SENSORY TOOLKIT

AUDIENCE

SELECT ONE OF THE FOLLOWING:

- ○ mental health clinicians
- ○ young people, family and friends

This toolkit is a way for you to consider and talk about your preferences, and what might help you, with your support network. It helps everyone to understand what your needs are in different situations. Use this toolkit and adapt it to suit your needs.

SENSORY CONSIDERATIONS

Please note: Just like when considering neuro-affirming care approaches, when it comes to sensory considerations and preferences, there is no one-size-fits-all approach. Therefore, please liaise with each young person individually around their preferences to ensure that each person's needs are considered. These are suggestions and may not suit all therapeutic spaces. Please use clinical judgement when assessing risk and making adaptations to the environment or providing items in the therapeutic space.

If you feel that a young person may benefit from further assessment regarding their sensory needs, please liaise with them about considering a referral to an Occupational Therapist. An Occupational Therapist can provide assessment, intervention and recommendations and support the sensory needs of a young person including environmental adaptations that support meaningful and safe participation at home and in the community.

STEP 1

Everyone has their own sensory preferences. Let's have a think about what suits you best!

MY SENSES

Taste

Some options

- [ ] Plain water available
- [ ] I prefer cold drinks (water or soft drink)
- [ ] I prefer hot drinks (tea, coffee)
- [ ] Sparkling water available
- [ ] Having snacks available helps me
- [ ] Chewy foods (gum, Minties)
- [ ] Sour lollies

MY CHOICE

MY SENSES

Smell

Some options

- [ ] Non-scented tissues available
- [ ] I don't like strong fragrances
- [ ] I like candles/I don't like candles
- [ ] I like diffusers/I don't like diffusers
- [ ] I like perfume/I don't like perfume
- [ ] I enjoy being outside (fresh air)

MY CHOICE

MY SENSES

Touch

Some options

- [ ] Soft cushions
- [ ] Weighted blankets
- [ ] Lap pads
- [ ] Weighted toys
- [ ] Fidget tools
- [ ] Textured objects (fluffy, rough, smooth, bumpy)
- [ ] Comfortable furniture (blankets, couches, bean bags)
- [ ] I would like smooth stones to hold in session
- [ ] I like heat packs/I don't like heat packs
- [ ] I like kinetic sand/I don't like kinetic sand

MY CHOICE

STEP 1 CONTINUES

MY SENSES

Visual

Some options

- [ ] Softer, nonflickering lighting
- [ ] Can my session be done outside?
- [ ] I like to put strategies into my phone
- [ ] I like to have my strategies written down on a piece of paper
- [ ] I would prefer a feedback form to discuss my preferences after sessions
- [ ] I like a visual schedule to know what our session plan is
- [ ] It would help me if we discuss how information is presented to me

MY CHOICE

MY SENSES

Sound

Some options

- [ ] Reduce background noise where possible
- [ ] Playing my favourite music in the background will help me
- [ ] I work best in a quiet room
- [ ] I like white-noise machines
- [ ] Disposable earplugs will help me concentrate
- [ ] Bringing in my noise-cancelling headphones will help me

MY CHOICE

MY SENSES

Proprioception

(sense of my body in space)

Some options

- [ ] I like deep pressure like squeezing a stress ball
- [ ] I would like access to a blanket during my session
- [ ] I like weighted toys to help me concentrate
- [ ] I like using Theraputty to help me concentrate

MY CHOICE

STEP 1 CONTINUES

MY SENSES

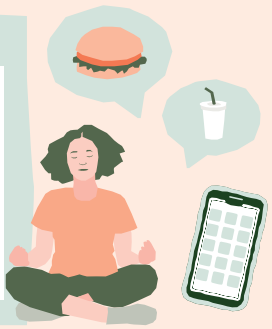
Interoception

(sense of my internal body sensations - e.g. thirst, hunger, discomfort)

Some options

- [ ] Deep breathing is helpful for me
- [ ] Progressive muscle relaxation
- [ ] Apps help me
- [ ] Mindfulness meditation helps me
- [ ] Body scans help me/I would like to learn more about body scans
- [ ] Checking in about my hunger and thirst will be helpful

MY CHOICE



MY SENSES

Vestibular

(sense of balance and spatial orientation)

Some options

- [ ] I like rocking chairs
- [ ] I like balance balls (gym balls)
- [ ] I would like movement opportunities during a session
- [ ] Slow stretches help me
- [ ] Sitting outside the clinic space will help me

MY CHOICE

STEP 2

Let's think about your preferences!

Consider these questions...

Are there any thoughts or feelings I have about coming to the service?

Some ideas...

- [ ] I feel anxious about coming to a new service
- [ ] I've never been in this building before and I'm worried about getting lost
- [ ] I'm worried my clinician won't understand me
- [ ] I'm worried my clinician will make me feel bad about my mental health
- [ ] I don't know what to expect
- [ ] I don't know what the experience will be like
- [ ] I'm feeling hopeful
- [ ] I'm looking forward to getting support

MY CHOICE

Is there anything I needed from mental health services before that I didn't receive?

Some ideas...

- [ ] This is my first time in a mental health service
- [ ] I didn't feel listened to
- [ ] Have you had any negative experiences before?
- [ ] I never felt like what I wanted mattered
- [ ] I didn't feel like I could be honest
- [ ] I felt like I was masking all the time
- [ ] I didn't feel important

MY CHOICE

STEP 2 CONTINUES

What are my current strategies? (What strategies work when and where?)

Some ideas...

- [ ] I need quiet time to recharge
- [ ] Exercise helps me regulate my emotions
- [ ] Fidget toys help me
- [ ] Prioritising sleep helps me
- [ ] Talking to someone (friends or family)

MY CHOICE

How can my clinician help me feel more comfortable in this setting?

Some ideas...

- [ ] Listen to my concerns
- [ ] Be honest about what is possible
- [ ] Calming presence
- [ ] I prefer when people 'get to the point'
- [ ] Softly spoken
- [ ] Background music
- [ ] I would like to talk about what different seating options are possible in session (chair, couch, beanbag etc)
- [ ] Tissues available
- [ ] Flexibility with bringing in food/snacks
- [ ] Presenting information in different ways to suit my communication needs i.e. writing, drawing, visual aids.
- [ ] Movement breaks, or sessions outside of the service/clinic rooms

MY CHOICE

STEP 3

How can we support these preferences in your each of your environments?

Now we can explore each environment with each sensory experience.
You can write the numbers of the ideas listed or you can write your own.

Taste

Ideas

1. Chewy foods (chewing gum, minties)
2. Mints
3. Smooth foods (yoghurt, soup, purees)
4. Mixed textures (i.e. crunchy and chewy)
5. Hot foods
6. Cold foods
7. Strongly flavoured foods
8. New foods

HOME

I don't like this	I like this

SCHOOL

I don't like this	I like this

WORK

I don't like this	I like this

HOBBIES

I don't like this	I like this

OTHER

I don't like this	I like this

Smell

Ideas

1. Prefers little to no scent in environment
2. Dislikes strong or lingering smells (you can list smells that you prefer)
3. Strong smelling cleaning products
4. Deodorant
5. Soap
6. Shampoo/ conditioner
7. Air freshener
8. Candles/essential oils

HOME

I don't like this	I like this

SCHOOL

I don't like this	I like this

WORK

I don't like this	I like this

HOBBIES

I don't like this	I like this

OTHER

I don't like this	I like this

STEP 3 CONTINUES

Touch

Ideas

1. Receiving hugs/ squeezing
2. Wearing certain fabrics
3. Mess on hands, face or other body parts
4. Taking a bath or shower
5. Standing close to others
6. Walking barefoot
7. Butterfly tapping

HOME

I don't like this	I like this

SCHOOL

I don't like this	I like this

WORK

I don't like this	I like this

HOBBIES

I don't like this	I like this

OTHER

I don't like this	I like this

Visual

Ideas

1. Low lighting/ diming lights
2. Wearing sunglasses/hats
3. Visually calm spaces
4. Colour coding organisation
5. Using visual aids
6. Using eye masks
7. Using text to speech
8. Position of clock in room (more comfortability with clinician keeping time rather than seeing the clock or prefers to see clock to know the time)

HOME

I don't like this	I like this

SCHOOL

I don't like this	I like this

WORK

I don't like this	I like this

HOBBIES

I don't like this	I like this

OTHER

I don't like this	I like this

STEP 3 CONTINUES

Sound

Ideas

1. Use noise cancelling headphones
2. Using ear plugs
3. Needing quieter spaces
4. Options for background music
5. White noise
6. Using written or visual tools
7. Taking breaks from noisy environments

HOME

I don't like this	I like this

SCHOOL

I don't like this	I like this

WORK

I don't like this	I like this

HOBBIES

I don't like this	I like this

OTHER

I don't like this	I like this

Proprioception

Ideas

1. Jumping, bouncing, climbing, hanging
2. Writing, drawing, scissors
3. Strength training
4. Weighted items (blankets, toys)
5. Carrying/moving heavy objects
6. Compression clothing
7. Housework/gardening

HOME

I don't like this	I like this

SCHOOL

I don't like this	I like this

WORK

I don't like this	I like this

HOBBIES

I don't like this	I like this

OTHER

I don't like this	I like this

STEP 3 CONTINUES

Interoception

HOME

I don't like this	I like this

SCHOOL

I don't like this	I like this

WORK

I don't like this	I like this

HOBBIES

I don't like this	I like this

OTHER

I don't like this	I like this

Ideas

1. Preparing snacks throughout the day
2. Reminders to complete self-care
3. Body check ins
4. Visual or body maps to identify sensations
5. Breathing exercises
6. Grounding activities
7. Yoga/stretching
8. Routines

Vestibular

HOME

I don't like this	I like this

SCHOOL

I don't like this	I like this

WORK

I don't like this	I like this

HOBBIES

I don't like this	I like this

OTHER

I don't like this	I like this

Ideas

1. Spinning activities
2. Rocking
3. Climbing (stairs or more extreme like rock climbing)
4. Heights
5. Escalators
6. Lifts
7. I prefer to sit on the floor

STEP 4

Let's have a think about who we can share this information with.

Sometimes, it can be helpful to have those closest to you learn more about your sensory preferences so that they can help support you.

1. Who do I want this information communicated with?

- [ ] School
- [ ] Parents
- [ ] Partner/boyfriend/girlfriend
- [ ] Friends
- [ ] Workplace

2. How do I want this communicated

- [ ] Meeting
- [ ] Email
- [ ] Phone call
- [ ] Letter/Mail

Confidentiality and privacy will need to be a consideration in regards sharing your information.

3. What parts of this document do I want to share? Are there parts of this document that I don't want shared?

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Youth Advisory Group

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Disclaimer This information is not medical advice. It is generic and does not take into account your personal circumstances, physical wellbeing, mental status or mental requirements. Do not use this information to treat or diagnose your own or another person's medical condition and never ignore medical advice or delay seeking it because of something in this information. Any medical questions should be referred to a qualified healthcare professional. If in doubt, please always seek medical advice.

Orygen acknowledges the Traditional Owners of the lands we are on and pays respect to their Elders past and present. Orygen recognises and respects their cultural heritage, beliefs and relationships to their Country, which continue to be important to First Nations people living today.

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