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 lex

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 ...
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

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[Karen.Fraser2@waitematadhb.govt.nz](mailto:Karen.Fraser2@waitematadhb.govt.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
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
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)
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
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
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
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
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- 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
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”
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
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

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[John.Kelly@health.qld.gov.au](mailto:John.Kelly@health.qld.gov.au)
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
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
4. Can you tell us a little about how you’ve used Sensory Approaches in your work in AOD?


• 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: ________________

<table>
<thead>
<tr>
<th>SENSORY AREA</th>
<th>What calms or soothes me</th>
<th>What alerts / energises me</th>
<th>What aggravates or distresses me</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sound / Hearing</td>
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<tr>
<td>Touching / Being touched</td>
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<td>Smelling</td>
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<td>Tasting</td>
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<tr>
<td>Movement / Pressure</td>
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</tbody>
</table>
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
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 support
Did Sensory Approaches help in any of these areas:

- Engaging well / therapeutic relationships
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- 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
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
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*
  

• Consult the Mental Health Occupational Therapy Sensory Approaches Clinical Group and the Clinical Capability Framework
  
  Email: [OT_sensory_approaches_collaborative@health.qld.gov.au](mailto:OT_sensory_approaches_collaborative@health.qld.gov.au)

• Email: [Michelle.Taylor@health.qld.gov.au; michelle@mudanca.com.au](mailto:Michelle.Taylor@health.qld.gov.au; michelle@mudanca.com.au)

Sensory Approaches Clinical Capability Framework

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.

How can I use the Sensory Approaches CCF?
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 therapeutic modalities. He encourages the use of occupational therapy (OT) and his team to provide leadership in the development of programming within the unit. James uses the Sensory Approaches CCF to reach an understanding that to do this the team would need to function as a Level 3 Experienced Clinician. Currently, Tiara is functioning as a Level 3 Novice Clinician across all domains. James engages in a Performance and Development (P&D) process with Tiara. During the P&D discussion the Sensory Approaches CCF is used to establish a plan to elevate Tiara’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 tool to guide individual interventions
- Tiara to review the evidence that will inform procedure development

Great state. Great opportunity.

Author: Mental Health Occupational Therapy Sensory Approaches Clinical Group, June 2016
For further information visit:
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?