

The Sensory Connection Approach to Adolescent Treatment



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Therapro

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Karen Moore is an occupational therapist, a graduate of Worcester State College, who worked in mental health at Worcester State Hospital and on the Acute Adult Psychiatric Unit at UMASS Medical Center. Her career long commitment to the study and use of sensory modalities for treatment in psychiatric care culminated in the writing of her book *The Sensory Connection Program: Activities for Mental Health Treatment* (2005). She developed a sensory-based treatment group which is a popular group for patients with cognitive and language difficulties which continues to run daily at UMASS. She led a clinical research project on the efficacy of using the Wilbarger Protocol, an intensive sensory treatment program, with patients with psychiatric diagnoses along with sensory defensiveness, PTSD, and self-injurious behaviors (Moore & Henry, 2002). She has participated in several studies on the Allen Cognitive Level Screening. Over the years Karen has presented on sensory related treatment to hospitals, behavioral units, community programs, college programs, nursing homes, and numerous occupational therapy conferences including MAOT, NHOTA, and OTAC. She lectures on the use of sensory related treatment strategies throughout the country and provides consultation on the development of sensory rooms and program groups. She has provided training programs on the use of sensory modalities to state and private mental health facilities as part of their Crisis Intervention and Restraint and Seclusion Reduction Initiatives. Recent trainings include a Sensory Modulation Workshop and Grand Rounds lecture at Dorothea Dix Hospital in Maine, a multidisciplinary workshop for Chauncy Hall Adolescent Treatment Facility in Westborough, MA and a presentation at the Annual Worcester Institute on Loss and Trauma.

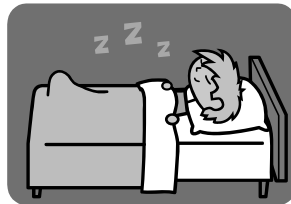
Henry, A., Moore, K., Quinlivan, M. & Triggs, M. (1998). The relationship of the Allen Cognitive Level test to demographics, diagnosis and disposition among psychiatric patients. *American Journal of Occupational Therapy*, 52, 638-643.

Moore, K. & Henry A. (2002). Treatment of adult psychiatric patients using the Wilbarger Protocol. *Occupational Therapy in Mental Health*, 18 (1), 43-63.

Moore, K. (2005). *The sensory connection program: Sensory activities for mental health treatment*. Framingham, MA: Therapro

Sleep, Sleep, Sleep Questions

Improving Sleep Habits



1.

2.

3.

4.

5.

6.

SLEEP, SLEEP, SLEEP GAME

Description: Patients take turns rolling a large die and answering questions that support healthy sleep habits.

Objectives: To promote problem solving, healthy sleep habits, and healthy decision making.

Education: National Sleep Foundation claims teens need 8.5 - 9.25 hours of sleep every night.

Sleep is needed to process intense emotions, maintain memories, release of growth hormones, and storage of energy and resources supporting the immune system.

Sleep deprivation causes decreased concentration and eye-hand coordination and decreased judgment.

Teen's circadian clock changes. Extra melatonin causes them to stay up later and to want to sleep later.

Materials: One large, 6" rubber die. A large hoop. A brightly colored poster with the following 6 sleep hygiene questions printed on it in large letters. The poster can be covered with clear Contact™ paper for durability.

Sleep, Sleep, Sleep Questions:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Directions: Set up the poster with the Sleep Improvement Questions so all can read it. Have players take turns rolling the die into the hoop and answering the question on the poster that corresponds to the number on the die. When a number appears again, the player has to give a different answer or idea. Continue taking turns until everyone has had a chance to answer a question. A second or third round can be played if the group is small and time allows.

Alternative Version

Materials: Questions are mounted on separate cards with 1 – 6 large dots on the back to match the dots on the die.

Directions: Distribute the question cards to patients. Have them take turns rolling the die into the hoop; the patient holding the card corresponding to the number of dots on the die reads the question. If that question has already been asked, he answers the question, offering a different idea

Self-Rating Tool for Calming and Alerting

Name _____ Date _____ Time _____

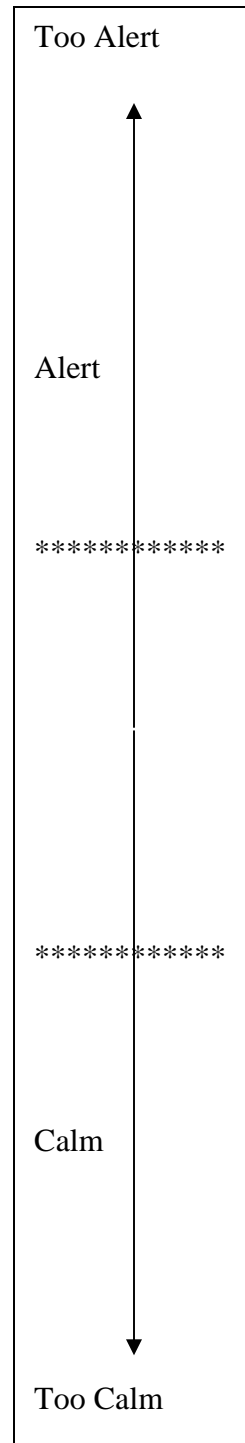
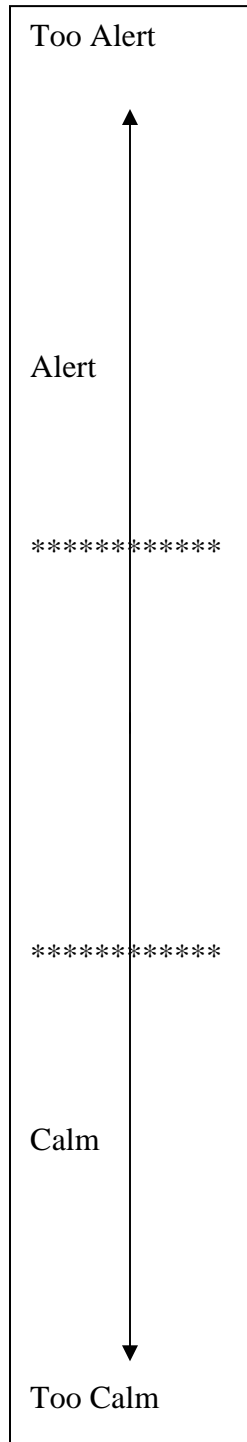
Activity: _____

Before Activity

After Activity

Comfort
Zone or
Best
Function

Comfort
Zone or
Best
Function



SENSORY MENU FOR STRONG SENSORY INPUT

These activities can become the core of a stress management plan. One item from each category should be done on a daily basis. Space activities throughout the day. Vary activity choices. These are example activities; many other exercises are available. Note that there is great overlap between these activities and many provide all three types of input. Use judgment and reason when performing these activities. Consult with your physician regarding strenuous physical exercise.

Deep Pressure Touch

- Full body massage – provided by a trained professional
- Hand and foot massage (with or without rollers) for three minutes each
- Bean bag tapping – a beanbag is used to give slow firm taps on hands, arms, shoulders, upper back and legs – three minute total
- Sit with something heavy in the lap – heavy lap quilt or animal
- Back rub or slow stroking – a trusted person uses slow firm pressure to rub back or stroke down alternating sides of the spinal cord
- Weighted vest used when sitting 20 min. (consult therapist for ideal weight)
- Sleep with weighted blanket (consult therapist for ideal weight) or heavy quilt
- Sit with weighted lap pad
- Hold a weighted “Heavy Duty” dog
- Curl up in a ball and squeeze legs (squeeze, hold to count of 10, release and relax, repeat 3X)

Vestibular Input Activities

Vestibular input can be overdone. Watch for signs of discomfort – stop activity!

- Swinging
- Rocking in chair or glider – for 15 – 30 minutes
- Sitting or bouncing on a therapy ball
- Rolling back and forth over a therapy ball (10-15 min. gentle rolling)
- Head rolls/side rocking – Roll head slowly from shoulder to shoulder 10X; follow by rocking side to side in chair – repeat
- Movement exercises - such as those in routine for Sense-abilities Group - 10 min.
- Rowing machine – gives strong proprioceptive input also
- Dancing/jazzercise
- Swimming – good for all 3 types of input
- Exercise band rowing – hook well knotted ring of heavy exercise band over foot; rock back while pulling on band, rock forward – repeat in rowing type motion – 10X then stop to breath deeply – repeat 3X
- Jumping or skipping rope
- Exercise on a Bosu Ball or trampoline
- Tilting on “Gravity Bed”
- Rolling on the floor or grass
- Rollerblading, basketball and fast moving sports

Proprioceptive Input Activities

“Move to groove!” Vigorous exercise releases “feel good chemicals.” If done within reason, proprioceptive activities are well tolerated.

- Chewing large wad of gum
- Walking, fast walking
- Walking in sand
- Jogging
- Heavy work (raking, moving furniture, vacuuming)
- Treadmill
- Nordic Track
- Bicycling
- Life cycle
- Yoga, tai chi
- Martial Arts, kick boxing
- Trampoline jumping
- Volleyball
- Aerobic exercise
- Stair master or climber
- Jumping rope, jumping jacks
- Water exercises or aerobics
- Swimming, diving
- Canoeing, kayaking
- Floor exercises
- Gymnastics, aerobics
- Resistance band exercise
- Chin-ups, pull-ups, push-ups
- Golf
- Chair push-ups
- Hiking
- Back packing
- Weight lifting
- Arm wrestling, play wrestling
- Ping-pong and badminton
- Baseball and softball
- Tennis and squash
- Horseback riding
- Contact sports
- Ice skating, hockey
- Rock climbing
- Deep sea, scuba diving
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DEVELOPING A STRESS MANAGEMENT PLAN

Incorporate the following suggestions into the patient's plan for stress management.

Be sure to include:

- **At least one movement activity daily emphasizing vestibular or proprioceptive input.** Examples: walking, bicycling, weightlifting, yoga, dancing, and floor exercises. (Use the Sensory Menu for Strong Sensory Input *Handout 4.20*)
- **Pleasurable stimulation in the environment.** Examples: music, chimes, scented candles, room sprays, potpourri, art, bubble lamps, and indoor waterfalls. (Use the Sensory Menu for Coping and Calming *Handout 4.15* or Suggestions to Enrich Home Environments *Handout 5.8* in the next chapter.)
- **Weekly routines of sensory enriching leisure activities** such as painting, decorating, playing an instrument, cooking, woodworking, massage, or a bubble bath.
- **Daily deep pressure touch.** Examples: hugs, intimacy, massage, having a pet on the lap, and use of a heavy comforter. (Use Sensory Menu for Strong Sensory Input *Handout 4.20*)
- **Daily deep breathing exercises.** Begin with five minutes, move to ten minutes, and then longer if beneficial. Meditation is encouraged. (Use Deep Breathing Exercises *Handout 4.22.1* and Simple Meditation Practices *Handout 4.22.2*)

Patient Plan for Stress Management

1. Daily Movement Activities
2. Environmental Enrichment Ideas
3. Plans for Leisure Activities
4. Deep Pressure Touch Alternatives
5. Plans for Deep Breathing or Meditation

DIRECTIONS FOR BEANBAG TAPPING

Did you know?

Beanbag tapping is an activity that provides strong deep pressure touch input to the body.

- It helps people become more in touch with the sensations of their own body, especially if the sensory system is disrupted by illness.
- It helps to provide a feeling of “alert calmness” that is a comfortable feeling of being stable, composed, and receptive to conversation and activity.
- The brain craves information and tapping provides good feedback from the receptors of the body helping the sensory system to be more organized and functional.
- It gives a healthy touch experience.
- Taps need to be firm enough to reach the deep pressure touch receptors under the skin.
- Light tapping can be irritating and not calming.

What about the beanbags?

- Beanbags can be purchased from catalogs or stores.
- The size depends on the person, but it should fit comfortably in the hand.
- Small beanbag toys can be substituted if their shape is appropriately comfortable.

How to do beanbag tapping:

- Taps should be firm. Tapping should never hurt.
- Taps should be done with an attitude of kindness towards the body.
- Begin by holding the beanbag in one hand.
- Start tapping the opposite hand on both the palm and the back of the hand.
- Work up the arm, experimenting with tapping on various surfaces of the arm.
- Tap shoulders next.
- Then tap across the upper chest on the pectoral muscles.
- Never tap on the neck itself, the face, forehead or stomach!
- Follow up with the opposite hand, arm, and shoulders.
- Tap as much of the back as can be reached comfortably. Move on to the legs.
- The thighs, knees, shins, and feet are tapped.
- Tapping feels especially good on the sole of the foot. Make sure you have clean socks.
- When beanbag tapping is finished, stop for a moment to feel how alive and tingly the body feels.

How to Make a Beanbag.

- Heavy fabrics are best, like denim or corduroy.
- Cut two four inch squares of fabric.
- Place right sides together.
- Sew ½” from the edge around the square leaving a small opening for stuffing.
- Turn right-side out.
- Fill with beans (pea beans, kidney beans, popcorn, or seed corn).
- Hand sew opening.

Exercise Band Rowing

*Low cost exercise that brings a smile to the face – try it
you might like it!*



Materials: A 4-foot length of blue (extra heavy) exercise band with the ends knotted together in a firm knot. Theraband™ is one brand name for a 4” wide elastic product that provides graded resistance for strengthening activities; each color represents a different grade. Similar products are available and are called resistance bands or exercise bands.

Directions: A ring of exercise band is used to create a two man rowing technique. Hold one end of the exercise band circle with two hands (volar surface of hand up, downward grasp), and have a patient holds the other side in the same manner. Begin by rocking back and pulling the exercise band towards you. Instruct the patient to “bend forward towards me, extend your arms. Now pull me.” Reverse the motion. After a few more repetitions of instructions, “Bend forward again with me, pull me back,” a rhythm is established and patients row back and forth approximately 10 to 15 more times.

Discussion: What exercise or sport does this activity resemble (e.g., rowing machine, rowing a boat)?

One Person Rowing:

While sitting, loop exercise band over foot. Extend leg keeping heel on the floor. Holding other end of loop rock back and forth, pulling and releasing the exercise band.

Activity Focused Kit for an Inpatient Mental Health Unit

Engaging in activities has many sensory benefits and can help with relaxation, stress reduction, and symptom management including helping with negative thinking and suicidal thoughts. Energy is directed in a positive direction. The more concentration required the more effective the activity.



This kit is kept handy for patients who are able to calm down when they are involved in an activity which requires focus. These activities should be available for patients to use any time during the day when they feel upset or anxious. Word search puzzles and coloring activities are not as cognitively demanding. Many "adult" oriented art and coloring books are now available on the market. Dover publishes many detailed coloring books from nature themes to National Parks. www.doverpublications.com [Nasco Senior Activities Catalog](#) also has many selections.

Kit items include the Amaze Game, a crossword puzzle book, a word search book, suduko book, water color art pencils and art paper, adult coloring book, a book of poetry, and a book of animal and nature photographs. A selection of "hand tools" and manipulatives can also be included.

Creating a Personal Sensory Kit

Personal Sensory Kits are made by the person independently or in collaboration with the person. A theme or purpose for the kit is chosen (anxiety kit, bedtime kit, sobriety kit, self-soothing kit.....). A container is selected (fanny pack, decorated box, plastic box.....) Items or a wish list of items are identified. The person determines under what circumstances he or she will use the kit. Various scenarios are practiced. Once the person uses the kit for a determined length of time the helpfulness is reviewed and adjustments are made.

Purpose

Container

Assemble a selection of items in a container that can be kept handy.

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SENSORY DEFENSIVENESS SCREENING FOR ADULTS

Name: _____ Date: _____ Circle: Male or Female

Age: ____ Circle: Patient Staff Student Other Occupation: _____

Diagnosis: _____ Living situation: _____

PART I

Please score first and immediate response by circling **Y** (if behavior usually applies) or **N** (if behavior rarely applies).

<p>Do you:</p> <p>Y N layer your clothing often</p> <p>Y N overdress for the temperature</p> <p>Y N prefer long sleeves, even in summer</p> <p>Y N pick illogical clothing preferences</p> <p>Y N repeatedly wear favorite clothes</p> <p>Y N experience discomfort with dressing or undressing</p> <p>Y N get irritated by showering</p> <p>Y N get irritated by face washing, or shaving</p> <p>Y N get irritated by tooth brushing</p> <p>Y N have poor personal hygiene</p> <p>Y N like wrapping yourself in bedding</p> <p>Y N sit with hands or feet underneath you</p> <p>Y N bite hand/wrist/arm when upset</p> <p>Y N bang head or part of body when upset</p> <p>Y N grind teeth</p> <p>Y N prefer to touch rather than be touched</p> <p>Y N become upset when someone comes behind you</p> <p>Y N find touch to be painful/ harmful</p> <p>Y N get anxious when being hugged</p> <p>Y N like an exaggerated personal space</p> <p>Y N find that closed rooms bother you</p> <p>Y N avoid crowded places</p> <p>Y N startle more easily than others</p> <p>Y N have patterns of social withdrawal</p> <p>Y N have unexplained emotional outbursts</p> <p>Y N feel you are always "on guard"</p>	<p>Do you:</p> <p>Y N avoid food with mixed textures</p> <p>Y N have difficulty swallowing</p> <p>Y N like noxious odors (gasoline, etc.)</p> <p>Y N seem overly sensitive to smells</p> <p>Y N avoid noisy places</p> <p>Y N need absolute quiet to concentrate</p> <p>Y N get agitated by white noise (fan, etc.)</p> <p>Y N get irritated by sounds others would ignore</p> <p>Y N have trouble staying on the line when reading/writing</p> <p>Y N get overly bothered by lights at night</p> <p>Y N get distraught by occluded vision (such as a blindfold)</p> <p>Y N become upset by complex visual stimuli (lots of colors or moving objects)</p> <p>Y N find yourself staring at things</p> <p>Y N over-react to unstable surfaces</p> <p>Y N often bump into things</p> <p>Y N lose balance easily</p> <p>Y N rock back and forth to calm yourself</p> <p>Y N dislike heights</p> <p>Y N fatigue easily</p> <p>Y N feel uncomfortable with body or looks</p> <p>Y N cut or hurt self when anxious or upset</p> <p>Y N not feel pain</p> <p>Y N dislike routine</p> <p>Y N exhibit addictive behaviors</p>
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Score Section I: # Y _____ # N _____ out of 50 items % Yes _____

PART II FUNCTIONAL IMPLICATIONS

First, consider the sensory behaviors that you checked “Yes” in Part I.

Then, thinking about the sensory behaviors, read each of the questions below. Circle **Y** for yes or **N** for no beside each question. If the question does not apply to you, write NA. Note: Do not respond with yes if these problems are caused by something other than sensory problems. For example poor hygiene could be due to fatigue caused by depression, not because bathing is irritating.

Please explain answer if it is YES.

Y N Do these sensory behaviors interfere with your **hygiene** and your ability to dress and care for yourself the way you would like?

Y N Do these sensory behaviors prevent you from being **independent** in the community (driving, going to public places)?

Y N Do these sensory behaviors interfere with your **relationships** with other people?

Y N Do these sensory behaviors interfere with your ability to enjoy an **intimate relationship**?

Y N Do these sensory behaviors interfere with your ability to **socialize** with others?

Y N Do these sensory behaviors interfere with your ability to **care for your home or your family**?

Y N Do these sensory behaviors interfere with your ability to go to **school** or to perform your **job** or to seek employment?

Y N Do these sensory behaviors interfere with your ability to enjoy **leisure** activities and to have fun?

Y N Do these sensory behaviors interfere with your **safety**?

Check any experiences that apply:

<input type="checkbox"/> History of sexual abuse	<input type="checkbox"/> Respiratory problems	<input type="checkbox"/> Serious injury or surgery
<input type="checkbox"/> History of physical abuse	<input type="checkbox"/> Multiple hospitalizations	<input type="checkbox"/> Traumatic birth
<input type="checkbox"/> Self-harming behavior	<input type="checkbox"/> Torture	<input type="checkbox"/> Suicide attempts
<input type="checkbox"/> Eating disorder	<input type="checkbox"/> Serious stomach problems	<input type="checkbox"/> Period of sensory deprivation

PROMOTING THE USE OF SENSORY CONNECTION PROGRAM TREATMENT APPROACH

Integrate ideas into all unit programs and milieu.

- ◆ Evaluate and assess
- ◆ Explore and honor preferences
- ◆ Build mindfulness and grounding techniques into sessions
- ◆ Use sensory room
- ◆ Offer Sense-ability &/or exercise groups daily
- ◆ Use sensory activity worksheets and education in skill building groups
- ◆ Use of “sensory diets”
- ◆ Make sensory items available to patients
- ◆ Have patients make their own sensory box
- ◆ Environmental Enrichment

Educate Staff at Every Opportunity

- ❖ Provide training programs for all staff members.
- ❖ Invite staff members to accompany you when you do a sensory related assessment or treatment.
- ❖ Provide short in-services for any new staff members or rotating interns.
- ❖ Do some interactive activities at staff and treatment team meetings.
 - Explore sensory preferences.
 - Bring a selection of manipulatives and stress balls.
 - Bring some sensory rich novelty items.
 - Educate staff on the usefulness of sensory input for their own stress management.
- ❖ Do a Wellness Sheet or Group Activity Sheet with staff members.
- ❖ Get staff members involved by asking them to look out for sensory items to add to your sensory room or sensory cart or group activities.
- ❖ Ask your local NAMI to get involved and ask if they would like to make a donation of some items. Invite them to come and relax in your Sensory Room and hear about your program.
- ❖ Make a wish list of items and ask for donations around the holidays. Instead of a usual gift swap around the holidays have a \$10 gift grab donation of a sensory item. Give a little prize for the most creative, etc.
- ❖ Ask patients to write up testimonials about things they found helpful.
- ❖ **HAVE FUN – ASK PATIENTS AND STAFF TO JOIN IN THE FUN.**

Internet Resources and Supplies

Bosu Balance Trainer www.bosu.com

Brain Gym Movement Exercises for Whole Brain Learning
edukfd@earthlink.net

ROM Dance Program - Gentle exercise and relaxation Videos
www.taichihealth.com/indexrom.html

Strong Women and Men Books Great safe exercise programs!
www.strongwomen.com/books/

Weighted Modalities

Salt of the Earth Weighted Blankets and Vests
<http://www.saltoftheearthweightedgear.com/index.html>

Weighted Wearables Comforter
<http://www.weightedwearables.com/blanket.html>

Dream Catcher Weighted Blankets
<http://www.weightedblanket.net/>

Wall Murals

<http://www.muralsuperstore.com/index.htm>

Lava and Motion Lamps - Target
Sound and Aroma Therapy Supplies - Target
Beanbag Chairs and Video Rockers - Target
<http://www.target.com>

Biodots <http://www.6seconds.org/xcart/product.php?productid=72&cat=0>

Miscellaneous Inexpensive Supplies

Oriental Trading Company www.oriental.com

Rhode Island Novelty <http://www.rinovelty.com/>

