

Exploring Sensations as a Coping Skill

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BACKGROUND

Sensory integration is defined as the neurological process that organizes sensation from one's own body and from the environment to make it possible to use the body effectively within the environment (Abernethy, 2010). Studies have shown that an abnormal response to sensory input can heighten anxiety in the general population, especially in daily living situations (Shalita T & Cermak, 2016; Dunn, 2011)". However, there has been limited research to show the rates of sensory processing difficulties in individuals who have been diagnosed mental health disorders.

Sensory defensiveness is when an individual experiences a 'fight or flight reaction' to a stimulus in which others would typically not find harmful. Some studies indicate that sensory defensiveness is the most prevalent type of ASM in the mental health population and can result in an increase in anxiety (Abernethy, 2010) which can affect the individuals' ability to participate in meaningful occupations and slow chances of recovery. Overall, the current literature indicates evidence-based, sensory modulation interventions can reduce anxiety and be utilized as an effective coping mechanism for a variety of mental health diagnosis including depression, schizophrenia, and bipolar disorder.

PROGRAM DETAILS

Occupational therapy (OT) orders were to facilitate group interventions for all patients on the unit three times per week. Patients were initially placed on one of two sides of the unit upon admission based on unit milieu, cognitive and physical status. OT groups were divided into a higher cognitively involved side and a lower cognitively involved side based on the location of the patient on the unit.

Patients were first educated on the background and use of sensory based coping skills. Then, patients responded to a six-question assessment (Figure 2) to identify their own sensory needs. Afterwards, the student therapist educated the patients on the significance of their own results and how to utilize that knowledge as part of their daily routine.

Patients were then instructed to apply this information to an activity in which they designed their own sensory kit based on items they had at home (Figure 3). Lastly, patients were provided with resources to continue their education to identify coping strategies specific to their sensory needs.

PROJECT FOCUS

Expand the number of and variety of OT groups of coping skills based on their individual needs. conducted for the clinical site, including a sensory based coping skills group.

Increase the self-efficacy of patients to drive their own decision making and exploration of sensory based coping skills.

METHODS

Initial six weeks were spent orienting to the unit, specific population, and roles of the interdisciplinary team. The goal of this time period was to identify areas of expansion to address the psychosocial needs of patients receiving OT services. Current areas group OT interventions were addressing were that of physical wellness and home exercise programs to be utilized as a coping skill.

The need for increased awareness and education on the importance of therapeutic sensory intervention was identified, based on the lack of knowledge from the interdisciplinary staff and patients.

An expansive literature review was conducted to identify the effects of creating a sensory based environment and incorporating sensory based interventions into patient care for individuals experiencing crisis in psychiatric disorders. Resources, including webinars, assessments, handouts, and peer reviewed articles, were identified from established mental health OTs who specialize in sensory interventions (Moore and Champagne, 2018) to implement and guide interventions.

Assessment was created based on incorporating information gathered from best practice methods identified in literature review and identified resources. Then, feedback and initial results were gathered from OT faculty and non-OT peers who were typically functioning adults to informally assess assessment validity. Assessment was found to be informally valid and granted approval from supervisor to utilize in OT groups.

Initial participants were identified to be individuals who were least cognitively involved patients on the unit.



Figure 1. Example of home based calming sensory kit (Champagne, 2018)

RESULTS

Initial, informal validation study was conducted with eight typically functioning adults ranging in ages from 25-67 years old. Individuals were instructed to complete both the Coping Skills Assessment and the Sensory Profile (Dunn, 1999). Each participant identified the same sensory needs for both the Coping Skills Assessment and the Sensory Profile (8/8), indicating the created assessment was informally valid. Site supervisor approved assessment for implementation in clinical setting.

The group was created and conducted three times with a total of 25 patients.

Individuals completed the assessment to identify their sensory preference as one of four categories: 'low registration', 'sensation seeking', 'sensory sensitivity', and 'sensation avoiding'. Patients were educated on the meaning of each category and given examples of coping skills to address each areas needs. It was highlighted that the body experiences differing levels of each category and an individual may experience overlap between the categories. Subjective feedback was gathered from group participants with responses ranging from "somewhat helpful" to "very helpful".

Limitations for this group protocol included short term and long-term time restraints, acute psychiatric precautions, lack of funding to promote carryover, and patient's cognitive status. However, despite limitations, site supervisor reported genuine intention for carryover.

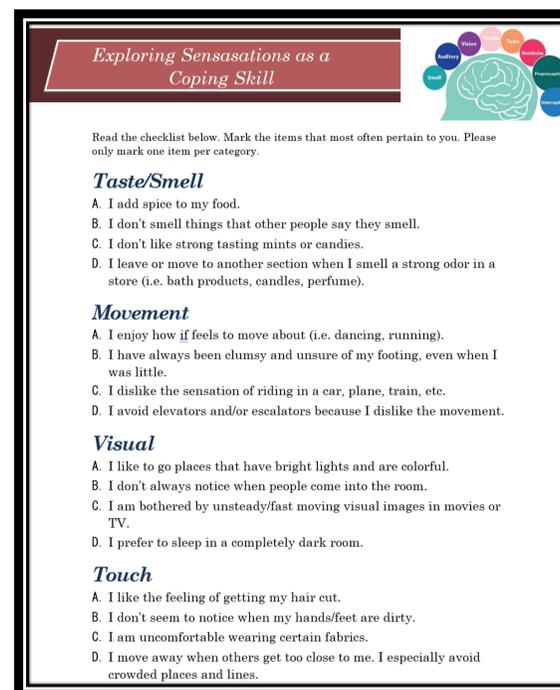


Figure 2. Coping Skills Assessment

BOTTOM LINE FOR OT

Difficulties with sensory modulation can affect all aspects of a person's quality of life, including activities of daily living, roles, relationships, work, and leisure pursuits. Studies have indicated that individual's with mental health disorders have a higher rate of atypical sensory modulation and sensory defensiveness which lead to increasing anxiety in this population, therefore, reducing quality of life outcomes. However, evidence-based practice methods are limited in the available literature.

Occupational Therapists should improve their knowledge and understanding of assessing and creating interventions for the treatment of atypical sensory modulation to better care for patients. In the acute care setting, finding assessments that are quick and accurate can help to support the use of sensory based interventions. While, educating patients on their own sensory preferences and individualizing specific coping strategies can improve self-efficacy stress management, and quality of life.

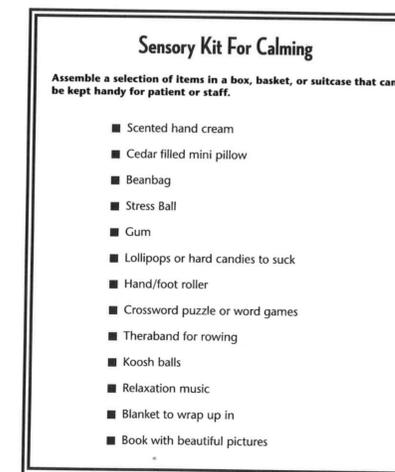


Figure 3. Example sensory kit list provided during group intervention (Champagne, 2018)

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