SI PROTOCOLS IN MENTAL HEALTH

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LEARNING OBJECTIVES:

- Advocate the value of having a designated OT role to provide sensory assessment and intervention on impatient MH units.
- Describe the process of gathering financial resources and leadership support to create a SI Consultant role.
- Identify how OT provides inpatient OT sensory assessment and treatment in various levels of acuity.
- Identify a sensory protocol to properly use equipment and interventions to ensure patient safety.

WHY SENSORY INTERVENTIONS IN MH?

- Predisposition
- Lower self esteem
- Meaningful occupations
SI CONSULTANT ROLE
- Grant for Education
- Pilot for SI Role

TIMELINE
- March 2008: New OTR/L (knowledgeable regarding the use of SI in MH) began working on MH ICU.
- January 2009: Sensory interventions began being utilized more consistently on MH ICU – DPV, fidgets, etc.
- January 2009: Comfort Boxes in each nursing station (Staff Education).
- January 2010: Newer OT presented all MH Staff training on Sensory Defensiveness.
- March 2010: Occupational Therapists and other disciplines were part of the Safety Assistant Reduction Committee.
- Summer 2010: Sunshine Cart (Sensory interventions for Dementia) was rolled out on MH General Unit.
- October 2010: First MH General Unit Comfort Room opened (Sensory interventions in a peaceful environment).
- November 2010: Idea generated to create SI Consultant Position.
- Late 2010-2011: OT sensory groups developed

TIMELINE CONTINUED
- January 2011: Received Knowledge Bank Grant to train OT SI Consultant
- January - September 2011: Angie went to trainings with Wilbarger’s, Karen Moore, Renee Okoye, Ana Do Valle & Tina Champagne
- Spring 2011: Second Comfort Room opened and Sunshine (Dementia) Cart rolled out to other MH General Units.
- Summer-Fall 2011: Pilot SI consultant role & develop Sensory Note within EPIC
- January 2012: .8 fte approved in OT Budget
- February 2012: Third Comfort Room opened & each unit assigned SI Champions to attend monthly trainings
PATIENT RESULTS:  
DECREASED SAFETY ASSISTANT USE

PATIENT RESULTS:  
DECREASED STRESS AND ANXIETY LEVELS

PATIENT REPORTS AFTER USING SENSORY INTERVENTIONS:

- "This vest is keeping my anxiety from escalating."
- "One of the reasons I was afraid to come here was because I thought if I let go a little everything would come pouring out and I wouldn’t be able to control it. This seems to help with that feeling."
- "I feel like it distracted me from my obsessions and hallucinations."
- "I feel more hopeful and comforted."
- "It’s like a constant, big hug; sense of security."
- "I don’t feel like I’m going to explode anymore."
- "I feel more in touch with my feelings."
- "My thoughts are more clear."
- "This has made me feel better than any medication."
- "It presses on you and makes you feel calm, like really good inside and relaxed; that’s what it’s for."
Case Study

Timeline Continued

- Spring 2012: Sensory information added for all MH Staff training “Skills Day” & began training all new staff in Disruptive Behaviors
- Summer 2012-ongoing: Focus on building of sensory equipment and training of core OT Staff, not just “Sensory Champions”
- January 2013: Moved into new building
- February 2014: Tina Champagne provides in-service to all OTs at Regions (MH and Rehab)
- Spring 2014: Sensory Sub Committee begins
- Spring 2014-Summer 2015: Resident conducts research on sensory work
- May 2015: Karen Moore provides in-service to all OTs at Regions (MH, Rehab & external)
- May 2015 on: ongoing collaboration with Karen
- Summer 2015: Crisis Bins piloted on MH ICU
- October 2015: Sensory Research presented at Hospital Grand Rounds

How OT uses the SI Model on inpatient mental health units?

- Establish a Sensory Treatment Setting
- Provide MH Staff Education
- OT Assessment and Consultation
- Sensory Treatment and Interventions
- Develop Patient Education and Resources
- SI discharge planning and community resources
Establish a Sensory Treatment Setting
- Gather more knowledge on Evidence Based SI intervention and Treatment
- Develop Environmental modifications and treatment areas
  - Comfort room
- Purchase sensory equipment
- Create a specific sensory consultant role to provide a train the trainer for other OT staff.
- Provide staff education on the benefits of using sensory intervention to gain support and “buy in”

Provide MH Staff Education
- All MH staff are required to attend an OT lead presentation on the rationale of Sensory Intervention on a MH inpatient unit.
- Education on any of the new sensory roles and equipment that may be introduced to the MH units
  - Sensory Rooms
  - Weighted and Compression Equipment
  - Comfort Box
  - Sensory Integration Consultant
  - Environmental modifications
    - Use of glider rockers
    - Dimming lights
  - Crisis Box for Seclusion and Restraint
  - Use of Aromatherapy (inhalation only)

Comfort Rooms ~ Original Building
**OT Assessment and Consultation**

- **Assessment**
  - All patients are screened through the initial OT assessment
  - Initiate the use of sensory screening tools and formal evaluation
    - Karen Moore’s Sd screening tool
  - Review of chart for all medical, social and psych hx
  - Review progress reports and observation in group activities
  - Interview patient
Treatment Interventions

- Offering, demonstrating and exploring sensory interventions to identify personal preferences and improve self-awareness.
- Establish a schedule of sensory diet activities.
- Provide education and resources on sensory equipment, sensory protocols, reading resources, community resources and outpatient services.

**SENSORY INTERVENTIONS**

- Weighted blankets / Collars
- Deep pressure vests
- Bean bag tapping
- Wilbarger brushing protocol
- Essential oils
- Yoga & Qi Gong
- Puzzle books & coloring sheets
- Music and Sound machines
- Tactile manipulatives, (fidgets, stress balls)
- Oral motor activities
- Vestibular input
- Deep Relaxation
- Breathing
- Weighted eye masks
- Therapeutic Hand massage
- Thera-Band Exercises
- Sensory Diet

Provide Patient ~ 1:1 Education

- Offering sensory equipment, exercises or calming techniques that could benefit the patient throughout admission and transition into discharge setting.
  - Weighted equipment, use of the comfort room and environmental modifications, use of oral motor activities, fidgets/manipulatives, essential oils and/or sensory diet activities.
  - Sensory hand-outs to explore sensory preferences, create crisis plans and suggest calming activities that improve self-regulation.
  - Karen Moore’s Sensory Connection Program
  - Tina Champagne’s Sensory Modulation & Environment: Essential Elements of Occupation 3rd ed revised
Provide Patient Education Groups

- Offering Groups to explore sensory equipment, exercises or calming techniques that could benefit the patient throughout admission and transition into discharge setting.
  - Weighted equipment, use of the comfort room and environmental modifications, use of oral motor activities, fidgets/manipulatives, essential oils and/or sensory diet activities.
  - Sensory groups to explore sensory input and how to become stress resilient by integrating strategies into daily routines.
    - Karen Moore's Sensory Connection Program
    - Tina Champagne's Sensory Modulation & Environment: Essential Elements of Occupation 3rd ed revised

SI discharge planning and community resources

- Sensory Discharge Cards
- Handouts on implementing environmental modifications and incorporating sensory diet activities at home
- Adult Outpatient SI clinics
- Resources SI equipment vendors
- Provide current research and literature available in text or on-line to patient, caregivers and treatment team.
- Community resources
  - Yoga studios
  - Community education classes
  - Library resources

CASE STUDY

- G.M.
  - Gender/Age: Male, 26 years old
  - Ethnicity: Native American
  - Diagnosis: Schizoaffective, Antisocial Personality Disorder, Chemical Dependency
  - Patient ended up in seclusion and restraints for threatening and unpredictable behaviors
    - Loud, pressured speech, verbally aggressive
    - Openly masturbating in public areas of the unit
    - Self-Injurious Behavior
    - Suicidal gestures
Case Study ~ Sensory Interventions Offered

- **Therapeutic Use of Self**
  - Sincere tone of voice “What can I get you?”
  - Simple directions, soft and slow speech
  - Personal Connection

- **Music**
  - CD player safely in the sally port area
  - Native American instrumental disk

- **Aromatherapy**
  - Sage essential oil (mix with water) in a spray bottle
  - Scent was sprayed into the seclusion room
  - Patient’s blanket that he wrapped around himself
  - Patient then asked that it be sprayed on his hands

Case Study ~ Patient Outcomes

- Patient was out of the ICU cell the next day
- Patient demonstrated self-control.
- Patient began attending groups
- Patient found a purposeful activity in the OT clinic that improved attention, concentration, problem-solving and improved self-regulation.
- Improvement in social skills, initiated a connection with peers and staff.
- Improved self-esteem, confidence and empowerment

**KEY LEARNINGS**

- **EDUCATION!**
- **GRANTS** to start up work
- Label blankets - only OTs give them out
- Theft of pricey items
- Gum and candy
- Weighted stuffed animals
RESOURCE LIST


Karen Moore’s Sensory Connections Program

Tina Champagne’s Sensory Modulation & Environment: Essential Elements of Occupation 3rd ed.

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