

## Sensory Modulation in Mental Health & Addictions

Document Type	Guideline
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Healthcare Service Group (HSG)	Mental Health and Addictions
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Patients affected (if applicable)	All service users of Mental Health and Addictions
Staff members affected	All clinicians and identified non-registered staff members
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## 1. Purpose of guideline

This guideline outlines requirements for the safe utilization of a sensory modulation approach across inpatient and community mental health services within Auckland District Health Board (ADHB). Sensory modulation is a Ministry of Health endorsed approach underpinned by a trauma informed care philosophy and a valuable tool used for supporting recovery, reducing the use of seclusion and restraint in acute settings, and as an adjunct to risk, safety and treatment planning.

## 2. Guideline management principles and goals

Sensory modulation is a multi-disciplinary intervention which is expected to be utilized by all mental health (MH) clinicians in inpatient and community settings. It is an expectation that all service users should have access to sensory assessments, equipment and sensory strategies as part of the model of care in inpatient and community mental health services. It is recommended that all MH clinicians complete the one-day training package in sensory modulation.

Service user preferences must be documented in a timely manner using the Sensory Preference form, completed collaboratively with service users and their whānau. Sensory modulation is a multi-disciplinary intervention which is expected to be utilised by all MH clinicians in inpatient and community settings.

## 3. Definitions

### 3.1 Sensory modulation

Sensory modulation is defined as the “capacity to regulate and organise the degree, intensity and nature of responses to sensory input in a graded and adaptive manner. This allows the individual to achieve and maintain an optimal range of performance and adapt to challenges in daily life (Miller and Lane, 2000)”.

As an intervention, sensory modulation is used to help service users evaluate their sensory preferences, in order to identify what sensory tools would assist them in modulating their responses to their environment. This may be used for de-escalation in times of emotional distress, calming prior to commencing a distressing activity, or as an alerting mechanism to increase motivation to participate in purposeful occupation.

Sensory modulation is an approach which utilises sensory input to promote emotional regulation, grounding and encourage adaptive ways of performing simple and complex purposeful activities. Sensory modulation is also believed to be a powerful complement to cognitive-based therapies.

The implementation of a sensory modulation approach in MH services has been identified as an organisational and practice priority for MH services across New Zealand. This initiative has been led by Te Pou and the “Seclusion: Time for a Change” project, and the use of ‘sensory strategies’ to support de-escalation practices and recovery.

### 3.2 Mental health clinician

All registered mental health clinical staff members, including nurses, social workers, occupational therapists, psychologists and medical staff members (e.g. registrars and consultant psychiatrists). Mental health assistants, support workers, rehab workers and OT assistants who work in a clinical setting will also be required to complete sensory modulation training in order to administer sensory interventions; however they will not be expected to administer assessments such as the forms listed in the [forms](#) section.

### 3.3 Sensory preferences

Sensory preferences (e.g. what the person finds calming, alerting) are identified using the Sensory Preference form. These preferences are unique to the person and dynamic in nature. It is essential that identified sensory preferences are incorporated into risk/safety/treatment planning.

### 3.4 Sensory strategies/modalities

Sensory strategies/modalities involve the use of sensory tools to calm or alert the person. Sensory strategies may involve the use of a ‘sensory diet’, aromatherapy or as a compensatory technique to assist the person in coping with situations in which the person is over stimulated or struggling with motivation.

### 3.5 Sensory room/space

Sensory rooms are therapeutic spaces that are designed to promote self organisation and sensory awareness. They are equipped with a variety of sensory modalities and may be used for individual and group sessions. In acute settings sensory modulation rooms may be used for de-escalation or identifying new skills and preferences that can be transferred to other environments. In the community, sensory rooms may be used for individual sessions or in a group context. For some services, sensory rooms are multipurpose rooms that incorporate aspects of sensory modulation.

### 3.6 Comfort room/multi-purpose room

Comfort rooms are therapeutic spaces which have soft furnishings. They are designed to contain minimal sensory equipment so that they may be used by the person for individual use, family visits or meetings. Service users may choose to bring sensory items into the comfort space.

### 3.7 Sensory equipment

Sensory equipment ranges from everyday items such as hand creams and ‘stress balls’ to specialised items such as weighted dogs, weighted blankets and massage chairs. The equipment may be stored in a variety of places depending on the needs of the unit, e.g. locked in drawers/cupboard of the sensory room, in a sensory cart, or kept in the service users’ personal belongings.

## 4. Responsibilities

### 4.1 Training

All MH clinicians responsible for the inclusion of a sensory modulation philosophy and approach in their practice are advised to complete the Sensory Modulation Training package. This package has been developed in partnership with Te Pou and Waitemata DHB.

### 4.2 Documentation

All MH clinicians (see [definitions](#)) are responsible for documenting service user sensory preferences using the Sensory Preference form. If non-clinical staff members document sensory information, this must be supervised by a registered clinician.

### 4.3 Reflection

Mental health clinicians are expected to use professional supervision as a way of developing professional practice, skills and knowledge around the inclusion of a sensory philosophy and approach in practice.

## 5. General precautions

Staff members are expected to consider the following precautions; as well as mental state and risk assessments:

- Allergies
- Trauma history
- Environmental effects (lighting, background noise etc)
- Respiratory/cardiac precautions: these conditions may contraindicate the use of sensory modulation. Do not proceed without appropriate advice and support from medical staff members
- Weighted blankets have contraindications for use. Please see weighted blanket guidelines

## 6. Documentation

Documentation regarding sensory modulation is to be completed using the Sensory Preference form. This should be accessible in the forms section on HCC. It is recommended that the form be completed in the first 72 hours following admission to inpatient settings. In community settings, the form should aim to be completed within the first 2 weeks of introduction to the service. The documentation is required to be stored in HCC, and service users are to be provided with a copy. Following the assessment it is recommended that service users be provided with a summary of their preferences.

A 'guest book' may be a useful record kept in the sensory modulation room (if applicable) to record service user experiences of sensory modulation. The guest book provides information to help measure the effectiveness of the room, and to identify which modalities are most effective.

## 7. Sensory room purpose

Where appropriate, sensory rooms are only to be available for individual and small group sessions. The preference is that the sensory room is used for sensory modulation purposes only. Use of the room should always be on a voluntary basis.

### 7.1 Maintenance

The room must be left in a clean and orderly condition.

### 7.2 Monitoring room use

- Mental health clinicians are required to actively supervise any service user utilising a sensory modulation room
- Appropriate signage should be posted to indicate the room is in use. When using the room with service users, staff members should not be interrupted unless in an emergency
- When the sensory modulation room is not in use it is recommended the door remains locked to ensure the safety of the service users and equipment. It is advised that comfort rooms/multipurpose rooms remain unlocked

- If locked, it is recommended that keys for the sensory modulation room are kept in a designated area known by all clinical staff members
- Please refer to the services specific guidelines around the locking/unlocking of sensory modulation rooms and comfort spaces

### 7.3 Room booking

- Inpatient: It is recommended that the room is not booked. Expected time frames for using the room is approximately 20 - 30 minutes
- Community: The room may be booked through reception booking systems

## 8. Equipment maintenance of supplies

An inventory of sensory equipment is kept in an agreed on space by the responsible clinician and is regularly reviewed to ensure supplies are well stocked.

### 8.1 Infection control

- Mental health clinicians and service users are advised to use alcohol hand sanitiser prior and after using sensory modulation equipment. It is recommended alcohol hand sanitiser is available at the entry to or within rooms where sensory equipment is being used
- It is advised sensory modulation equipment come into contact with intact skin only
- Where clothing is soiled or might be soiled, a sheet or paper sheet or similar should be placed between the person and the sensory modulation equipment. Any sheets used should be sent to the contracted laundry services depending on local arrangements
- It is recommended that any hard surfaces of sensory modulation equipment are routinely wiped with disinfectant spray
- Mental health clinicians are recommended to adhere to the Infection Control policy regarding the cleaning of all items. All staff members are responsible for informing the nominated person when items are soiled and needing to be cleaned urgently, or in need of replacement or repair
- Please see the [Associated Auckland DHB documents](#) section for more detailed infection control information regarding weighted modalities

## 9. Sensory preference form

The Sensory Preference form (see [Associated Auckland DHB documents](#) section) is designed to be filled out collaboratively with the service user and their whānau. This can be filled out in one setting, or administered over several days. It consists of a series of tick box questions that cover a variety of areas, e.g. early warning signs, triggers, and sensory strategies and is designed to assist service users to identify sensory strategies that are useful. It is recommended that the service user be provided with a copy of the assessment at its conclusion.

### 9.1 The sensory profile

The sensory profile is a standardised assessment that measures sensory abilities and preferences and the effect these have on the functional performance of adults, older adults, adolescents and children. There are two separate profiles, The Sensory Profile (ages 3 to 10)

and the Adolescent/Adult Sensory Profile (self questionnaire). The assessment can be administered by a health professional with training in the use of this assessment tool.

## 10. Supporting evidence

- Champagne, T., Stromberg, N. (2004). [Sensory approaches in inpatient psychiatric settings: innovative alternatives](#). Journal of Psychosocial Nursing and Mental Health Services, 42(9), 34-44.
- Champagne, T. (2011). [Sensory Modulation & Environment: Essential Elements of Occupation](#) (3rd Ed. Revised) Pearson PsychCorp: Australia.
- O'Hagan M., Divis., Long J. (2008). [Best Practice in the reduction and elimination of seclusion and restraint](#); Seclusion: Time for change. Auckland: Te Pou Te Whakaaro Nui: the National Centre of Mental Health Research Information and Workforce Development.

## 11. Associated Auckland DHB Documents

- [Code of Rights](#)
- [Privacy of Patient Information](#)
- [Restraint - Mechanical \(Physical Restraint\) in MH&A](#)
- [Restraint Minimisation \(MH&A\)](#)
- [Weighted Blankets in Mental Health & Addictions](#)

### 11.1 Other resources

- [Seclusion: Time for a Change](#) Te Pou website
- Sensory Preference Form, District Mental Health Services, Waitemata DHB



Sensory Preference  
form.htm

## 12. Disclaimer

No guideline can cover all variations required for specific circumstances. It is the responsibility of the health care practitioners using this ADHB guideline to adapt it for safe use within their own institution, recognise the need for specialist help, and call for it without delay, when an individual patient falls outside of the boundaries of this guideline.

## 13. Corrections and amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed **before** the scheduled date, they should contact the owner or the [Clinical Policy Advisor](#) without delay.