Incorporating Sensory-Based Activities in Geropsychiatric Care

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INTRODUCTION

Background:
This project took place at Western Psychiatric Hospital (WPH), on the Integrated Health and Aging Program (IHAP) Unit, which provides inpatient mental health services for older adults with complex mood and cognitive disorders. While psychiatric disorders are often managed with psychotropic medications, there is emerging evidence to support the use of sensory strategies as a form of non-pharmacological treatment in patient care. Despite evidence suggesting the efficacy of sensory strategies in reducing agitation, decreasing caregiver burden and improving quality of life, there has been inconsistent use of these sensory-based approaches in the geropsychiatric setting. This capstone project aimed to educate staff using Dunn’s Sensory Processing Model to assist with selecting and utilizing sensory strategies during the provision of daily care.

Significance:
A recent study on the IHAP unit indicated the use of sensory strategies had positive effects on behavioral symptoms, decreased the use and duration of restraints, and reduced the frequency of staff injury. Educating staff on the provision of sensory strategies will enable them to provide the highest quality of care.

OBJECTIVES

Objective 1: Attendees will be able to articulate the value of interdisciplinary knowledge of sensory strategies for the provision of geropsychiatric care.

Objective 2: Attendees will gain the skills and knowledge required to implement an educational program to improve staff confidence and competence in the use of sensory strategies for older adults.

METHODS

Participants:
Staff members on the IHAP unit with various positions in direct patient care.

Outcome Measures:
Pre- and post- surveys of staff confidence and competence using sensory-based activities.

Procedure Outline:

1. Pre-survey: Measure staff current utilization of sensory-based activities
2. In-service modules: Decision Tree Sensory bins
3. Staff Education: Implement educational sessions and demonstration
4. Post-survey: Measure staff confidence in sensory-based competence

Theoretical Support for Educational Materials:
Dunn’s Model of Sensory Processing was used to inform the development of staff educational materials. The concepts of neurological threshold and self-regulation were used to develop two categories for identifying sensory needs of patients:

- Calming sensory strategies are for patients with a lower neurological threshold who may be overstimulated and demonstrate disruptive or agitated behaviors.
- Alerting sensory strategies are for patients with a higher neurological threshold who are more prone to disengagement or sensory seeking behaviors.

Development of Educational Materials:
Dunn’s Model of Sensory Processing

RESULTS

Table 1: IHAP Staff Participants

<table>
<thead>
<tr>
<th>Staff Position</th>
<th>Pre-Survey (n=22)</th>
<th>Post-Survey (n=17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Student</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Milieu Therapist</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Nursing Staff</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Peer Specialist</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Personal Care Technician</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Programming Staff</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>2</td>
</tr>
</tbody>
</table>

There are 66 staff members involved with direct patient care on the IHAP Unit who were invited to be surveyed. Of the initial 66 participants, 21 completed the pre-survey and 17 completed the post-survey.

Figure 1: Utilization of Sensory Strategies in Patient Care

Figure 2: Implementation of Sensory Strategies - Staff Confidence

Figure 3: Staff Post-Survey Responses to Educational Materials

DISCUSSION

Analysis:
Staff survey responses indicated the educational materials were highly useful and improved the staff’s overall ability to implement sensory strategies into everyday patient care. Survey results may have been impacted due to changes in the staff and patient populations over the course of the project.

Trends:
- Increase by 1.07 points (10-point Likert scale) on average in staff confidence to provide sensory-based activities.
- Increase by 1.20 points (10-point Likert scale) on average in staff confidence in selecting and adjusting sensory strategies to match patient ability level.
- Increase in the utilization of sensory strategies to supplement standard care.

Facilitators
- Generous funding for sensory materials
- Staff interest and willingness to engage
- Improved accessibility to sensory materials and education
- Improved staff awareness of sensory strategies and confidence level

Barriers
- Variance amongst participants across pre- and post-surveys
- Multiple quality improvement projects occurring simultaneously
- Stringent sanitation requirements
- Social distancing requirements

CONCLUSION

Program Outcomes:
- Sensory preferences can be incorporated into each patient’s plan of care to improve quality of services
- Support for the lasting utilization of sensory strategies
- Improved accessibility to sensory materials and education
- Improvements in staff awareness of sensory strategies and confidence level

Future Directions/Implications for Practice:
- Further research regarding the efficacy of sensory-based strategies for the aging population in mental health care can advance this practice concentration.
- Occupational therapists are uniquely positioned to create effective training programs to introduce sensory strategies into daily care in the mental health setting. These training programs have the potential to improve staff confidence in utilizing sensory strategies and increase frequency of use.

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REFERENCES