

# sensory modulation, trauma and attachment informed care workshop...

Sarah White  
Occupational Therapist  
Department of Psychological Medicine  
The Children's Hospital at Westmead

The sensory modulation, trauma and attachment-informed care workshop was a NSW Health MH-Kids initiative held in May 2012. Mental health inpatient unit staff and CAMHS Occupational Therapists were invited to attend this workshop presented by Dr Tina Champagne. Dr Champagne, an Occupational Therapist in the United States, has had extensive experience both in research and clinical mental health. She consults internationally on sensory processing, trauma and attachment-informed care, and seclusion and restraint reduction.

This workshop focused on sensory modulation, trauma and attachment-informed care theory and practical strategies for inpatient unit staff and Occupational Therapists working with children and adolescents with mental illness.

Dr Champagne's goal is to create a community approach to teaching the concept of self-regulation through sensory modulation interventions. By identifying current tools and strategies already being used, we can integrate more specialised tools and strategies into each individual or group programme. Research into the benefits of sensory interventions in inpatient units in the United States has revealed significant decreases in restraint episodes (Champagne, 2012).



Both clinical and research evidence to date reinforces the use of sensory approaches in mental health to foster relationships, support development, provide a safe sense of containment and facilitate a sense of safety and stability.

Sensory modulation is an individual's ability to regulate or balance their responses

to sensory input in an organised manner. This allows the person to perform in the "just right" (optimal) range of alertness throughout their day.

Sensory diets have important roles in crisis de-escalation, general health and wellness, prevention and maintenance. A sensory diet refers to the sensorimotor experiences that help individuals function optimally within their environment (Champagne & Stromberg, 2004). It is the things we do throughout the day to help us self-regulate and engage in purposeful activities. We all have things we do, consciously or not, to help ourselves self-regulate. When working with people with mental illness, intellectual disability and special needs we may need to help individuals create their own sensory diet. We

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need to do our detective work and gather information about that person's sensory preferences. What sensory input calms him/her? What sensory input alerts him/her? What is that person's current sensory diet? All of the sensory systems should play a part in a sensory diet – vision, olfactory (smell), auditory, taste, touch, vestibular (movement) and proprioception (body position sense). In particular the three “powerhouse” senses- touch, vestibular and proprioception have very important roles in self-regulation and should be incorporated at regular intervals throughout the day.

Every person has their own individual sensory preferences, which means we all can respond differently to the same sensory input or sensory experience. There was ample opportunity to discuss and trial different sensory activities, such as sensory fidget toys, weighted objects, and vibrating toys and cushions. Practical workshop activities such as this reinforced to inpatient staff and therapists that the same item for each person may be activating or may be calming. Developing individual sensory kits that are personalised and meet that person's own sensory needs is

therefore a very useful tool. Weighted modalities such as lap and neck bags, weighted vests and weighted blankets are also very important sensory strategies to consider when working with children and adolescents. Weighted modalities used appropriately with certain individuals, can increase on-task attention, improve sleep, and calm and relax a person (Champagne, 2011).

Through her years of experience Dr Champagne has also had extensive experience creating sensory modulation rooms/spaces in inpatient mental health units. Guidelines that need to be considered when creating such a space are the goals of the space/room, population who will be using it, environmental and equipment considerations such as lighting, colours, and furniture. Examples used in such spaces are rocking/glider chairs, beanbags, textured and vibrating cushions; music, weighted modalities, and assortments of fidget and stress balls.

Though in recent years there has been a significant growth in the use of sensory assessment and treatment approaches in mental health, this is still emerging practice area for many occupational therapists (Champagne & Koomar, 2011). This workshop highlighted the need for occupational therapists to gain greater knowledge and skills in using sensory approaches consistently in our roles in mental health settings.

Overall it was a really interesting workshop that provided many practical ideas for mental health inpatient staff and Occupational Therapists to be able to use with children and adolescents with mental illness, intellectual disability and special needs.

## References:

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