

Sensory Approaches with Adults and Adolescents in Mental Health

This brief survey is to help with a better understanding of the use of sensory approaches in mental health settings. If you are using any sensory modulation related treatment please help by taking a few minutes to complete this survey.

Your profession/discipline _____

Type of setting _____

Number of Beds _____ Typical length of stay _____

If you are using any sensory related treatment approaches please check any that apply:

- ___ Sensory tools for self-regulation.
- ___ Sensory tools to help with crisis intervention.
- ___ Individual treatment with a sensory focus
- ___ Sensory strategies as part of Trauma Informed Care
- ___ Sensory approaches as part of Restraint and Seclusion Reduction Initiatives
- ___ Safety Tool which includes signs, symptoms and helpful strategies
- ___ Sensory Room
- ___ Calming Room or Spaces
- ___ Sensory Cart
- ___ Weighted Blankets
- ___ Beanbag Tapping
- ___ Groups teaching self-regulation
- ___ Sensory Related Groups
- ___ DBT Group that incorporates additional sensory strategies and tools
- ___ WRAP Group that incorporates additional sensory strategies and tools
- ___ CPI that integrates sensory strategies
- ___ Sensory related assessments
- ___ Discharge planning that includes communication of effective sensory coping strategies
- ___ Other (Please explain)

Are sensory approaches integrated into unit clinical practice?

Are sensory approaches used across disciplines?

Please list most popular sensory tools:

Please list any sensory related groups:

Would you say sensory approaches have been useful and effective in your setting? Please explain.

Have you attended any conferences focused on the use of sensory approaches in mental health? Please explain.

Have you had any sensory modulation trainings or conferences at your facility? Were they OT specific or multidisciplinary? Please explain.

Please list any sensory related assessments used:

Please list major resources for sensory interventions.

Comments:

I, _____ give permission to use these responses for educational and or research purposes. I attest that they are correct to the best of my knowledge. I understand that no identifying information will be connected to any publication of these responses including my name.

Printing your first and last name above is in lieu of a signature.

Please scan and return your responses as an attachment in an e-mail to karenmoore@sensoryconnectionprogram.com

You can also print out your responses and mail to Karen Moore 476 Timber Lane, Franconia, NH 03580

Thank you so much for taking the time to complete this survey. Any additional information, stories or descriptions of your experiences would be appreciated.