

**TOMAH VA MEDICAL CENTER**  
**Tomah Wisconsin**  
***Sensory Connection Program Training***  
**September 26<sup>th</sup> and 27<sup>th</sup>**

**SCP Treatment Approaches for Mental Health & Trauma Informed Care**  
**SCP Treatment Approaches for Geriatric Care, Dementia and TBI**

Two years ago I went to Tomah Wisconsin to the VA Medical Center to provide two days of multidisciplinary training and consultation on sensory approaches to treatment. The occupational therapists, recreational therapists, nurses and other staff at the hospital and outpatient treatment centers began implementing and having success with sensory approaches. This September I was asked to return to Tomah to provide two more trainings to help educate as many staff members as possible about sensory-based treatment in order to get everyone "on board" and supportive of these techniques and to take the use of sensory approaches to the next level. Not only was this an honor to have the opportunity to contribute to the treatment of our veterans but it was extremely exciting to me to know that clinicians were having success with sensory approaches and wanted further training.



Goals for the training included learning about ways to make better use of their Snoezelen Room, making the best use of a newly developed sensory cart, increasing the use of sensory approaches on the geriatric and long-term care units, integrating sensory approaches and calming techniques into outpatient and substance abuse treatment and helping veterans struggling with PTSD and trauma issues. Staff members from all disciplines, including secretarial staff and housekeeping, were invited so that everyone involved with the veterans would feel comfortable with sensory approaches, sensitive to sensory issues and ready to include the use of appropriate sensory input ideas into every aspect of daily interactions with the veterans.

### Key Themes

**We all use sensory strategies.** Becoming familiar with our own preferences and sensory proclivities helps us to understand how sensory input can be helpful to others.



**New sensory tools may not be useful** until a meaningful connection is made with a person including a shared experience of why particular tools might be helpful.

**Sensory treatment begins where no other treatment does – it begins with self-awareness.** When people are depressed, stressed, psychotic, or traumatized self-awareness is diminished. Lack of self-awareness leaves people disconnected and disoriented and feeling unsafe. Sensory input can be used to optimize self-awareness which is a necessary foundation for self-control.

**Find a person's metaphor for safety.** Explore the factors that contribute to a person's feeling of being safe. Use sensory input to help people feel grounded, in control and safe.

**Newest research shows that the people have an evolved “threat response system”** and that the most efficient response is appraisal and communication rather than resorting to a “fight/flight” response. When a person is having difficulty we can support their use of the more evolved response system by bringing the person to a safe space, lowering our voice and encouraging vocalization and deep breathing.

### **Environment impact cognition!**

- Positive effects: the right sensory input can help provide re-assurance of safety, improved attention and focus, increased interest, comfort and facilitate calm and cooperative behaviors.
- Negative effects: the wrong environmental sensory input can cause overstimulation, agitation, fear, confusion, psychosis and acting-out behaviors.

**Cognitive interference** may cause difficulty with treatment follow-through. When a person is ill, having symptoms, in pain or under stress, cognition is impacted: expect to provide more cues and support. Written cues are helpful.

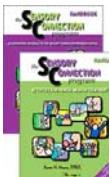
**When Upset  
Use Beanbag**

**CTE (Chronic Traumatic Encephalopathy) is becoming increasingly common** in veterans returning from Iraq and Afghanistan. CTE is a degenerative brain condition best known for affecting boxers and football players and athletes who receive repeated blows to the head. It impacts areas of the brain regulating impulse control, judgment, multitasking, memory and emotions. There may be a connection between CTE and increasing rates of PTSD and suicide among soldiers and returning veterans. Performing the ACLS (Allen Cognitive Level Screening), a functional cognitive test used by occupational therapists, may help pick up on subtle changes in cognition due to CTE.

**Identify sensory triggers.** Hypersensitivities and Sensory Defensiveness are common in people with PTSD or who have experienced extremely stressful and traumatic situations such as combat. Help identify aversive stimulation and help to modify the environment or find ways to minimize irritating stimulation.

### **Use the SCP “Pause! Connect Plan” approach.**

**The Sense-ability Group** described in the Sensory Connection Program: Activities for Mental Health Treatment books is an effective treatment group for fostering socialization and the practice and use of sensory techniques. It can be easily adapted for all cognitive levels and is particularly useful for clients with cognitive difficulties. It is fun and success oriented. Activities are described in detail in the SCP manual and handbook.



**Human touch is an intrinsic need for all people.** Providing appropriate touch whenever possible helps to promote reassurance and a social bond that helps people feel safe and connected to others. Take opportunities to clasp someone's hand or rest your hand on their shoulder when speaking to a person. Always remember to smile – it causes an automatic calming response.

**The Sensory Connection Self-Regulation Workbook** can be used for self-regulation groups and individual treatment. Activities facilitate self-reflection on arousal and helpful sensory coping skills. Information can then be shared with family and care-providers and used as a reference post-discharge.

