

USING SENSORY MODULATION WITH CHILDREN WITH EMOTIONAL REGULATION PROBLEMS

Background

Emotional regulation is a normal psychological competence that is achieved during development. For some children achieving this is difficult and results in anger outbursts and emotional regulation challenges that impact on their relationships and functioning. A significant number of children are referred to mental health services due to aggressive behaviours, emotional regulation challenges, difficult behaviours as a component of other underlying challenges. Traditionally; children with anger /emotional regulation are seen individually or in group sessions that are CBT based. With the emergence of more evidence supporting the co-occurrence of sensory modulation problems in some children with ADHD, ASD and behaviour problems, we thought modifying the traditional CBT groups by incorporating sensory modulation based strategies into the group would be beneficial. Additionally; there is also increasing evidence supporting the use and benefits of sensory modulation in mental health (Te Pou, 2011; Brown, 2001; Brown & Dunn, 2002; Champagne, 2003, 2006, Moore, 2005; Moore & Henry, 2002).

The problem...

Over the last 36 months there was a notable increase in referrals of children (between 7 and 12 years old) with emotional regulation /anger management problems in our service. These emotional regulation challenges were affecting the children's function at school and disrupting family life. To make matters worse teachers, parents and children lacked strategies on how to manage this. In response to this; I wanted to provide a very practical solution of using sensory modulation for emotional dysregulation in children. My aim was to equip children, parents and teachers with sensory modulation strategies as a tool to help children regulate their emotions. Furthermore; I wanted to know if parents found group interventions effective.

The intervention...

In response to the increase in number of children with anger/emotional regulation problems; we started offering anger management groups to children who have been identified to have emotional regulation/anger management problems. Instead of offering the traditional CBT based interventions we modified the program and incorporated sensory modulation strategies into the manualised program to create a CBT /sensory modulation program. A group intervention using an integrated CBT/Sensory Modulation model was used to teach these children skills and strategies to be able to manage their emotions..

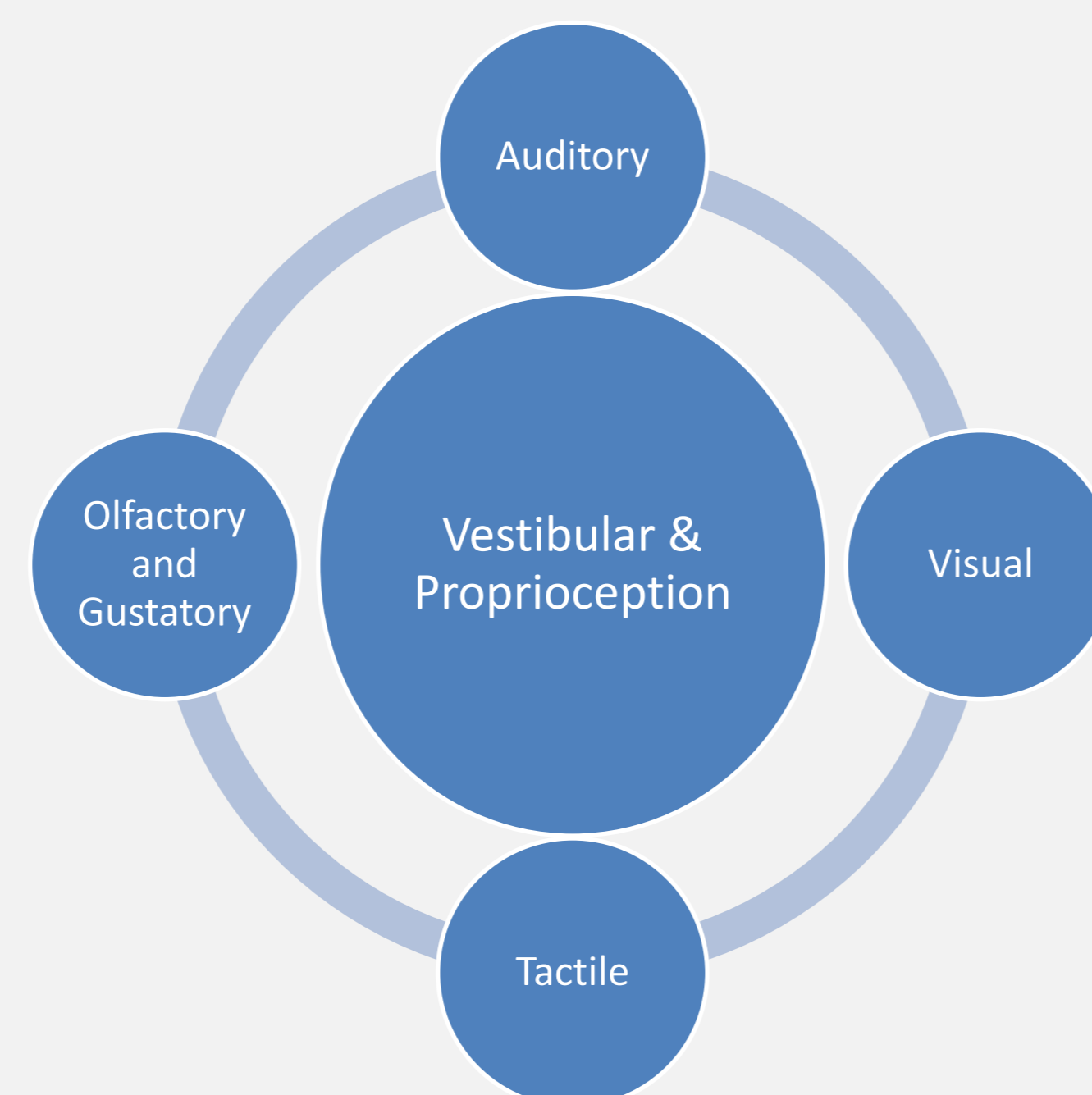
“Sensory modulation strategies were reported to be helpful in helping children to regulate their emotions “

The group had six sessions, with of the sessions dedicated solely to the teaching of sensory modulation strategies to children. The other sessions covered other strategies including problem-solving and social-skills training. The groups were run in two age bands; 8-10 and 11- 12 year old. We only had boys in the groups. During the sensory modulation session, five stations with different sensory tools and equipment were setup during the group and children had to go to each station which was manned by a facilitator. The facilitator would teach the child about sensory modulation and would encourage each child to try a few things. Children were encouraged to write things down that they thought were helpful. At the end of the session, each children was asked to make a sensory box that contained sensory equipment which the children found helpful as calm down tools. Children would then present their sensory boxes and share tools which were calming for them.

Inside view of Session 4 on sensory modulation

Commonly identified calming tools were:

- listening to music
- Distraction techniques
- Deep breathing and relaxation
- Tactile toys



Methodology

In order to collect information about the group; we constructed our own pre and post questionnaire with 12 parent-focused questions. Parents completed the questionnaires before the group and after the completion of the group. The questionnaire had a mixture of closed and open ended questions that were mainly focused on describing aspects of observed angry behaviours e.g. frequency, intensity of anger, calm down strategies, duration of anger outburst etc.

Thus we collected qualitative and quantitative data. Analysing the data included looking for common themes and noting the changes between the pre and post questionnaires. Differences of the pre and post scores were analysed and plotted onto a graph. Please refer to the graph that showed the tabulated results of the pre and post feedback from the family.

Results

The results from the analysis of the questionnaires indicated that there was an improvement in children's overall behavior along with a reduction of anger outbursts. Additionally; sensory modulation strategies were reported to be helpful as a calming down strategy.

Effects of change

Upon realising that sensory modulation was viewed as helpful by parents we incorporated it into different interventions as part of our intervention package. Additionally, this also demonstrates the value of combining two models from different professions and is a perfect example of integrated care.

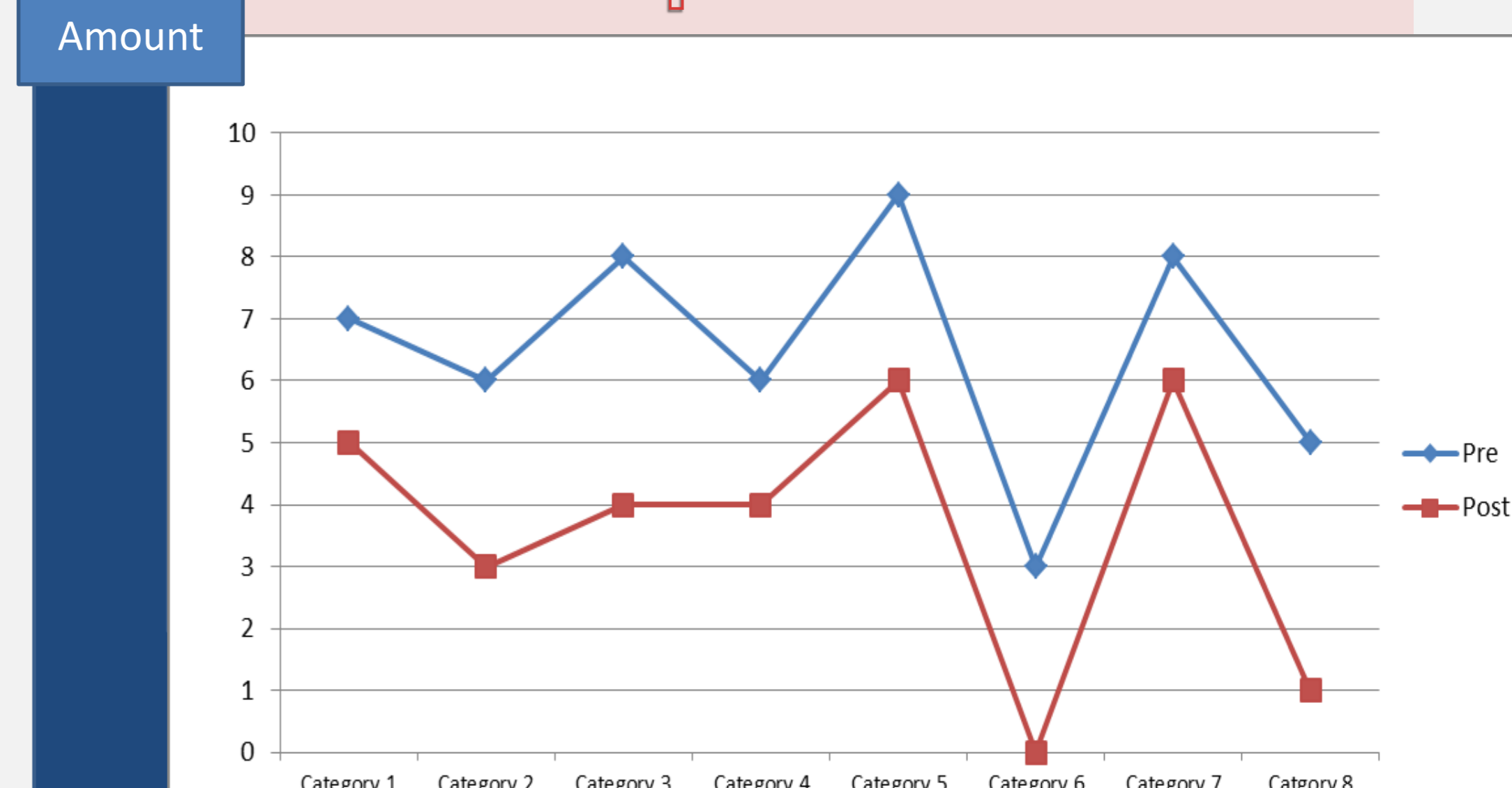
The improvement journey

Like any other public funded organisations we struggle with high rates of referrals within the context of a diverse and complex community. However; to cope with the everyday pressure, change that is service-user focused is bound to bring change and improve the service. Secondly; gathering information from service users and using that information to refine present treatment protocols is key. The hunger to cope with demands and the zeal to find a lasting solution was the beginning of our improvement journey.

With lots of referrals processed every day; analysis of these referrals revealed that children with anger /emotional regulation problems constituted the most common presentation to our service. With so much referrals, we did not have capacity to provide individual intervention; and group interventions offer a solution to this dilemma. To ensure that we preserved high standard, and to add to the comprehensive value of the group, we modified the traditional CBT groups and added a component of sensory modulation. This was mainly due to the fact that there was growing evidence indicating that sensory modulation was an effective intervention (Te Pou, 2011; (Brown, 2001; Brown & Dunn, 2002; Champagne, 2003, 2006, Moore, 2005; Moore & Henry, 2002).

We chose to gather information from the parents because we believe they are an important part of the intervention and we value their feedback. Additionally; feedback from service users is very useful in service improvement. After the analysing the final evaluations we were encouraged by the feedback; therefore we will continue to seek more feedback to continuously improve. Next time we will seek feedback from the children/participants and get to understand their experience and perceptions of the group.

Pre and post measures



Parameters assessed

PATIENT FEED BACK

- Group interventions were effective in reducing episodes of anger and the intensity of the anger outbursts in children
- Children were able to learn some emotional regulation strategies
- The group was helpful
- The sensory boxes were helpful and provided children, parents and teachers with practical ideas

Lessons learnt

- Sensory modulation is an intervention that we can continue to promote in mental health and perhaps in other settings as well such as physical health and older people's health.
- Integrated care is the future of healthcare

Where to from here?

- More research required for such integrated approaches
- I encourage mental health professionals to incorporate sensory modulation in their interventions
- Consider use of sensory modulation in physical settings as well e.g. Orthopaedics, oncology: this may promote relaxation and a healthy mind
- Get feedback from the children who attended the group to get a view of their experiences
- Have a mixed group of boys and girls or have a girls only group

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This was not an official research but an analysis of information collected from continuous monitoring and advancement of our group interventions in response to the changing clinical approaches and evidence supporting benefits of sensory modulation. Thanks to Counties Manukau DHB, Ko Awatea and Fisher and Paykel for the support and encouragement.