

Sensory Room Development

Ideas for Creating and Furnishing a Sensory Room

Location, Location, Location – Well, let's face it – it is great to have a suitable space, never mind an ideal one. It would be nice if the room is centrally located on the unit so that it is easily accessible for patients and easily monitored by staff. Windows can add cheer but there must be drapes or some way to block the light when a dim environment is needed. The size and configuration of the space can result in limitations or alternatively creative use.

Use it or lose it!!!! Find ways for as many people to use the room as possible so that it becomes a valuable asset to the unit. **The Sensory Room space can be useful for:**

- development of a therapeutic relationship.**
- admission interviews** and initial evaluations.
- administration of the “Safety Tool”** which strategizes ways to help a patient in crisis and to avoid restraint.
- individual treatment**, especially if it is focused on sensory-based treatment approaches.
- small sensory related groups.**
- DBT sessions** focused on sensory strategies.
- relaxation.**
- exploration of sensory preferences.**
- “Safe Space”** to take a patient who is anxious, agitated, or losing control.
- meetings** with a contact person or therapist to discuss self-regulation strategies.
- development and practice of coping strategies.**
- Yoga, Breathing Techniques, or Mindfulness Meditation.**
- engagement in light exercise** (Bosu, floor exercises, chair exercises, use of exercise bands, ROM Dance program, and other movement activities).
- opportunities to listen to music or books on tape.**
- a place to go during change of shifts.**
- quiet activities** such as coloring, crossword puzzles, reading, solitaire, and drawing.
- a place to “chill out” before bedtime.**

Get Everyone Involved!!!!

- Decide with your unit staff on the primary purpose and best use of the room.
- Discuss concerns.
- Give staff and patients input into the design of the Sensory Room.
- Take votes when appropriate on choices of décor, furniture, and sensory items.
- Find ways to use the Sensory Room on every shift.

- Provide trainings so everyone is comfortable and knowledgeable regarding sensory approaches to treatment.
- Find ways for each discipline to use the room (doctors, treatment team members, therapists, nurses, social workers, occupational therapists).
- Ask for donations of small items or mini fundraisers for larger items.
- Decide how the Sensory Room will be supervised.
- Visit other facilities to gather ideas.
- Collaborate with administration for support.

Develop Protocols That Address:

- ✓ Max number of clients
- ✓ Target population
- ✓ Safety and precautions (allergies, cardiac and respiratory precautions, seizure history, sensory sensitivities, trauma history, behavioral issues)
- ✓ Guidelines for staff
 - Who is allowed to run groups or provide individual treatment?
 - Training requirements
 - Use of Safety Tool, Sensory Profile, other assessments
- ✓ Rules and safety
 - Scheduling use of the room
 - Level of supervision
 - Conduct expectations
 - Responsibility for locking room
 - Guidelines for supplies in the locked cabinet
 - Facility Regulations (wash ability, fire resistance, electrical standards)
 - Protection and security
 - Borrowing guidelines and sign out procedure
- ✓ Guidelines for use of weighted modalities
- ✓ Plan for cleaning of supplies and furniture
- ✓ Data collection
 - Self Rating Forms
 - Usage Data

Building Bridges to Function in the Community

The Sensory Room is most effective when the information and skills learned there are applied to the home and community environment.

Building bridges include:

- Documenting sensory preferences and helpful sensory strategies.
- Helping clients plan for a “Safe Space” or comfort space at home where they can relax and chill out. A place where helpful sensory items are available.
- Communicating useful strategies and making suggestions to care providers.
- Encouraging practice of sensory strategies in good times as well as crisis times.



“Safe Space” in the home

Space Design and Furnishing

A Sensory room does not have to have expensive or “high-tech” equipment. In fact the more the environment can be duplicated at home, the better. It is best to start with the basics and to make additions when the need becomes apparent. Determining the primary use of the Sensory room is essential in order to plan how the room will look and be furnished and equipped and painted.

An unsupervised “drop in” space will need to be safe and comfortable, with a few carefully chosen decorations with universal appeal. Furniture will need to be simple and easy to clean and might include rockers, comfortable couches, and bean bag chairs.

A room used for groups will need chairs that can be grouped in a circle and might include beanbag chairs and chair balls. This room will need to be large enough to accommodate the expected number of clients. Lights on a dimmer switch are helpful when the room must be brighter for group activities.

A room that is supervised and designed to explore sensory preferences can have additional equipment such as bubble lamps, a vibroacoustic chair, sound machines, electrified sound and motion, wall pictures and other more sophisticated equipment. A large locked cabinet with a variety of sensory items and supplies is needed.

All types of rooms benefit from comfortable carpeting. Ordinarily the Sensory Room is decorated in a manner that is soothing and promotes relaxation. Stimulating items can be added or brought out when appropriate to the individual or group needs. Electrical items usually need to be inspected and approved by the facility. Items should be washable and fire resistant.



Room Suggestions

- Window with drapes or blinds to control light
- Full spectrum lights
- Lights on a dimmer switch
- Touchier up lighting for a home like effect
- Comfortable carpeting
- Rockers or gliders
- Beanbag chairs
- Fouf Chair (conforms to body, available in catalogs)
- Chair ball

- Comfortable couch or recliner
- Large locked cabinet for supplies.
- Bookcase or shelves for bins and equipment
- Capability for Music (Stereo, CD players & headphones)
- Whiteboard for group use, messages, or sign out for supplies
- TV with VCR & DVD Player
- Fan for airflow and white noise
- Painted walls and ceiling
- Art, posters, and scenic wall murals



8-East UMASS Worcester

Sensory Enhancements and Supplies

Many of these items are available in catalogs and at stores such as Bed and Bath, Christmas Tree Shops, Target, and other discount stores. Stores such as Target now have sections devoted to health and wellness products. No Sensory Room needs all of these items; supplies can be added over time. Links to many on-line stores and products can be found on the [Resource and References Page](#) of this website.

- Electrified motion and sound wall pictures
- Bubble lamps (mirrors increase effect)
- Fiber optic sprays or lava lamps
- Plants
- Relaxation and Nature Sounds CDs
- Variety of Music CD's for individual tastes
- Progressive relaxation Tape – Dr. Kabat Zin
- Books on tape (short stories, comedy, poetry)
- Aromatic supplies and aroma diffuser
- Supplies for grounding (perfume canister, hot balls, strong peppermints)
- Mobiles
- Vibrating pillow or back or foot massagers
- Selection of throws or small blankets that are washable



**Maureen Quinlivan
with a weighted blanket
UMASS Worcester**

Calming and alerting items for oral motor stimulation and taste
Activity basket - [click for ideas](#)
Self-care bin (grooming items, creams, nail care items)
Books on self-help, inspiration, art, poetry, animals, photography
Manipulative basket (Koosh balls, stress balls, squishy balls, slinky, fidget
widgets, hand and foot rollers, and lots of other choices)
Art supplies and directions and paper for creating a Mandela
Fish tank (artificial or real)
Rain stick
Oggz (egg shaped ball that changes colors www.cyl.net)
Selection of sunglasses with various colored lens

Equipment for Strong Sensory Input

Weighted blankets, lap pads, vests
Weighted "Heavy Duty" stuffed animals
Weighted neck pillow
Bosu Ball
Yoga mats
Exercise bands for upper body toning and "rowing"
ROM Dance Video
Heavy Medicine Ball
Colorful parachute
Beanbags for tapping
Therapy balls

Pictures, Stories, and Studies on Sensory Rooms from a Variety of Mental Health Settings

If you are developing a Sensory Room, plan to visit other facilities to see what décor and equipment has worked in their setting. Talk to their staff about good and bad experiences and ask for their input and recommendations. The following units have agreed to share pictures, choices for décor and equipment, and a few stories.

Neuropsychiatric Unit at UMASS Medical Center

Adult Unit for Developmentally Delayed and Learning Challenged Patients with Psychiatric Issues

Kristin Schuler, occupational therapist, proudly shows the Sensory Room on her unit that serves adults who are usually in crisis that have learning challenges along with psychiatric issues. This room is open at times when supervision is available for “drop-in” patients and it is also used for individual treatment and small groups such as a Social Skills Group. The room is usually kept moderately bright. Patients are attracted to the bubble mirror on the back wall. Sensory items are kept in the cabinet or on the shelves of the bookcase where they are easily accessible. The weighted lap pad shown on the back of the chair is not nearly as popular as the 5 pound white rabbit or the 10 pound “heavy duty” dog. Other favorite activities include listening to music or books on tape such as classic fairytales, sorting and “sewing” activities, looking through pet magazines, and blowing bubbles, (good for breath support). Each evening the cleaning staff wipe everything used that day with germicidal disposable wipes and sanitation has not been an issue.

Patients love the room and find it a place of comfort. Kristin told me this story:

It was discovered that a man on the unit had a broken knuckle when staff noticed swelling. This man was unable to report pain due to his impaired cognition (ACL 3.0); he was uncooperative at times and had behavioral issues. He was occasionally self injurious. It was not known how the broken knuckle occurred. Knowing that his favorite place was the sensory room, the staff brought him there for assessment treatment for the knuckle. Kristin came back on the unit from lunch to find the hall full of x-ray machines and other equipment. The sensory room was coated with casting dust. Staff told her that they called for the orthopedic department to perform all necessary procedures there on the unit. It was a welcome surprise to unit staff that the patient was cooperative and even allowed the cast to be applied as he sat in his beanbag chair.

The story speaks for itself on the value and appreciation for this room by patients as well as staff on this unit.



UMASS Medical Center Adult Unit for Acute Psychiatric Care

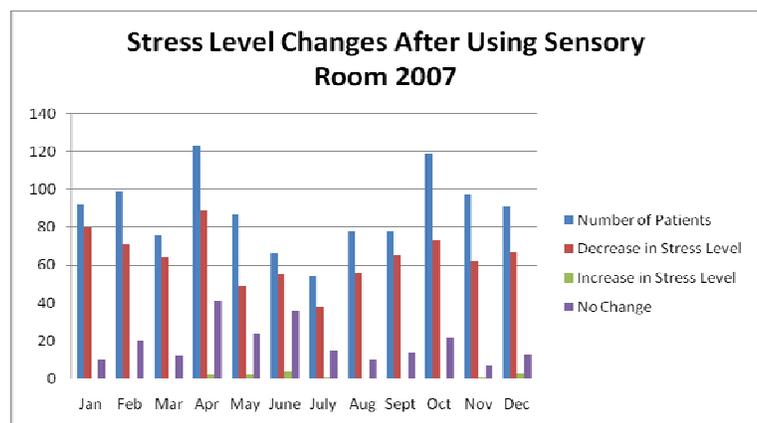
Maureen Quinlivan, occupational therapy supervisor, worked closely with the staff on this unit to create their Sensory Room. Their room has dark walls that contrast with the touchier up lighting, bubble lamp, and electric sound and motion pictures on the wall. The result is a cocoon like atmosphere that is very inviting. Patients are not allowed in this room unsupervised.

Maureen and the nurse manager and few other staff members visited Tina Champagne's sensory room in Western Massachusetts. While they were waiting for their room to be completed they collected sensory items in a suitcase, which could be brought into a patient's room. Trainings were provided for the entire staff on the use of sensory modalities. Weighted blankets were ordered and used with success on the unit.



The designated room was a former sun room and was extremely bright so the walls are painted a dark blue and louvered blinds are used to moderate the incoming light. The ceiling light was too bright so someone donated a touchier lamp which provides a comfortable glow. A dimmer for the overhead light has been suggested. Some fantastic sound and motion wall pictures were found for a reasonable price at a local discount store. Some items were purchased through catalogs and as staff and even families of staff found appropriate items they donated them to the room. The room is now used on a regular basis from supervised drop in times to one-to-one sessions with evening contact staff. Responses have been very positive from the perspective of staff members as well as patients. Incidents of restraint on the unit are now very rare; the sensory room is one component of a program of restraint reduction (link to restraint reduction page) including Trauma Informed Care and the use of the *Safety Tool* upon admission. Sensory coping strategies identified on the *Tool* are practiced in the sensory room.

Data on the use of the room is kept in a log book. Patients keep track of their information on a form which designates which type of sensory input was chosen along with a self rating form which rates their level of stress on a scale of 1-10 before and after using the sensory room. This chart, reflecting one year of data, and 1,089 visits shows decreases in perceived levels of stress in 77% patients, increase in 1% and no change in 22%. Levels of stress did not decrease as dramatically when patients



were involved in group sessions in the room. Data also supports the use of the room by nursing as well as OT staff and active use by the evening shift.

Westborough State Hospital Mental Health Unit for Deaf Persons

Diane Trikakakis, occupational therapist, was instrumental in setting up a Comfort Room on her unit. The unit has a long history of incorporating sensory modalities into their programs. This approach was particularly successful for this population deprived of input from a critical sense.

The Comfort Room on the Deaf Unit at Westborough State Hospital is bright and cheery. It was designed to be safe enough to leave open 24/7 for patients to use throughout the day and evening without the need for constant supervision. The walls are painted with a palm tree theme and the ceiling is painted blue with clouds. There are no cabinets or sensory supplies in the room. Diane explains that the Comfort Room only has things inside that are safe for all patients to use including a Snozelen Huddle Cuddle Cushion, a bean-bag chair, a couple low to the floor rockers, weighted blanket, weighted stuffed dog, a punching bag, some squeeze balls, and a couple of scenic posters. Sensory items are kept in on a cart which can be wheeled into the room as needed.



Summit Behavioral Healthcare, Ohio Department of Mental Health Hospital

Kim White, OTR/L and her department staff designed a Sensory Room for their new hospital's "Recovery Mall." Kim shares they were overwhelmed at first, but she formed a small subgroup with two other practitioners and they each took on "assignments" to search for ideas, articles, and advice. One year later they have a fabulously outfitted room; they run three Sensory Awareness Groups weekly and patients are also seen on an individual basis. They purchased some high-tech items and low-tech items including a Somatron vibroacoustic chair, weighted blankets, platform swing (alerting), air walker swing (calming), and a dome light installed in the ceiling that changes hues and intensity in response to sound. Kim explains that she and her staff work with patients with high incidents of restraints and PRN meds. Kim sent this story:



We have one particular patient that in the course of 3 ½ weeks, had assaulted 7 staff or other patients, and attempted to assault 5 others. Because of her violence, she spent a great deal of time in wrist to waist restraints. Her last assault was on January 3rd, and we started 1:1 sensory treatment with her on January 10th. Since then she has not hit anyone! We can't take full credit, but I

know that her sensory treatment has been a significant contributor to her success.

Feedback from staff regarding the room has been positive but they are just starting to collect formal information on outcomes. **When helping a colleague start a new sensory program and Sensory Awareness Group Kim gave the testimony, “One book that has been extremely helpful (and affordable) is The Sensory Connection Program by Karen Moore, OTR/L.”**

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