

Reframing My Approach to Sensory Intervention

As occupational therapy practitioners working in any practice area we are trained to observe supports and barriers to functional performance. We have many tools and resources to move a person toward the life they most want to lead. In my current role as the occupational therapist on an inpatient psychiatric unit for children and adolescents, I use a variety of tools to address and intervene with primarily psychological barriers to function. One of those tools is an evidence based approach called Acceptance and Commitment Therapy (ACT – pronounce like the word) whose aim is to increase psychological flexibility. The research on ACT tells us that when you increase psychological flexibility it is likely to result in improved function and sustained engagement in valued occupations. An ACT approach focuses on developing awareness and acceptance of thoughts, feelings, and sensations, as well as intentional actions based on a client's values.

Another tool in my toolbox is the Sensory Profile. I administer the Sensory Profile or Short Sensory Profile to create a sensory diet and then talk very specifically about ways to regulate sensory inputs. In the past, using the sensory profile would often focus my interventions on ways of reducing or avoiding identified sensory sensitivities. As I started getting familiar with ACT I struggled with questions about how these two approaches might be in conflict, might overlap, and might complement each other. For example, the evidence underpinning ACT would suggest that efforts to avoid or suppress unwanted sensory experience would likely result in reduced psychological flexibility.

Recent work with two adolescent clients raised my interest in the interaction between sensory and ACT approaches to support functional performance. Could increasing the ability of the client to notice and discriminate sensory experience lead to a more psychologically flexible relationship with feelings like anxiety and fear? Could I use ACT language to build a framework that would help the client to make choices not in the service of avoidance

of a feeling or sensation but instead to accept this internal reality and take actions towards a more value-driven life?

One of my client's was a 14 year old girl who was admitted to our unit for depression and anxiety. When asked her about valued life roles and activities, she indicated that she wanted to spend more time with friends and family. Her self-identified barriers to function included feelings of sadness, hopelessness and anxiety as well as active avoidance of sensory inputs. She reported her anxiety as the reason she avoided eating in the cafeteria with friends and attending church with family. I decided to follow up by having her complete a Short Sensory Profile to identify specific sensory experiences were impacting her ability to engage in valued activities. In reviewing results of the Short Sensory Profile she was able to link her sensory sensitivities to sound and light to her difficulty participating in valued activities and the impact on the relationships with friends and family. Her response was interesting in that she had never considered that by addressing her sensory needs she could impact thoughts, feelings and behavioral choices.

I had a similar experience with a 15 year old girl who identified sensory sensitivity as increasing emotional distress. When asked how she responds when anticipating or experiencing more intense sensory input, she described feeling anxious and fearful when anticipating being in places where she will have contact with strangers and when she is without family contact. She identified going to the grocery store, spending time alone at home and going to amusement parks as places that she wants to be able to go. On the Short Sensory Profile she was in the definite difference range in the areas of tactile sensitivity, movement sensitivity, low energy/weak and visual/auditory sensitivity. The client was eager to share this information with her family as she reported feeling validated and empowered. After this client was discharged from the unit, her outpatient psychiatrist contacted me to ask additional questions about addressing sensory needs

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in the context of emotional distress. This provided me with another opportunity to educate other professionals about the importance of considering the interplay between emotional and physical experiences and their impact on function.

These two cases were significant in that the intervention was focused on actively collaborating with the client to increase awareness and acceptance of internal states (sensory, thoughts, feelings) in the service of engagement in self-identified values. We worked together to develop interventions that were a combination of sensory strategies and ACT based approaches to increase behavioral choices. Helping these clients make a link to their values related to relationships, a common ACT approach, resulted in heightened interest and receptivity to address sensory sensitivities. ACT helped my clients get to “why” paying attention to sensory experience can be a way to identify workable strategies to minimize impact of sensory inputs and responses to feelings like anxiety and fear. From an ACT perspective,

a life experience, like sensitivity to sensory input, cannot be understood separate from the context in which it occurs. If a client relates to their sensory experience like it is an enemy to be controlled or avoided their stress response is likely to be very different than if they regard the sensation as an unpleasant but necessary part of doing the things they most want to do.

The outcome of integrating ACT and the Sensory Profile with these young clients was a shift or reframing of their experience of avoiding sensory discomfort and emotional distress to noticing and identifying workable strategies to more fully participate in meaningful activities.

About the Author

Stephanie McCammon is a Senior Occupational Therapist currently working at Rush University Medical Center in Chicago. She has 18 years of experience in mental health, primarily with children and adolescents in inpatient psychiatric units.