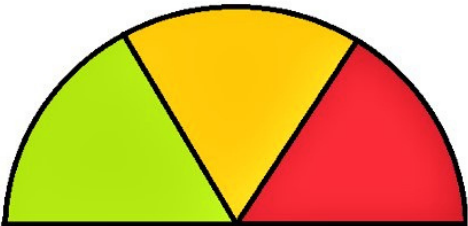
- Providing a 'time-out pass' at school for the young person to more effectively communicate they are feeling overwhelmed.
  - Is it feasible to have an area within the school to use as a sensory space with calming sensory items (fidget toys, weighted blankets, calming music etc) where students could self-soothe as part of their 'time-out'? This may even be a small box of items in the Wellbeing Unit or Deputy's office.
- Breaking up desk-based learning activities with movement activities is a useful way to activate proprioceptive and vestibular systems to proactively manage levels of arousal throughout the class.
  - These activities can easily be incorporated into normal classroom duties e.g. nominating a student to handout the textbooks or worksheets.
- Limiting the number of verbal steps when communicating a task. If there are several steps, have them written on the whiteboard.
- Thinking about the classroom environment, avoid unnecessary visual distractions e.g. only have posters up that you want young people to focus on.

Developing an individualised sensory plan with students is useful so staff can recognise early warning signs, students can better communicate their needs, and for resources to be readily available to use.

Below is an example of an individual sensory plan.

**Sensory Strategies Plan**

Student Name: \_\_\_\_\_



<b>Early Warning Signs</b>		
<i>What do I notice in my body? What do others notice in my actions/behaviour?</i>		
Green	Orange	Red
I can talk with people Smiling Making jokes Can concentrate in class	Feeling overwhelmed Super aware of surroundings Shutting down Avoid eye contact Tapping feet	Can't sit still Tense muscles Hot/red face Making fists with hands Heart beating quickly
<b>Sensory Strategies that Help</b>		
<i>What helps me at each level?</i>		
Green	Orange	Red
Puzzles and games Art, colouring, chalk board	Time in sensory room A trusted person to chat to Colouring/chalk board Rocking chair Dark room Fidgets Music (specific type) Nice smells (specific type)	Time alone in sensory room (can't talk to anyone) Weighted blanket Holding onto ice Rocking chair ( <i>vestibular</i> ) Music (specific type) Push ups and sit ups ( <i>proprioceptive</i> )

Sensory diets are another excellent way to incorporate planned sensory activities into the normal classroom routine. The idea is to recognise patterns of behaviour for young people like Samy across the day/class, then pre-empt these patterns by consistently providing input to keep them within a zone of regulation optimal for learning. Our powerhouse senses of proprioception and vestibular input are fantastic for this. An example of a sensory diet is below:



Source: worksheetplace.com

Samy's Sensory Diet

	Observations	Sensory Activity
Before School	Lethargic, shuffled walk	Help Principal by putting flag on flag pole
Lesson 1	Head on desk	Push-ups on wall
Lesson 2	Distractible, looking out window	Handout textbooks to rest of the class
Recess	Engages well with peers	Encourage active play
Lesson 3	Distractible, talking during class	Sit on exercise ball instead of chair
Lesson 4	Leaves classroom abruptly	Use of time-out card to communicate overwhelmed feeling and safely leave classroom
Lunch	Agitated with peers	Encourage active play or quiet time in library
Lesson 5	Irritable, agitated,	Use of weighted pillow on lap
After School	Agitated waiting in line for bus	Assign task to assist with bus duty

*Remember!*

These strategies aren't a "one-size-fits-all". There will be a lot of trial and error to find out what works for each individual student. But with your perseverance and support, these sensory considerations may make a massive difference to promote success at school for young people like Samy.



Source: theschoolrun.com

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# YUDI GUNYI SCHOOL

A learning home to connect, succeed and thrive

## ON THE GROUND

JOEL HOLLIER, SOCIAL WORKER  
YUDI GUNYI SCHOOL AND NGARAMDHI HEALTH SPACE

The school environment can be a loud, chaotic place where a steady hum of social energy, complex learning and educational opportunities provides a constant source of growth for young minds. However, for students navigating disruptive behaviour disorders (DBD), histories of trauma, and other mental health barriers this reality provides a complicated sensory experience which too often jeopardises learning. The well-established link between disruptive behaviour disorder and sensory perception difficulties is increasingly recognised within schools, and the need to develop therapeutically rich learning environments is becoming increasingly clear.

Guided by Bruce Perry's Neurosequential Model for Education (NME), Yudi Gunyi School set out to develop a holistic, trauma-informed practice which integrated sensory modulation techniques across the school – from the playground to the pedagogy, from the classroom to the curriculum.

Yudi Gunyi School is a school for specific purposes in Sydney, catering to students in years 5-12 who have experienced significant barriers to education due to ongoing behaviour concerns. The majority of students also have a history of significant trauma and many present with complex mental health concerns. Thanks to an ongoing partnership between the Department of Education and the NSW Department of Health, a multidisciplinary team of specialised teachers, occupational therapist, speech therapist, paediatrician, social workers, art therapist, psychologists and nurses work together to implement a family wrap-around model which is individualised for each student's behavioural and developmental needs.

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**THROUGH THE USE  
OF MOVEMENT  
BASED ACTIVITIES  
STUDENTS HAVE  
BEEN ABLE TO  
ACCESS LEARNING  
IN EXCITING AND  
ENGAGING WAYS**

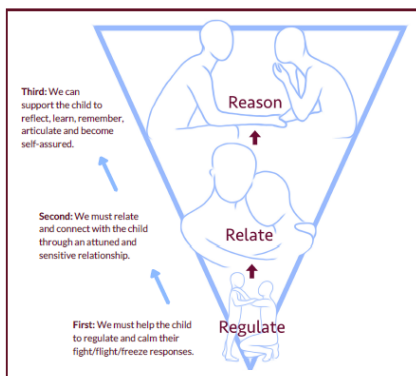


↑ Children's brains develop from the bottom up. ↑

Source: beaconhouse.org.uk

Core to Perry's model is the recognition that in order to engage in learning, students need to be in a space of physiological calm and relational safety – the NME principle 'Regulate, Relate, Reason', governs the day to day interactions between students and staff. This often requires a delicate balancing act, navigating the continuum between states of dissociation through to hyperarousal that are often seen in young people with DBD and trauma histories. This means that in order to bring the cortex 'online', the lower areas of the brain need to be in a relaxed, healthily functioning state.

Practically, this means engaging in a variety of activities which work to physiologically engage and modulate various parts of the student's brain through sensory inputs. Throughout the day, students have access to an array of OT and art therapist developed techniques which aim to achieve this. Quiet spaces where young people can wrap themselves (or be wrapped) tightly in lycra, swing on a swing in regular, repetitive motions, and check in with their bodies are routine parts of the rhythm of learning. Similarly, activities that promote deep breathing such as blowing up balloons, guided meditation and exercise are regularly built into lessons and aid with bringing the brainstem online.



Source: beaconhouse.org.uk

For some students, activities which highlight proprioception (understanding body in space) enable the student to feel grounded and present. Balancing on a spinning board, wrestling with a large gym ball or taking on a tug-of-war challenge all help the student to enter a space of regulation. Materials such as clay and sand provide kinaesthetic input to the brainstem and can aid in stress reduction, as does time engaging olfactory senses in the garden or with essential oils. Further, activities such as mandala colouring and scratch paper can provide helpful distractions and aid in the development of focus.



The Ngaramadi Space includes a multidisciplinary team of Social Workers, Psychologists, Nurses, OT, Speech Therapist and Paediatricians who collaborate with the teachers at Yudi Gunyi School

Importantly, strategies developed by the multidisciplinary team are implemented by teachers and student learning support officers within the classroom, built into lesson plans and utilised throughout the day. Weekly participation in psycho-education lessons through an NME lens offer young people insights into neurodevelopment and how the brain is organised. Students become familiar with exercises which best aid their own learning and the team unpack with them how to best implement strategies as they prepare to transition to either mainstream schools or alternative education and workplace settings. As this happens, the student becomes aware of their own brain development, learning to identify when they are in a headspace for learning, and what they need to do to get there.



"The Cloud" is a tool accessed by students to help them regulate - they sit in the layers of Lycra like a hammock which provides pressure and a safe sensory environment.

Lowanna, one of the teachers at YGS, has found the implementation of these strategies to be a game changer in the way she approaches her planning and lesson implementation. Through ongoing professional learning, Lowanna has gained confidence in using sensory modulation strategies in the classroom, and spoke about how beneficial they have been.



**THROUGH COLLABORATION AND PROFESSIONAL LEARNING WITH THE NGARAMADI SPACE, I HAVE TRANSFORMED MY CLASSROOM AND SEEN SOME OUTSTANDING RESULTS.**

Implementing these strategies takes time, professional learning and a commitment to inclusive education which caters to the individualised needs of students who might otherwise fall through the cracks of large and busy classrooms. However, we have come to see more and more that students who have experienced disruptive behavioural disorders can, and do, successfully access education with the right supports in place which recognise the importance of sensory integration and trauma informed practice in the learning environment.

# THE FIVE SENSES MINDFULNESS EXERCISE

Mindfulness is about bringing our awareness to the present moment, with a sense of openness and curiosity, and without judgement. It allows us to be fully engaged in whatever we are doing at the time, and has been found to improve students' emotion and behaviour regulation, academic performance, social skills, and mental health and wellbeing.

One example of a mindfulness exercise is called the Five Senses Exercise. The goal of this exercise is to practice being aware in the present moment throughout the day using your five senses.



Notice **5** things that you can **see**. Look around you and bring your attention to five things you might not normally notice, like a shadow or a small crack in the concrete.

**4**

Notice **4** things that you can **feel**. Bring your awareness to four things you are currently feeling, like the texture of your pants, the feeling of the breeze on your skin, or the smooth surface of a table you are resting your hands on.



Notice **3** things that you can **hear**. Try to tune in to the sounds of your surroundings. What can you hear in the background? This might be a bird singing, the low hum of the refrigerator, or the faint sounds of traffic from a nearby road.

**2**

Notice **2** things that you can **smell**. Bring your awareness to smells that you might usually gloss over, whether they're pleasant or unpleasant. Perhaps the breeze is carrying the scent of pine trees if you're outside, or the smell of food.



Notice **1** thing that you can **taste**. Focus on one thing you can taste right now, in this moment. You can take a sip of a drink, eat some chocolate, chew gum, or just notice the current taste in your mouth, or even open it to search the air for a taste.

# HOW TO USE A SENSORY TOOLBOX



## 1. Observe

- What sensory experiences does the young person seek out
- When do they seek out certain sensory stimuli
- How does the young person respond to certain sensory stimuli

## 2. Choose a variety of the activities included (but not limited to) those in the box. Aim to use different sensory experiences

- **Touch** – stress balls, putty
- **Visual** – bubble timers
- **Hear** – pop-board, music
- **Smell** – scented putty, oils
- **Taste** – mints, sour lollies
- **Proprioception** – carry heavy books, movement breaks
- **Vestibular** – movement breaks, wobble cushion or stool

## 3. Explore different sensory stimuli with the young person to identify preferred activities

- Explore activities when the young person is calm
- Identify how each activity made them feel eg: calming or energising/altering?

## 4. Develop a plan for when the young person can use these strategies at school or in everyday life. This is also known as a sensory diet.

**Remember:** what is calming for one child, may be distracting for another. Trial for a period of time and note if the strategy is supporting them to self-regulate into the 'just right' zone



# FOR MORE INFORMATION...



## SENSORY PROCESSING

For more information on the difference senses and sensory processing, here is excellent video called A child's view of sensory processing:  
<https://www.youtube.com/watch?v=D1G5ssZIVUw>.

## BODY, BRAIN, BELONGING

A resource for schools that provides practical tools and strategies to support emotion regulation and behaviour in schools  
 Developed by South Western Sydney Local District School-Link. For more information contact:  
 Belinda Cooley  
 School Link (ICAMHS) Manager  
[belinda.cooley1@health.nsw.gov.au](mailto:belinda.cooley1@health.nsw.gov.au)  
 02 9616 4265



## ZONES OF REGULATION

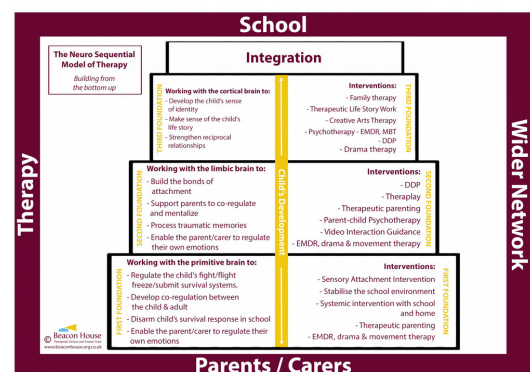
Framework developed by Leah Kuypers designed to foster self-regulation and emotional control. The curriculum includes exploring tools and strategies using mindfulness, sensory integration, movement, thinking strategies, wellness, and healthy connection with others.  
 For more information:  
<https://www.zonesofregulation.com/>



Figure 2: Wall Posters of the Zones

## NEUROSEQUENTIAL MODEL IN EDUCATION

For more information on Bruce Perry's Neurosequential Model in Education:  
 - Berry Street  
<https://www.berrystreet.org.au/>  
 - Beacon House  
<https://beaconhouse.org.uk/resources/>



# THE NETWORK'S SCHOOL-LINK PROGRAM

The School-Link program is a NSW Health initiative working collaboratively with education, health and other services to support and improve the mental health, wellbeing and resilience of children and young people in NSW schools.

The Network School-Link program differs from local health district School-Link programs in that it supports young people and services in youth justice and custodial settings.

## **We support children and young people who:**

- Are disengaged from education
- Experience mental health difficulties
- Have been in contact with, or who are at risk of being in contact with the criminal justice system (e.g. have been to court or are in custody).

These young people often face complex challenges relating to mental illness, childhood trauma and cognitive impairment, impacting on their ability to learn and access education and social developmental opportunities.



WHAT IS  
SCHOOL-LINK

WHO  
WE SUPPORT

**We assist by:**

- Supporting transition from custodial schools to community schools.
- Collaborating with School-Link Coordinators from all local health districts to support implementation of school-based mental health promotion, prevention and early intervention programs
- Liaising with the Network Aboriginal mental health clinician, psychiatrists and other allied health professionals to provide cultural and specialist consideration and assessment pre-custody, in custody, inpatient, and post-release

HOW WE ASSIST



- Facilitating pathways to mental health care
- Providing clinical consultation and mental health information and training to relevant custodial, education and clinical staff
- Providing mental health programs in schools and custodial settings
- Supporting schools and justice services to better understand the cognitive, social, emotional and psychological needs of young people in contact with the criminal justice system.

WHERE WE WORK



**We work with schools:**

- In the community
- Youth Justice Centres:
  - Acmena (South Grafton)
  - Cobham (St Mary's Sydney)
  - Frank Baxter (Kariiong)
  - Orana (Dubbo)
  - Reiby (Airds, Sydney)
  - Riverina (Wagga Wagga)

**For more information or to make a referral, please contact  
Rene Jones, Jeanne Wang and Jen Ransley at  
JHFMHN-schoollink@health.nsw.gov.au**