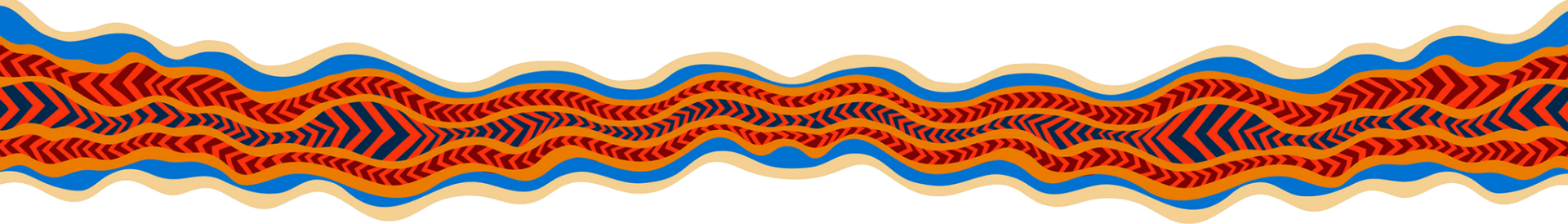


A little less conversation, a little more action

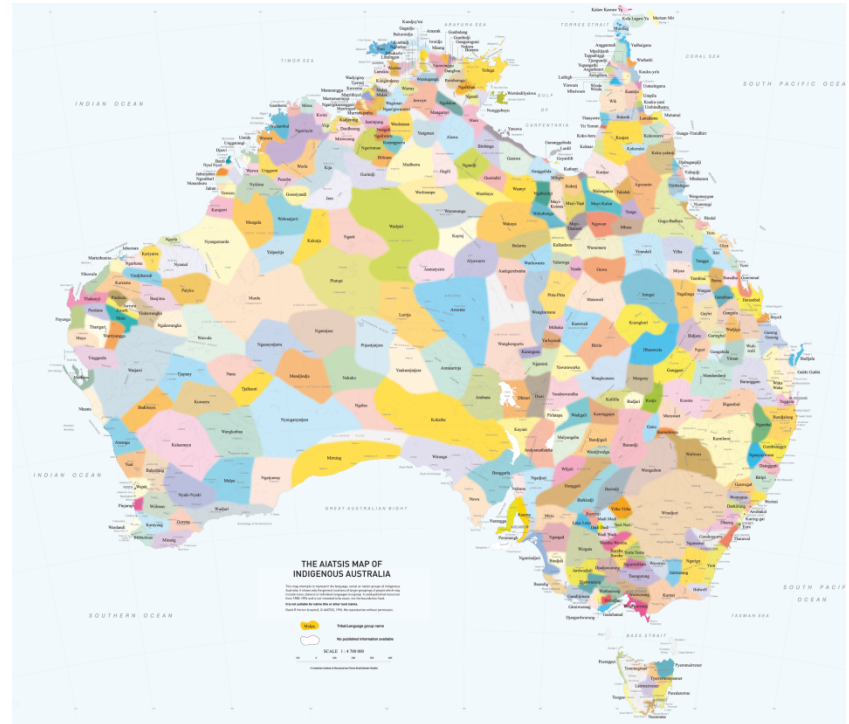
‘Sensory Approaches in AOD’

Michelle Taylor
Occupational Therapist - Insight



We acknowledge the traditional custodians of the land on which we meet today and pay respect to Elders past, present and emerging.

We also extend that respect to other Aboriginal and/or Torres Strait Islanders who are joining us here today.

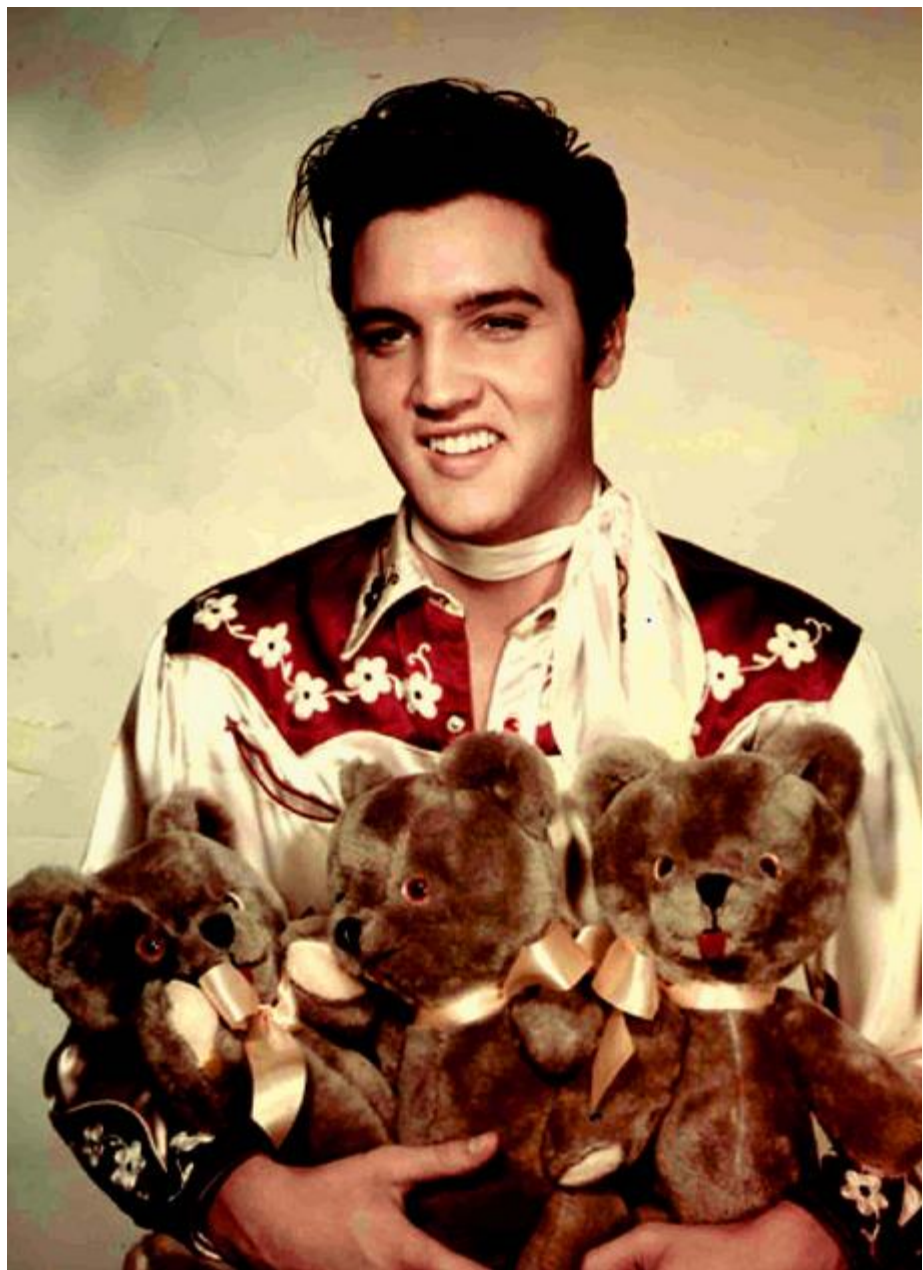


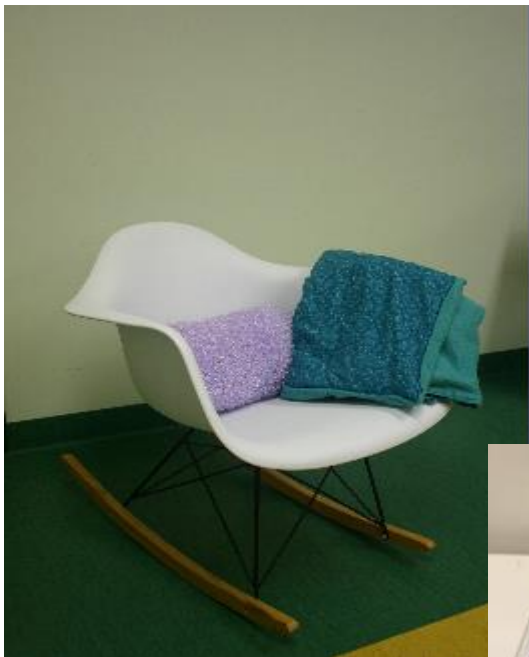
David R Horton, creator, © Aboriginal Studies Press, AIATSIS and Auslig/Sinclair, Knight, Merz, 1996.

View an interactive version of the AIATSIS map

www.abc.net.au/indigenous/map/

Header Artwork produced for Queensland Health by Gilimbaa







What is a Sensory Approach

- Changing the way you feel and the way you function by using your senses
- Altering the internal physiology using sensory modalities and sensorimotor activities
- Bottom up instead of top down

Scanlan & Novak (2015)

Sensory approaches in mental health: A scoping review

17 international studies

Range of approaches and outcomes

1975 -2014, majority 2010-2014

Reduction in distress associated with sensory lx

Reduction in seclusion & restraint - mixed results

Safe and effective

Recommend using alongside other approaches



Consuming substances is ultimately a sensory experience

- Self-regulation
- Rapid
- Easy
- Level of CNS – cognitive input not required
- Classifications
 - Calming → Depressants
 - Alerting → Stimulants
 - Altering → Hallucinogens

Questions

1. What area of AOD do you work in?
2. How did you learn about Sensory Approaches?
3. Why did you decide to try using it in your work?
4. Can you tell us a little about how you've used Sensory Approaches in your work in AOD?
5. Checklist: *Did Sensory Approaches help in any of these areas?*
6. What were the things you / other workers/ your clients / their families found most helpful about this approach?
7. Is there anything else you'd like to let us know about Sensory Approaches?

Did Sensory Approaches help in any of these areas:

- ☐ Engaging well / therapeutic relationships
- ☐ Offering environments / experiences to support feelings of safety / calm
- ☐ Managing withdrawal / cutting down substance use
- ☐ Managing difficult emotions / anxiety/ low mood / depression / trauma / psychotic symptoms
- ☐ Coping with cravings
- ☐ Crisis management
- ☐ Learning new skills, routines or habits to self regulate / self soothe
- ☐ As part of relapse prevention / maintenance strategies
- ☐ Improving functioning / self confidence / independence eg concentration, sleep, study, work, parenting
- ☐ Supporting relationships / co-regulation
- ☐ Other ...

CADS (Community Alcohol and Drug Service), Waitemata District Health Board, NZ

1. What area of AOD do you work in?

Elly (Nurse Educator) & Karen Fraser (Physiotherapist)

Detox Services – 11 Bed Medical Detox / Walk ins / Community / Home

Elly.Richards@waitematadhb.govt.nz

Karen.Fraser2@waitematadhb.govt.nz

CADS (Community Alcohol and Drug Service), Waitemata District Health Board, NZ

2. How did you learn about Sensory Approaches?

- Mandated in 2007 by Ministry of Health – mental health and seclusion and restraint reduction
- Karen's experiences of Sensory Approaches in disability and paediatrics, Sensory Integration
- 2011 All AOD staff (150) trained by Senior Occupational Therapist, Andrea Dempsey
 - 2 hour introduction – foundations, neurophysiology
 - One day workshop – application
 - Top ups / ongoing specific training

CADS (Community Alcohol and Drug Service), Auckland, Waitemata District Health Board, NZ

3. Why did you decide to try using it in your work?

Mandated in 2007 by Ministry of Health – mental health and seclusion and restraint reduction

Good outcomes in mental health

Another tool we can use with other therapies to assist clients to reach their goals and improve the quality of their lives.

Elly converted her office to a sensory room!!

Functions of sensory modulation

- Enables and empowers people to **self regulate**
- Used as preparation for talking therapies / group work
- Used to empower people to participate in the daily activities

CADS (Community Alcohol and Drug Service), Auckland, Waitemata District Health Board, NZ

4. Can you tell us a little about how you've used Sensory Approaches in your work in AOD?

Withdrawal : Calming nervous system

- Sensory Room on Medical Detox Inpatient Unit to experiment and experience feelings of safety, calm, nurturing, pleasure etc
- Favourite items / activities – massage chair, weighted (blanket, dogs, cats), lava lamp, hand creams, scents, oral motor, music, stress ball, guided walking
- Discharge preparation – skills transfer to home, to work, relationships – lead to meaningful activities eg using weighted dog -- gardening -- domestic work
- Research: *Sensory Modulation is an Invaluable Skill Based Tool or Misuse of Addiction Resources* – 136 clients, 17 items, self evaluation 1-10, 94% improvement in mood, 4.4 → 8.1

Sensory Room



Also a small room with focus on physical input:

Items such as treadmill, theraband, weights, (proprioceptive and vestibular items)

CADS (Community Alcohol and Drug Service), Auckland, Waitemata District Health Board, NZ

4. Can you tell us a little about how you've used Sensory Approaches in your work in AOD?

Managing anxiety: Crisis and building longer term skills, activities to activate parasympathetic NS

Managing triggers / Relapse Prevention: Awareness, Calming and soothing, Distraction and delay skills, links to effects of substances eg. methamphetamine versus benzos, sensory input / activities to generate neurochemical changes such as dopamine/ endorphin

Pain management and distress tolerance: eg. intense sensations such as eating crunchy apple, sour, frozen orange, strong smells, weight; also calming sensations

Breathing: Sensory based activities eg. blowing bubbles, blowing small windmill, scents, walking

Exercise: Bottom up eg. walking, gardening, theraband

CADS (Community Alcohol and Drug Service), Auckland, Waitemata District Health Board, NZ

4. Can you tell us a little about how you've used Sensory Approaches in your work in AOD?

Sleep:

- Links to substance use and functioning; can take months to reset patterns and brain architecture , problems with many aspects (including falling asleep, waking, nightmares)
- Practical enjoyable preparation and coping strategies, eg. drawing, music, shower, hand cream, scents, drinks
- Sleep hygiene, foods for sleep NB tryptophan eg dairy, bananas, poultry, legumes
- Serotonin – sunlight, deep pressure, exercise, pleasant activities, happy memories

CADS (Community Alcohol and Drug Service), Auckland, Waitemata District Health Board, NZ

4. Can you tell us a little about how you've used Sensory Approaches in your work in AOD?

Supporting relationships: Engagement, Work with families and couples
Involve others, let them know why, how and what works – personalised, empowering, loved ones can offer practical support, foster empathy, instant and simple, especially with children eg ice cream, outdoor activities together

Preparation for and alongside other interventions: Observation first then sensory based activities until improvements eg weighted blanket, hand cream, warm drink, rocking chair prior to CBT

CADS (Community Alcohol and Drug Service), Auckland, Waitemata District Health Board, NZ

4. Can you tell us a little about how you've used Sensory Approaches in your work in AOD?

Sensory Group – 3 weeks, 2 hours / week

Run by OTs, community based MH, Karen Moore

1. Education and awareness - Basic physiology and anatomy eg what are the senses, what do you feel / notice when triggered, TICP, brainstorming
2. Skill building – personal preferences, experimentation, breathing, sensory diet
3. Specific applications – common triggers, development of personal Relapse Prevention Plan

Did Sensory Approaches help in any of these areas:

- 😊 Engaging well / therapeutic relationships
- 😊 Offering environments / experiences to support feelings of safety / calm
- 😊 Managing withdrawal / cutting down substance use
- 😊 Managing difficult emotions / anxiety/ low mood / depression / trauma / psychotic symptoms
- 😊 Coping with cravings
- 😊 Crisis management
- 😊 Learning new skills, routines or habits to self regulate / self soothe
- 😊 As part of relapse prevention / maintenance strategies
- 😊 Improving functioning / self confidence / independence eg concentration, sleep, study, work, parenting
- 😊 Supporting relationships / co-regulation
- 😊 Other ... breathing, exercise, pain, group work

CADS (Community Alcohol and Drug Service), Auckland, Waitemata District Health Board, NZ

6. What were the things you / other workers/ your clients / their families found most helpful about this approach?

Useful, practical, personalised, don't have to wait – instant gratification

Client Feedback

“There were times when I wanted to leave, the availability of the sensory room kept me here – after the staff the sensory room is the thing I am most grateful for, maybe even more than the medication”

“Extremely calming, really relaxing, cosy feeling, sense of being safe”

“I felt an immediate improvement..... I feel like something’s been lifted from me, it’s amazing”

CADS (Community Alcohol and Drug Service), Auckland, Waitemata District Health Board, NZ

7. Is there anything else you'd like to let us know about Sensory Approaches?

- Just experiment, try with yourself and staff first
- Awareness and education is key, help people to start taking notice with sensory lens eg triggers, cravings, substances -calming / alerting
- Important that staff (and clients) understand the physiology, neuroscience, client centred, clinical reasoning behind often simple solutions
- Prepare for some resistance / culture change
- Enjoy the surprises!!
- Future research – Attitudes of AOD workers and Sensory Approaches



Hot House, Biala and Youth Allied Health Team, Metro North Mental Health – Alcohol & Drug Service

1. What area of AOD do you work in?

Amanda Morphett (Social Worker), John Kelly (Team Leader, Psychologist)

Under 25, Complex AOD , Individual and family, Outreach including
Headspace

Amanda.Morphett@health.qld.gov.au

John.Kelly@health.qld.gov.au

Hot House, Biala and Youth Allied Health Team, Metro North Mental Health – Alcohol & Drug Service

2. How did you learn about Sensory Approaches?

From Occupational Therapist (Michelle Taylor) – Workshop at WOWS on Sensory Modulation in AOD, Cassie Davis organising ongoing support at Hot House, QCMHL e Learning

John – Visit to RBWH Adolescent Mental Health Unit, seeing Sensory Room and Seclusion Room

Hot House, Biala and Youth Allied Health Team, Metro North Mental Health – Alcohol & Drug Service

3. Why did you decide to try using it in your work?

- Identified a gap – other strategies not working
- Relevant to clients in distress
- Not cognitively based, doesn't ask too much of people
- Works well alongside other interventions eg Mindfulness
- Not resource / time intensive
- Fun, interesting, made sense

Hot House, Biala and Youth Allied Health Team, Metro North Mental Health – Alcohol & Drug Service

4. Can you tell us a little about how you've used Sensory Approaches in your work in AOD?

- When clients very distressed / anxious / panic attacks. Nothing else works. Complete and discuss Sensory Preferences Checklist. Anxiety ratings went from 9/10 to 2-3 / 10.
- If very anxious – focus on calming. If more depressed – focus on alerting. Can show people some items, and give examples of own. Then encourage them to gather some items in to a 'tool kit' eg chamomile tea

Sensory Preferences checklist

My Sensory Preferences

MY NAME: _____

DATE: _____

SENSORY AREA	What calms or soothes me	What alerts / energises me	What aggravates or distresses me
Visual			
Sound / Hearing			
Touching / Being touched			
Smelling			
Tasting			
Movement / Pressure			

Examples to assist exploration in each area:

1. VISUAL: Photos, TV / DVD, painting, drawing, reading, crafts, colours, nature, light / darkness, computer games
2. HEARING: TV, radio, CDs, nature sounds, silence, background noise, music, singing, talking books, volume, tone, accents
3. TOUCH: Firm or light touch on skin, massage, clothing, temperature, shower / bath, pets, handcrafts, sand, clay, textures
4. SMELLING: perfumes, essential oils, incense, herbal teas, nature smells such as scented plants, rainforest, mown grass
5. TASTING: Food, sweet / sour / salty, texture, cold / hot, lollies, milky
6. PRESSURE and MOVEMENT: Walking, jogging, running, sport, skipping, deep pressure massage, swinging, rocking in a hammock / rocking chair, dancing, using stress ball, lifting weights, yoga, zumba

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Hot House, Biala and Youth Allied Health Team, Metro North Mental Health – Alcohol & Drug Service

4. Can you tell us a little about how you've used Sensory Approaches in your work in AOD?

- For client with complex mental health and AOD problems and suicidality – running hands under water became important strategy to self regulate.
- When family are included it's an opportunity to educate everyone, improve empathy / understanding, provide practical strategies where they can be involved, nurture and and support

Did Sensory Approaches help in any of these areas:

- 😊 Engaging well / therapeutic relationships
- 😊 Offering environments / experiences to support feelings of safety / calm
- 😊 Managing withdrawal / cutting down substance use
- 😊 Managing difficult emotions / anxiety / low mood / depression / trauma / psychotic symptoms
- 😊 Coping with cravings
- 😊 Crisis management
- 😊 Learning new skills, routines or habits to self regulate / self soothe
- 😊 As part of relapse prevention / maintenance strategies
- 😊 Improving functioning / self confidence / independence eg concentration, sleep, study, work, parenting
- 😊 Supporting relationships / co-regulation
- 😊 Other ... self harm, suicidality

Hot House, Biala and Youth Allied Health Team, Metro North Mental Health – Alcohol & Drug Service

- 6. What were the things you / other workers/ your clients / their families found most helpful about this approach?**
- Easy and not resource intensive – a good thing for clients, workers and families; especially when people feel distressed / unable to function well
 - Values the experiences and preferences of individual, strengths based

Hot House, Biala and Youth Allied Health Team, Metro North Mental Health – Alcohol & Drug Service

7. Is there anything else you'd like to let us know about Sensory Approaches?

- Don't be afraid to try the Sensory Preferences Checklist. Use the prompts - the more you use it, the more confident you'll feel.
- Try the tool on yourself to learn about your own preferences. You can then offer people examples of how it works.
- Share this with families so they can support the client / feel supported themselves.
- Talk to an Occupational Therapist. Also need to do this if using the Sensory Profile (more specialised Ax).
- Research...



Who else is using a Sensory Approach in AOD?

- Mental health wards – seclusion and restraint reduction initiatives
- Acute Care and ED – crisis management plans
- Community mental health
- Dual diagnosis
- Community care units
- Smoking cessation
- CYMHS and ADAWS
- Homeless services
- Veterans services
- Residential Rehabilitation
- Private AOD services

To learn more..

- Speak with your occupational therapist, training and supervision
- Do the QCMHL e Learning Module online: *An introduction to the use of Sensory Approaches in Mental Health Care*
www.health.qld.gov.au/qcmhl
- Consult the Mental Health Occupational Therapy Sensory Approaches Clinical Group and the Clinical Capability Framework
Email: OT_sensory_approaches_collaborative@health.qld.gov.au
- Email: Michelle.Taylor@health.qld.gov.au; michelle@mudanca.com.au
- Video www.mudanca.com.au

Sensory Approaches Clinical Capability Framework

Department of Health

Sensory Approaches in Mental Health Clinical Capability Framework (Sensory Approaches CCF)

Information to support using the framework

Purpose of the Sensory Approaches CCF

The Sensory Approaches CCF has been created to assist clinicians and managers within mental health services inform their understanding of the level of training, knowledge and skills required to safely and effectively use sensory approaches in practice. It recognises that clinicians of different professions and experience levels can use sensory approaches in varying ways in their practice. Effective use of the Sensory Approaches CCF will support consistent, evidence informed and safe clinical practice against criteria within knowledge, supervision, scope of practice and education domains.

Who can use the Sensory Approaches CCF?

The Sensory Approaches CCF can be used by clinicians from all disciplines. Although developed for use in mental health, it also is useful in supporting practice in other clinical settings where the application of sensory strategies is indicated. Clinicians may use the Sensory Approaches CCF to develop a plan for skill acquisition or to review their scope of practice in exercising due diligence. Managers may use this document to inform service planning regarding the application of sensory strategies.

A child Sam is working with can't regulate sufficiently to engage in trauma focused Cognitive Behaviour Therapy. How can Sam bring in sensory approaches to assist?
Sam's 9 year old client is demonstrating significant externalizing behaviours in session. Sam knows about sensory strategies, but has no experience in applying them. The Sensory Approaches CCF was used to map the level of support Sam needed to integrate some sensory-based approaches within the intervention in a manner that was safe and effective. This was achieved through online training and short term consultation from a colleague who has Level 3 Experienced Clinician level of capability.

How flexible is the use of the Sensory Approaches CCF?

There is an assumption that any sensory-based practice occurs within a recovery framework, however beyond this there is no mandate to use specific sensory-based models of practice. This is intentional as the needs of different clinical contexts will vary considerably. The scope of the Sensory Approaches CCF may extend from designing programs that only use sensory-based calming techniques to those entailing the development of specific treatment models where high levels of fidelity are required. The Sensory Approaches CCF can also be used to assist in integrating sensory-based techniques into other therapeutic models.

How can I use the Sensory Approaches CCF?

This clinical capability framework is not to be used for performance management or to align competencies with specific award agreements. It may be used by individuals to plan their skill development, assist in determining what clinicians can do safely and used to review team capacity to do sensory-based interventions overall.

How does James as a manager promote best practice?
James, a team leader within an inpatient unit identifies group and individual programming that integrates sensory and other theoretical models is best practice as informed by the evidence. He determines the occupational therapist (OT) Tina is best positioned to provide leadership regarding the development and implementation of this programming within the unit. James uses the Sensory Approaches CCF to reach an understanding that to do this Tina would need to function as a Level 3 Experienced Clinician. Currently Tina is functioning as a Level 2 Novice Clinician across all domains. James engages in a Performance and Development (PAD) process with Tina. During the PAD discussion the Sensory Approaches CCF is used to establish a plan to elevate Tina's capacity to Level 3. This includes:

- Attendance to Karen Moore's Sensory Connections Program
- Engagement in practice supervision with a Level 4 Specialist Clinician.
- Commence utilising the Sensory Profile assessment to guide individual intervention.
- Tina to review the evidence that will inform procedure development

Brett wants to learn more, but not sure where to start....

Brett is a registered nurse on an inpatient ward. He has watched the Occupational Therapists (OTs) providing sensory interventions and wants to learn more about this. The nurse unit manager, OT and Brett refer to the Sensory Approaches CCF and identify his capability as Level 1 Aware Clinician. This is the basis of supporting Brett to access mentoring, relevant work unit guidelines and procedures as well as completing the QCMHL Sensory Approaches e-learning package to develop his knowledge and skills

A team leader has a strategic focus that includes increasing the use of sensory approaches with clients. What can she do to promote clinical effectiveness and safety within her planning?

Sarah manages a community mental health team. She uses the Sensory Approaches CCF to obtain a profile of the capability of the multi-disciplinary team by requesting staff to each rate their current level within 4 domain areas. This process identifies a Level 3 Experienced Clinician in all 4 domains within her team. Sarah then collaborates with this clinician to develop practice scenarios that are shared with the team regarding her use of sensory approaches to achieve better outcomes with clients. As a result, 3 staff identify that they would like group supervision with this staff member to support integrating sensory approaches into work with their clients which was then implemented within the team.

How can I find out more?

Contact the occupational therapist within your service

Contact the Mental Health Occupational Therapy Sensory Approaches Clinical Group via e-mail: OT_sensory_approaches_collaborative@health.qld.gov.au

Clinical and training resources regarding sensory approaches are available via QHEPS: http://www.health.qld.gov.au/health/sensory_network.asp

Great state. Great opportunity.

Author: Mental Health Occupational Therapy Sensory Approaches Clinical Group, June 2016
For Review June 2016.



SUBSTANCES & YOUR SENSES

(A Hot House Research Project)

Every activity we engage in has a sensory component – sight, smell, touch, taste, sound and movement. Having an understanding of our individual preferences (the sensations we like or dislike) can help us understand our behaviours and reactions better. Studies have been undertaken worldwide exploring individual's sensory profiles, but little is known about the sensory profiles of young people using alcohol and drugs.



What's involved?

- Participation is free and being involved (or not involved) will not impact on your relationship with this service.
- You will be given a consent form to read about the study
- You will be asked to complete a questionnaire regarding how you generally respond to sensations. It will take up to 15 minutes to complete the questionnaire, within your counselling session.
- At your next counselling session, you will be given feedback on your profile outcome
- We will also seek your permission to use the information that you have previously provide us (such as your gender, age, the results of the questionnaires you completed when you first attended this service)

To be eligible

You must be aged between 15 - 24 years, attending about your own substance use, and be well enough to participate.

Further information

If you have any questions or concerns, you can contact the researchers on 07 3837 5633

John Kelly (Psychologist/Allied Health Manager)

Michelle Taylor (Occupational Therapist)

Amanda Morphett (Social Worker)

Dr Hollie Wilson (Psychologist/Manager)

Dr Pamela Meredith (Occupational Therapist - The University of Queensland)

Thank you! Questions?

