









# Sensory Modulation Summary

Opportunities for individual sensory modulation, soothing and self-caring in acute units

## Simple strategies for nurses to practice sensory modulation:

- 1) Notice people's responses in the moment
- 2) Be curious about a person's sensory experience
- 3) Use sensory items as a cue for engagement, as starting points to explore sensory strategies together
- 4) Modifying the ambient environment, as one key part of the inpatient milieu
- 5) Have conversations with consumers about sensory experiences & preferences

Sense system	Ambient stimulus	Useful items & strategies	Sensory thresholds		Trauma cautions
			Low threshold	High Threshold	
 <b>SIGHT</b> /Visual	What can a person see? What might they want to see? <i>Lighting day &amp; night, window views, decorations, TV, nature. Staff activity, other consumers</i>	Lamps. Still or animated graphics on screens. Drawing, painting, arts. Reading. Mindful colouring. Room decorations. Garden.	Dimmer lights (not producing shadows); add or remove blinds to reduce field of view, quiet, sheltered corner of courtyard. Explain observed activity.	Moving images on TV/screen & personal devices. Lights. Sunlight.	Observing staff & other consumers can be distressing. Unwanted attention or being ignored – seeing, but not being seen.
 <b>HEARING</b> /Auditory	What are the ambient noises? Loud or quiet? <i>From heating/cooling, lights, TV, ward activity out of sight, shouting, announcements, nature sounds?</i>	Sound & music apps. Read out loud, sing, clap, tap, click fingers, noise-cancelling headphones or ear plugs.	Reduce unwanted ambient sounds in bedrooms & lounges, explain noises. Choice of music options, soothing white noise, rain, waterfall	Choice of music options, engage in noise making, singing	Night sounds disturb sleep, can feel unsafe or trigger painful memories. Experience of shared room.
 <b>SMELL</b> /Olfactory	What is the dominant smell? Strong or subtle? <i>Chemical smells, food &amp; drink, stale air or fresh air, bathroom smells, toiletries, clothing.</i>	Familiar & pleasant scent, herbs, toiletries.	Modify smells in bedrooms & lounge areas, change aversive smells, introduce mild sample of any scented items. Shower or hand cream with scented toiletries.		Smells are powerful triggers for early life trauma, but not always in a person's awareness.
 <b>TASTE</b> /Gustatory	What food and drinks are available? How can we increase personal choice?	Variety of taste & texture, mindfully explore sweet, sour & salty, textures	Individual preference & exploration of tastes & mouth sensations		Can invoke very strong responses: craving & disgust (also re smells)
 <b>TOUCH</b> /Somatosense	What is the temperature? How do surfaces feel? <i>Furnishings, bedding, clothing, flooring.</i>	Items soft to touch, prickly or firm items for grounding. Ice, heat packs, shower.	Explore range of textured objects for focussing, soothing, alerting Work with impulses towards pain, self-harm, explore sensations Walking barefoot over different surfaces Firmer textures (eg massage balls) for high threshold		Very earliest sense; response to touch is highly individual, best not to assume what is positive or negative. Able to protect self from unwanted touch.
 <b>BALANCE</b> /Vestibular	Space and equipment for balance activities?	Balance exercises with eyes open or closed. Rocking, swaying, dancing, yoga	Slow /sustained balance activity	Support increased body movements, gradually build challenge	Rocking is common early activity for self-soothing when distressed
 <b>BODY</b> /Proprioceptive	Space and equipment for moving?	Weighted items. Pressure & massage Isometric exercises, ball play, clapping, fidgets, drumming, chewing gum, dancing, exercise equipment	Body scan, tense & relaxation Slow, steady & repetitive movements is useful for grounding & soothing	Stretch & tense larger muscles Bass sounds with gradually increased rhythm	People know their embodied /internal sensations of distress

<b>More info &amp; tips</b> 	<b>Ambient stimulus</b> Notice the ambient stimulus in the unit/room. Consider how can the person: 1) Choose to activate senses in this environment? 2) Be supported to understand, explore and attend to their senses?	<b>Useful items &amp; strategies</b> 1) Consider a variety of stimulus: soothing, enlivening, focussing ('stimming'), expressive. 2) Explore together, offer choice. 3) If the person says it doesn't work for them, it doesn't work.	<b>Sensory thresholds</b> People with a low threshold notice & respond more to stimuli, because their neurological system activates readily to sensory input. People's threshold varies depending on different factors – it's not a static thing.		<b>Trauma cautions</b> Consider: Sensations can trigger re-experiencing of past trauma, high distress, and an unexpected FFF or other emotional response
	<b>Low Threshold</b> Easily over-stimulated, exhausted. People may want to reduce or focus sensory input, if overwhelmed or fearful.	<b>High Threshold</b> Sense of being shut down. People may want extra time & stimulus, help with alerting & focus, e.g., if perplexed, depressed, build-up of unexpressed emotional energy			