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## SENSORY MODULATION

### ONE APPROACH TO REDUCING THE USE OF SECLUSION AND RESTRAINT AT NORTHLAND DISTRICT HEALTH BOARD

*"I thought it would really work, having a sensory room approach including an interview process where service users could learn about what their triggers were and what they could do to calm themselves down or to effect their emotional state simply by knowing what inputs would work."*

*Brian Vickers, consumer advisor, Northland DHB.*

#### AT A GLANCE

- What: Sensory modulation.  
Why: To reduce the use of seclusion and restraint.  
How: Establishing a sensory room and guidelines for its use.  
Target: Inpatient service users.  
Where: Northland District Health Board inpatient unit.



*"The impact that inpatient psychiatry has on service users in their journey towards recovery cannot be overstated. It is therefore vitally important to use positive interventions which give our service users an opportunity to learn and experience alternative ways to help themselves in a caring supportive environment."*

*Nancy King, clinical nurse manager inpatient unit, Northland DHB.*

#### THE PROFILE

The psychiatric inpatient unit at Whangarei hospital, Northland District Health Board (DHB) consists of wards six and seven with an adjoining nurses' station and intensive care area. The team consists of 31 registered nurses, two medical staff on the unit, three community psychiatrists, a Takawaenga and allied health staff including occupational therapists (OT), two OT assistants and social workers. The unit provides inpatient treatment for up to 30 mainly adult mental health service users.

In 2007 the unit staff established a sensory room as part of a number of initiatives aimed at reducing the use of seclusion and restraint. It was the first of its kind in New Zealand. The room's development was undertaken at a grass roots level and was based on evidence from practitioners overseas. The goal of the sensory room is to provide practical means to reduce distress among service users and to become a viable alternative to seclusion and restraint.

## THE BEGINNINGS



*“...previously, there was a willingness to look at seclusion as the first solution to any emotional difficulty with acting out that consumers might be having.”*

*Brian Vickers, consumer advisor, Northland DHB.*

Sensory rooms are designed to help people learn to relax, self-regulate and self-soothe. Using the room can assist service users cope with the distressing inpatient environments. Development of sensory modulation in mental health settings evolved from the Dutch based snoezelen (a neologism coined from combining Dutch verbs “to explore “ and “to relax”) rooms, which were used for people with dementia and disabled children. They are often used to promote relaxation and social interaction, and to provide intense stimulatory activities. Tina Champagne, an occupational therapist from the US, was the one of the first to expand the idea of using sensory rooms in inpatient mental health environments. The sensory room carries an important role in crisis de-escalation and crisis prevention, as inpatients resort to safer and healthier ways to regain self-control.

In 2006 Dr Gloria Johnson, then clinical director of Northland DHB, attended a presentation by a visiting team from the US National Association of State Mental Health Programme Directors. The visit was sponsored by the Ministry of Health, the Mental Health Commission and the Mental Health Workforce Development programme. The topic of the presentation was ‘Creating Violence Free and Coercion Free Mental Health Treatment for the Reduction of Seclusion and Restraint’. She was impressed by the reported positive results of sensory based interventions in reducing seclusion and restraint. At the same time, after receiving information from a fellow consumer advisor Brian Vickers, the consumer adviser for Northland DHB, had also become enthusiastic about sensory interventions and supported to the initiative.

Dr Johnson, recommended that the unit occupational therapist, Vanessa van Pomeran, attend the next presentation by this team. With the support of the clinical director and John Maltby, the nurse manager at the time, Vanessa then began to work with the unit staff to establish a sensory room within the unit. Despite the lack of space in the unit a room was selected to use. The unit manager readily provided funding to buy the more expensive items such as a recliner/rocker chair and stereo system. Other less costly items, often from Trademe and two-dollar shops, were also brought in. Clinicians from the unit and students contributed with additional ideas and equipment.

In conjunction with the clinical team, Vanessa also developed a staff training package that included introduction to the theoretical background of sensory modulation, an overview of the research and the guidelines for the room’s use. This training package has been further adapted and updated and at present it includes also information from the Te Pou training package used in the sensory room research project. A decision was made to make training mandatory for all unit nursing staff.

## THE PROCESS

The sensory room at Northland DHB serves to provide a place that encourages and promotes self-regulation, self-nurturing, resilience and recovery. The room can also be used to tone down arousal levels and may be incorporated into a person's treatment plan. It is also used for planned sensory based interventions by the occupational therapists in the unit.

The ideal process for its use includes every service user having a personal safety plan (prepared in advance) that identifies triggers and early warning signs of distress, as well as a sensory plan which details their preferences for using the room. Using the room is always a service users' choice. A risk assessment is always made before the room is used including attention to staff safety.

The sensory modulation room at Northland DHB contains a recliner rocker, a massage chair, weighted blankets, ambient lighting, neutral heating, aromatherapy, stress balls and soft toys, music and relaxation CD's, a range of hand creams and a foot spa. The process for its use is collaborative, with service users stating their preferences and an accompanying staff member providing feedback and guidance. The service user can choose to talk or not to the staff member. The process is designed to be self-regulating and can be replicated in the home. Service users can identify resources for making their own sensory kit as well as planning for a sensory area within their home environment.

When a service user goes into the room for the first time the process of its use is explained. A sensory plan, outlining the person's preferences for using the room is completed either on admission or when using the room for the first time. After the service user is comfortably seated in the massage or the rocking chair and feeling calm, the staff member introduces other items such as the weighted blankets and changes to the lighting. Sometimes no other interventions will be required. Weighted soft toys, aromatherapy and appropriate music are also made available.



*“Training (in the use of the sensory room) has given nurses another strategy they can use, adding to their repertoire of skills.”*

*Bill Taylor, associate clinical nurse manager, Northland DHB.*

## THE UNIQUE APPROACH

- First sensory room modulation initiative in New Zealand.
- Part of an emerging cultural change in treatment alternatives at the unit.
- Developed and resourced at the grass roots level by inpatient unit staff.



*“Rather than wait for things to happen there are things you can do if you have the passion for effecting positive change.”*

*Vanessa van Pomeran, occupational therapy professional leader, Northland DHB.*

## THE RESULTS

Results seen in the first two years of using the sensory room indicate it is a positive therapeutic intervention which, along with other initiatives put in place over this period, is helping to reduce the use of both seclusion and restraint at the unit. These results led to increased interest, leading to a number of visits from other inpatients units' staff.

In the period from 2006 to 2008 the use of seclusion and restraint was reduced by 50 per cent. Other contributing initiatives included improving the environment, an activity program and a strategy of not only reviewing the use of seclusion and restraint but highlighting the successes in avoiding its use or "positive interventions no seclusion" (PINS). In the PINS process the sensory modulation room has had a particularly significant role. While not fully evaluated yet, this initiative has already produced positive results, such as:

- the number of rooms used for seclusion has reduced from four to two
- a further 'chill out' or 'comfort' room in ward 6 has also been created which service users can access without a staff member. A multi-purpose room on ward 7 has also recently been adapted to incorporate a 'comfort' area
- development of a 'sleep' cart for the purpose of providing alternate sensory based resources to address sleep issues
- the consumer advisor and clinical staff state there has been significant positive feedback from service users
- there is anecdotal evidence from staff and service users that creating the room has produced a calmer environment and helped create positive therapeutic alliances
- there is also anecdotal evidence that there has been a reduction in the number of staff injuries
- the model created in Northland has informed the development of sensory modulation rooms in four further DHBs (Creating alternatives).

*"Undoubtedly, it has had a huge impact on the number of seclusion events but whether it is attributable to solely to the sensory modulation programme or because people are thinking more about alternatives to seclusion, I don't think we have found out yet."*

*Brian Vickers, consumer advisor, Northland DHB.*

## THE LESSONS LEARNT

- Education is crucial to developing staff confidence.
- Training in the use of sensory modulation should be mandatory and ongoing, to ensure consistent service provision.
- Having a dedicated staff member in charge of the project will ensure its longevity and consistency.
- You can undertake new initiatives and produce positive results by working with what you have got.
- Having champions, leadership and management support is crucial.

*"And you have somewhere, a haven for yourself in your own house where you can deal with these, deal with how you're feeling in a positive manner. Based on the strategies with which we teach you."*

*Bill Taylor, associate clinical nurse manager, Northland DHB.*

## MORE INFORMATION

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**NORTHLAND DISTRICT HEALTH BOARD**

*Te Poari Hauora Ā Rohe O Te Tai Tokerau*

