**Program/Project Description**

The need to reduce seclusions and restraints is consistent with national recovery initiatives being driven by SAMHSA and the National Executive Training Institute (NETI). A person-centered model of care and the skilled integration of sensory approaches have become recognized internationally as being fundamental in facilitating a more humane and collaborative approach to the dynamics of crisis prevention and intervention (Champagne, 2009). Through efforts made at SPHS, to reduce seclusions and restraints, and implement the recovery model, the following problem was identified: How does a large health system such as SPHS, train staff and implement sensory-based approaches to care, in a safe, clinically reasoned, and consistent manner? In response to this problem, the Sensory Modulation Initiative was established. The sensory modulation initiative is a system-wide initiative which aims to train staff in the safe use of sensory-based approaches to care.

**Long-term Goal:** Establish the safe & effective use of sensory interventions as a standard means of crisis-prevention & de-escalation in all Sheppard Pratt programs.

**Objectives:**

1) All units/programs will implement and use at least one and/or any combination of sensory modulation tools. Sensory modulation tools include 4 types: weighted blanket, sensory room, sensory cart, and personal tools (boxes, kits, items etc.)

2) All units that have existing sensory modulation tools will have all existing and new staff trained in use of those tools.

3) Competencies in the use of the sensory modulation tools will be included in the performance appraisal cycle.

4) A set of outcomes data for use of the weighted blanket(s) and use of the sensory room(s) will be obtained weekly for review.

**Baseline Data** – The initiative was established in April, 2009.

- At the start of the initiative there were 8 programs using sensory modulation tools such as sensory rooms, weighted blankets, sensory boxes, sensory balls, ocean drums and other items.
- No training program or competencies in the safe use of sensory tools existed.
- Each of the eight programs using some variation of sensory tools was either not collecting data, or the data collection methods being used were unique to each program and data was inconsistently gathered.
- There was much clinical interest within the system for how to move forward with implementing sensory tools, but no formal procedures for doing so existed.

**Process.**

An external consultant was hired by SPHS, to help with implementing sensory modulation tools. This consultant identified the need for an Occupational Therapist to lead the development of a staff training program and the coordinated effort to implement sensory modulation tools across the health system. Two co-chairs volunteered to lead the initiative, one an Occupational Therapist certified in sensory integration, and one a Registered Nurse with experience and knowledge of recovery practices and clinical education in mental health. The two chairs established a core committee of 15 people representing multiple disciplines and 29 programs from within the health system. All committee members were volunteers with interest in the subject area of sensory modulation and the core team met approximately 1x/mos. x 1hr. At the time, another leadership task force known as the prevention tools committee was operational on a monthly basis, and had been previously established to address efforts to reduce seclusions and restraints. Roles were articulated and defined. Co-chairs would sit on both committees and liaise between them. The prevention tools committee would be responsible for establishing policies and procedures and the core team would be responsible for developing a training program. In this way, the core team could focus their efforts on training without getting bogged down in the logistics of implementing policy but could ensure that trainings were consistent with policy and vice versa. The prevention tools committee could focus on logistics of policy and procedure without concerning themselves with the enormity of how to train all staff. The co-chairs served as a resource to both groups and ensured communication and consistency took place.

**Solution.**

Solution: Two examples are presented to demonstrate how staff training and sensory modulation tools were implemented in two very distinct clinical programs. Refer to attached table for overview of solutions.
Measurable Outcomes.
1) 9 additional programs are now using sensory modulation tools (17 of 29) vs. 8 at the start of the project
2) A Weighted Blanket Policy has been established
3) Competencies are being assessed—Sensory Modulation and Weighted Blanket Net-learning modules created
4) 1st set of outcomes data (see table) shows positive response to use of the tools

Sustainability.
Factors contributing to sustainability include:
- Physician involvement – both units cited above have medical directors who are aware of and actively encourage use of sensory modulation tools
- Core trained staff – both units cited above have a minimum of 2 clinical staff that are committed to implementing and monitoring procedures and outcomes
- Leadership & organizational support – unit managers are directed by upper management to implement use of the tools; unit managers hold unit staff accountable through supervision; procedures put into policy for use of weighted blanket
- Consultation from Occupational Therapy – both units have had ongoing consultation w/ OT who has advanced certification in sensory processing to ensure sound clinical reasoning and safe procedures for use
- Consistent but flexible procedures – skeleton procedures/standard expectations and common forms were developed; each unit cited above applied the procedures to their unique population & milieu, i.e. where to store the items & documentation forms; what staff were responsible for monitoring; infection control practices; which tools to use specific to population served
- New procedures linked to existing procedures – avoids duplication of efforts by staff & increases probability for staff follow-through
- Signage on the unit – as reminder to staff & pt’s to use the tools

Role of Collaboration and Leadership.
The sensory modulation initiative could not take place without ongoing involvement of staff at all levels. It is imperative to have ongoing established methods for back and forth communication and role delineation, in this case a Core training Development team (a newly formed group of interested staff), the prevention tools committee (a pre-established group of middle management leaders), Nurse management (representing the administrative & medical details) & treatment teams (clinical, including rehab & direct service staff). Mechanisms for collaboration needed to be outlined from the start, at both the systems level and within each unit. In this way, all staff could understand up front, what was to be expected of them, and professional boundaries became less of a barrier and more of a strength, as each discipline was able to offer a unique perspective on how to implement procedures and adequately train staff. Ultimately, the commitment of a small group of people willing to persist with collaborative efforts and the commitment of unit managers to persist with holding staff accountable and keeping dialogue open, has been a key element of sustaining momentum for this project.

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Below, two examples are presented to demonstrate how staff training and sensory modulation tools were implemented in two very distinct clinical programs.

<table>
<thead>
<tr>
<th>Modulation Tools Used</th>
<th>Fenton Unit – Ellicott City (Adult General Psychiatry)</th>
<th>1H – Towson Main Campus (Child Neuropsychiatry)</th>
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<tr>
<td>We allowed patients access to a sensory room and weighted blanket.</td>
<td>Sensory Room &amp; Sensory Cart</td>
<td>• The unit staff was provided with several different methods of training for the various sensory modulation tools that are available to us. The first training session was provided through a student project on Sensory Processing Disorders and the ways in which sensory modulation tools can aid an individual with this disorder. In addition there was a training session later in the year during the unit’s retreat conducted by OT interns. Staff was also provided with various literature regarding Sensory Modulation as well as several chances to try the various tools hands on. This provided staff an opportunity to understand how each can be used as a calming strategy.</td>
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| Staff Training Methods | • The unit staff was trained using a powerpoint presentation and handouts by a sensory modulation committee member. This training included education on what sensory modulation is and it’s benefits along with procedure for using the sensory room and items. It took a while for staff to become comfortable suggesting use of the sensory room and weighted blanket to patients. Short reminders and refreshers including added sensory training during annual retreats helped to keep sensory modulation in the forefront. During these refreshers staff was encouraged to try the weighted blanket themselves to have firsthand knowledge of the benefits. Rehab staff began holding weekly patient groups to educate patients on sensory modulation. Signs were put up around the unit encouraging patients to ask staff about the weighted blanket. | • For our first year, the unit used its capital funding of $2K to work with “Flaghouse” to design a sensory room and gather the starter equipment for the room (rocker, bubble tube, padded flooring, projector display, etc). The following year, we used another $2K from capital budget to improve the starter equipment set we purchased for the sensory room. This year the unit received a grant which was used to create our sensory cart and purchase new tools to be used for both the cart and the sensory room. |

| Funding Source(s) | • After requesting and receiving a grant from Sheppard Pratt philanthropy, we took an on-unit office space and converted it into a sensory room. We installed a water fountain, bookshelf with CD player, rocking chair, foam bean bag chair, carpet and wall mural along with other sensory items. It was decided that the door to this room would remain locked when not in use and that patients would need to request the use of the room. This would allow the staff to monitor the room more safely. We purchased a 10lb weighted blanket which is stored in the sensory room. | • For our first year, the unit used its capital funding of $2K to work with “Flaghouse” to design a sensory room and gather the starter equipment for the room (rocker, bubble tube, padded flooring, projector display, etc). The following year, we used another $2K from capital budget to improve the starter equipment set we purchased for the sensory room. This year the unit received a grant which was used to create our sensory cart and purchase new tools to be used for both the cart and the sensory room. |

| Rationale for Use | • The goal is to allow patients options for calming anxiety, fear and frustration before they have a chance to escalate into actions that require hands-on intervention. The items provided for patient use are items that could easily be obtained by patients outside of the hospital. This gives the patients coping skills that can continue to be used long after discharge. The | • Our patients can be easily triggered by their surroundings. These triggers can cause a patient to seek out input or display negative behaviors. By using the sensory room or the sensory cart, they have a way in which to obtain this input and curb negative behaviors, offering them a positive way to acquire the stimulation needed. Using the sensory room and/or the sensory cart can also help to enrich their treatment while they remain on the unit. Finally, through |
education provided allows for patients to consider creating a safe sensory environment in their own home.

| Outcomes   | Satisfaction survey – N=48 (14 w.b.only) 79% said “Yes the W.B. helped me feel better”; 50% said “Yes it helped me feel safe”; 50% said “Yes it helped me manage pain”
  | W.B. Screening forms – N=95; 47% (45) approved for initial use; 24 more approved upon 2nd review by tx. Team for total 73% approved for use
  | Observations forms – N=94; 18% reported observable behavior change, 64% reported no observable change in behavior
  | Patient quote: “The weighted blanket is a 10lb blanket of warmth and covering. When you feel distant or dissociated, the blanket hugs around you and keeps you from moving. It’s weight makes you feel grounded and brings the spinning world into one solitary whole. Once you are out of the blanket, you feel a sense of heaviness in your body. It doesn’t make you tired, instead it invigorates you, bringing you in the room so you can fully participate in all activities. It should be called the rejuvenating blanket.”
  | Patient quote: “[The sensory room] was great to get out of the noise and feel alone and quiet. I wasn’t sure how I felt about the weighted blanket at first, but it must have worked, completely lulled me.”
  | C. – “I really like this room and the rocker” “The lights are calming”, Used rocker, bubble column, projector with lights, and music.
  | J.- used large rocker, bubble column, and projector with lights on wall, & music. She was not agitated when she went in but did appear more relaxed when she left the room as evidenced by less fidgeting and talking more softly.
  | F. - Used rocker and bubble column, asked to use the sensory room because he was agitated with peers. After using the room he was able to return to his peers and interact with them in a calm manner.
  | T.J.- It was reported by staff that patient was agitated and was able to calm himself down by using the sensory room.
  | A- Used Bilibo to spin in, made him more alert for group
  | M. – Used foam ball to squeeze as well as to pass back and forth. Helped w/ calming when agitated as evidenced by crying stopped and he pushed up against staff to try to get an object

| Ongoing Needs/challenges | The sensory room and weighted blanket remain locked when not in use. This allows staff to monitor which patients are using the sensory items. With clear criteria in place for use of the room certain patients such as actively aggressive or disturbed patients are unable to access the room until their active negative behaviors diminished. This greatly reduced the number of damaged sensory items, as well as reduced the number of incidences of vandalism in the sensory room. The smaller sensory items such as sensory balls, relaxation DVD’s and CD’s have been sustained through normal budget purchases. Smaller grants have been requested and granted to further add to the sensory room.
  | • Our first area of improvement would be to have more training sessions lead by an OT to ensure that all staff has a functional understanding of how and when our sensory cart and room can and should be utilized. There is also a need for demonstration to staff regarding the importance of using the tools we have acquired as an alternative to the use of restraint, seclusion, and LDS. If staff has a better understanding of how these tools can be beneficial to both our patients as well as to the staff, over our more restrictive, negative consequences of behaviors, they will be more likely to utilize them. Finally we need to develop and implement a process which allows the sensory modulation tools we use on the unit to carry over into our patients home and/or school environments, giving our patients a better chance of success after discharge.