

**Sensory wellbeing workshops for inpatient and day-care patients
with anorexia nervosa**

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Summary:

Background: The wellbeing of patients with eating disorders is one of the priorities in the “bigger picture” of treatment for eating disorders. Sensory soothing strategies for sensory sensitivities are supportive tools which could be useful in day-care and inpatient clinical programmes. **Methods:** Evaluation of multiple separate sensory wellbeing workshops consisting of psychoeducation and experiential components delivered in inpatient and intensive day-care services was performed. Participants’ self-report questionnaires were evaluated pre- and post-workshop. Additionally, patient’s comments and qualitative feedback was collected after completion of the workshop. **Results:** There was strong evidence that self-reported awareness of sensory wellbeing, awareness of strategies to enhance sensory wellbeing, and confidence in managing sensory wellbeing increased after the workshops and positive qualitative feedback from participants. The feedback questionnaires highlighted that patients found the sessions useful and used some of the skills and strategies they learned in the workshop. **Discussion:** This pilot work of sensory wellbeing workshops with a protocol-based format was feasible and beneficial for the patient group. Preliminary evidence suggests that delivery of similar workshops could be sensible in addition to treatment as usual in inpatient and day-care programmes.

Keywords: anorexia nervosa, sensory sensitivity, wellbeing

Introduction:

Anorexia Nervosa (AN) is a life-threatening psychiatric disorder with high levels of functional and social difficulties [1,2]. Recently, the focus has started to shift from treating only eating disorder (ED) symptoms to the “bigger picture” of recovery. Research exploring creative and novel ways to support patients with adjunct research-based treatments is rising [3].

In the context of wellbeing and recovery, the sensory system and good adjustment to the environment plays a critical role. Research into sensory sensitivities has started to produce interesting results. For example, research demonstrates that people with EDs avoid new sensory experiences. Kinnaird and colleagues demonstrated that patients with EDs, with and without autism spectrum comorbidity, are oversensitive to smells, touch and noise, and oversensitivity in different domains could be addressed in their treatment. [4,5,6] Clinical audit data shows that almost 37% of people with AN treated in inpatient and day-care programmes have high Autism Spectrum Condition (ASC) traits and are therefore likely to experience some sensory differences [7].

In the novel clinical pathway for autism and eating disorders, PEACE (Pathway for Eating disorders and Autism developed from Clinical Experience), we have started to measure sensory sensitivities in patients and have developed psychoeducation materials and experiential activities to support wellbeing [8]. Based on the research evidence [4, 9], we have developed one-off workshops which offer both psychoeducational content and experiential activities to support patients with creating a soothing and helpful sensory toolkit. We found that patients with high autistic features as well as no comorbidity benefited from the sensory changes made in the dining room evidenced with focus groups

The key purposes of this small pilot work are to: a) examine the feasibility of the sensory wellbeing workshops in ED inpatient and day-care treatment programmes, b) to evaluate feedback from study participants which include both patients and the multi-disciplinary team (MDT), and c) discuss possible future developments and how to generate further evidence-based sensory workshops.

Methodology

Participants

All patients who participated in the study were female adults (aged 18-60 years) who had a DSM-5 [10] diagnosis of AN (binge-purge, restrictive subtype) and were part of the intensive (inpatient or day care) programmes in the South London and Maudsley NHS Foundation Trust (SLaM) National Eating Disorder Service. Patients with a diagnosis of bulimia nervosa, binge-eating disorder, or other eating disorder diagnosis were excluded from analysis, in order to focus on AN during this pilot phase. Ethical approval was granted by the local research and governance committee at SLAM. Demographic information used in this study was provided by patients at the start of their admission to the treating service.

Self-report Measures:

Autism Spectrum Quotient Score, short version (AQ-10)

The AQ-10 is included in a battery of clinical measures which patients are invited to complete at the start of their admission to the treating service. The AQ-10 is a 10 item questionnaire devised from the Autism Spectrum Quotient. It is designed to enable screening for presence of autism spectrum symptoms. A score greater than 6 is indicative of potential autistic spectrum disorder [11].

Pre-workshop (T1) and post-workshop (T2) sensory wellbeing questionnaire

All workshop participants were given a questionnaire to complete at the start and end of the workshop. The questionnaire used a 5-point Likert scale ranging from 1 (“Not aware/confident at all”) to 5 (“Really aware/confident”) to enable participants to rate: how aware they are of their sensory wellbeing; how aware they are of strategies to enhance their sensory wellbeing; and how confident they feel to manage their own sensory wellbeing.

Post-workshop feedback questionnaire

In addition to the post-workshop sensory wellbeing questionnaire, all workshop participants were given a feedback form at the end of the session with two open-ended questions asking what they liked most about the sessions and if they had any other comments.

Procedure

Each of the workshops were made available to all patients receiving treatment in the relevant service (inpatient or day care). In each case patients were made aware of the workshops in community meetings and through posters and sign-up sheets. At the start and end of the workshop participants were asked to complete to pre/post-workshop sensory wellbeing questionnaire, described above. The workshops ran for between one and one a half hours and were each facilitated by two staff from the service psychological therapies team.

Description of the Intervention

The intervention was a one-off sensory workshop, aiming to increase awareness about the sensory system, explore how the sensory system can help with self-regulation, identify strategies that enhance sensory wellbeing and provide participants with the language and tools to communicate their sensory needs. The workshop included psychoeducation and facilitated discussion between participants about their sensory experiences, followed by two exercises. One exercise allowed participants to explore a variety of sensory materials made to identify their sensory preferences. Secondly, a do it yourself (DIY) exercise of making a sensory item, for example scented handcream. Further psychoeducation and tools to identify and communicate sensory preferences were also provided.

In light of the COVID-19 lockdown, the workshop was also adapted to run online so that participants in the clinical services that have been running virtually were able to participate. Online versions of the pre- and post-workshop feedback questionnaires and sensory booklet were distributed and an online flyer was circulated before the workshop encouraging participants to bring along items suggested for the 'sensory-aid' boxes.

The online sensory wellbeing workshop was delivered through Microsoft TEAMS. The facilitators shared their screen in order to show the psychoeducation resources, including a PowerPoint presentation and the sensory motor checklist. As it was not possible to do the practical exercise online, participants were encouraged to bring their own items for 'sensory-aid' boxes. These items were showed to the participants

and they spoke about their sensory benefits and how it affects their wellbeing. For those who did not bring items, they were still able to talk about the sensory items that help to manage their wellbeing. Afterwards, participants were sent the post-workshop evaluation questionnaire, the sensory wellbeing booklet and the sensory communication passport for them to complete in their own time. Details of the protocol and communication passports could be found in the www.peacepathway.org

Data analysis:

Quantitative feedback from the patients was analysed with SPSS 27 using the Wilcoxon signed-rank test, which is recommended for small sample size and repeated measures [12]. Effect sizes were reported in Cohen's d , with $d = 0.2$, 0.5 and 0.8 corresponding to small, medium and large effects.

Qualitative data gained from the participants responses to feedback questionnaires was analysed using inductive thematic analysis. Comments from both questions: 'What did you like most about this workshop' and 'any other comments' were considered as a single dataset. Two researchers independently identified themes from the data before comparing and agreeing themes identified in a meeting.

Results:

Five one-off sensory wellbeing workshops were delivered between February and December 2020. Three in the inpatient setting, and two in day care services. One workshop was delivered online, the remainder in person. The workshops were advertised to patients using posters and verbal invitations within treating services. The number of participants attending each workshop ranged from three to five, and there was no participant drop out during sessions.

In total twenty-three patients attended a sensory wellbeing workshop. Nineteen patients met criteria for inclusion in the study. Three patients were excluded as they did not have anorexia nervosa diagnosis (binge-eating disorder, bulimia nervosa, severe depressive episode with psychotic symptoms). One patient was excluded from analysis as they did not complete questionnaires at the end of the online workshop.

Demographics

Fifteen (79%) had a diagnosis of AN restrictive subtype, and four (21%) AN binge-purge subtype. The mean age of patient participants was 29.3 years (SD = 10.2). The mean BMI at admission to the service was 15.1 (SD = 2.6). Seven patients (37%) had received an AN diagnosis within the past five years, eleven (58%) more than five years ago, and this data was not available for one patient. Seven (37% of patients) scored highly (≥ 6) on the AQ-10 at admission, indicating high autistic traits.

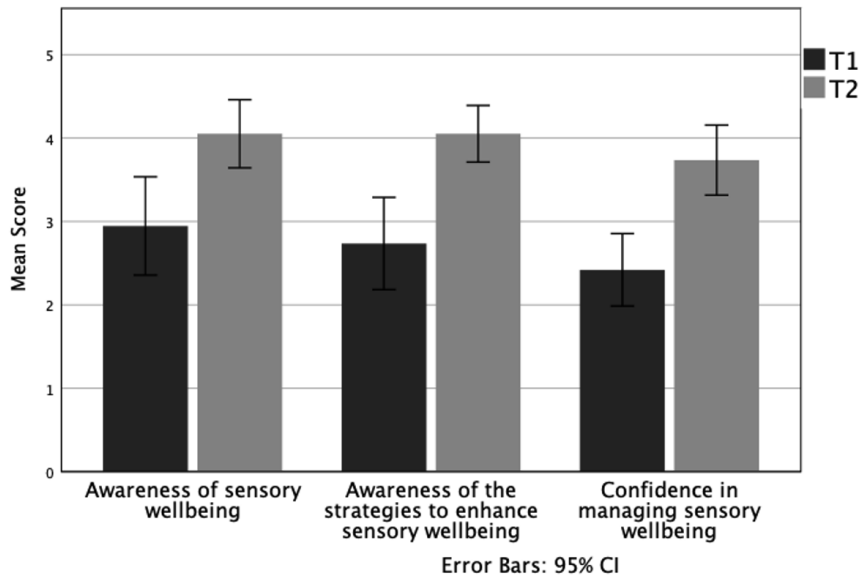
Quantitative feedback from patients:

Nineteen patients provided completed pre (T1) and post (T2) workshop questionnaires. There was strong evidence that self-reported awareness of sensory wellbeing, awareness of strategies to enhance sensory wellbeing, and confidence in managing sensory wellbeing increased after the workshops. The results of these are presented in Table 1, with bar charts in Figure 1.

Table 1. Change in sensory wellbeing measures after the workshop ($n = 19$)

Measures	Mean score at T1 M(SD)	Mean score at T2 M(SD)	Z	p	Cohen's d
Awareness of sensory wellbeing	2.95 (1.22)	4.05 (0.85)	3.126	0.002	1.01
Awareness of the strategies to enhance sensory wellbeing	2.74 (1.15)	4.05 (0.71)	3.230	0.001	1.09
Confidence in managing sensory wellbeing	2.42 (0.90)	3.74 (0.87)	3.473	0.001	1.39

Figure 1. Comparison of mean scores on the sensory wellbeing questionnaire measures at T1 and T2 ($n = 19$).



Regarding “usefulness of the workshop”, 18 (95%) of patients rated it 3 (“Quite useful”) to 5 (“Really useful”).

Qualitative feedback from the participants:

Qualitative feedback data was collected using open-ended questions in both inpatient and day-care programmes in order to improve future workshop content and delivery. Overall both written and verbal feedback was very positive, and facilitators observed that participants always wanted to stay beyond the scheduled finish time. Inductive thematic analysis was used to identify themes in the comments provided.

Four key themes were identified as summarised below (examples of quotes for each theme are highlighted in Table 2):

1. Engaging

All patients expressed that they enjoyed the sensory wellbeing workshop and reported that it was enjoyable and fascinating.

2. Informative content and activities

Patients reported that the psychoeducation materials shared and discussed in the workshop were very informative and helped give them an opportunity to explore different areas of sensory wellbeing.

3. Helpful sensory tools

Patients expressed that they found the DIY sensory tool box activities available during the workshop very helpful because they had real tools they could take away with them and use beyond the workshop to help with their sensory wellbeing e.g. (scented hand cream, squeeze toy).

4. Future Improvements

Patients suggested that future workshops include more sensory tools and activities that engage their senses and enhance their wellbeing. Many patients gave suggestions to use their own preferred sensory tools such as; scented oils and textile materials. Other comments suggest that patients would like the sensory wellbeing workshop to be run and available more regularly.

Table 2. A table of patient quotes providing examples for each theme.

Theme	Patient Examples
Enjoyable	<p>“It’s the best thing I’ve attended since being on the ward”</p> <p>“I enjoyed the opportunity to explore different areas of sensory wellbeing which I would usually”</p> <p>“This workshop lifted my mood significantly. I especially enjoyed making the snowman, and also the smell of the cinnamon scented hand cream” “very informative and practical and the sock snowman!”</p>
Informative content and activities	<p>“Being able to talk and discuss/connect with others and learn about how others experience things – reminds me of how unique we are and that unique part makes us who we are as humans”</p> <p>“Fun, informative, fascinating, useful”</p> <p>“I realised how I do already use my senses to relax without meaning to”</p> <p>“Getting the chance to try out new toys etc. + practical work to discover what I am particularly sensitive to”</p>
Helpful sensory tools	<p>“Practical element of making own kit”</p> <p>“It was lovely to have a few other soothing items to take away, too, as well as the snowman and the hand-creams (e.g. squishy man, tinsel, pompoms). Thank you so much for organising this lovely session!”</p>

Future improvement	<p>“Would love more scented oils for making hand creams”</p> <p>“Could include sound/music and responses to that”</p> <p>“Really needed more time. Would be good to follow up and discuss findings fully”</p>
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Discussion:

There is increased research interest regarding the sensory systems and introspection of patients with EDs. Recent studies exploring ED and Autism comorbidity have also created an interest in how ASC comorbidity influences the sensory sensitivities in patients with and without ASC comorbidity [4, 5, 6]. To our knowledge, research findings have not yet been translated into practical treatment tools [9]. In this paper, we have evaluated the practical use of sensory workshops for inpatient and day-care programmes. The data from this study, along with previous research demonstrating positive patient experience and clinical outcomes in group therapies [13, 14, 15], indicated that there is feasibility for group workshops to be delivered as add-ons in the ED treatment programme.

This pilot study created ideas for improvement and development of future workshops including: increasing workshop duration, bringing more sensory tools and activities, and potentially introducing a follow up session, to provide space to reflect after completing the sensory booklet and sensory passport provided and exploring sensory strategies outside of the workshop. For the online delivery method some further adaptations to the workshop administration, such as using online tools for collecting outcome measures and an online booking system, were identified. Patient feedback highlighted the usefulness of regular sensory workshops, which might be made possible in future through collaborating across clinical services. As a one-off workshop this could also be provided to patients who are not otherwise involved in ongoing therapy services, such as those in severe and enduring eating disorders (SEED) physical monitoring programmes. Two of the in-person workshops were held during the current COVID-19 pandemic. This necessitated various adaptations, including ensuring that there was sufficient space for social distancing, use of hand sanitiser, limiting the use of shared materials, and thorough cleaning of any shared equipment between uses. These adaptations were easily made, highlighting the flexibility of the workshop format.

Psychological interventions in a group format in general can bring unique benefits that are not achievable when working with patients individually. These benefits include sharing experiences and learning from others in a safe and therapeutic environment, being with other people and practicing interpersonal skills. Individuals with AN have difficulties making social contacts [16], and report high levels of social anhedonia - an absence of pleasure derived from being with people [17]. It has been observed that patients with AN often remain isolated and avoid communicating with other patients in inpatient settings. Sensory workshop content is non-threatening and useful whilst also facilitating social communication.

The positive feedback elicited from patients on the feedback questionnaires highlights the wide acceptability of the group workshop. Patients generally found the group experience positive, and feedback from the workshop indicated that the majority of patients found it helpful. In particular, patients liked the interactive, easy nature of the workshop, as well as learning about different sensory experiences and how they have an impact on their lives. The positive feedback and acceptability of the intervention is promising, as poor treatment engagement is a common problem in existing psychological therapies [18].

This pilot study has some strengths worth mentioning: it is the first case series to report pilot work with sensory workshops, it contains a detailed protocol allowing others to replicate the workshop and that has allowed us to suggest improvements to the existing protocol, which paves the way for these workshops to be trialled in larger studies.

In terms of limitations, future studies would benefit from larger numbers of participants and more detailed information or measures used to capture change before and after the intervention. For specificity this study only included patients with an AN diagnosis and it would be valuable to investigate other ED diagnoses in future studies. It will be important for future studies to have clarity and analyse subgroups with and without ASC comorbidity to explore the question regarding similarities and differences in response to treatment.

Another limitation is the reduced number of participants in the online workshop, perhaps due to it being optional. As endorsed by one participant, a larger group may be useful to ensure a wider variety of individual experiences, thoughts and emotions to explore in relation to sensory wellbeing. Despite this, the results from the online workshop were similar to the in-person workshop. Participants reported an increase in their knowledge of their senses, and discussed ways of using their senses to manage their wellbeing. Another limitation was the inability to create their own sensory-aid boxes and this was a hindrance to the overall experience of the workshop. However, the participants as well as staff were still able to bring some items that they already use and show these to the others, explaining how and why they are helpful for their sensory wellbeing. This also enabled further learning and consolidation of participants' awareness of senses and how items can be used to soothe or stimulate different senses.

Conclusion:

Sensory wellbeing workshops seem to be a feasible format for patients with severe AN. This pilot demonstrated that the workshop was able to enhance patients' awareness of their sensory wellbeing, strategies to enhance sensory wellbeing and their confidence in managing sensory wellbeing. Improving sensory awareness may help patients to manage distress and form healthy coping mechanisms supporting recovery from EDs and live “sensationally “understanding their own sensory signature [19].

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Conflict of Interest:

The authors declare no conflict of interest.

Ethical Standards:

The patient data had been collected as part of routine clinical practice on the EDU; ethical approval was granted by an NHS Research Ethics Committee. Patients had been consulted and measures to be completed were reduced following their feedback about time and effort required.

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Sensory Wellbeing Workshop Protocol

Aims of the workshop:

- To raise awareness of the sensory system.
- To explore how the sensory system can help with self-regulation.
- To identify strategies that can enhance sensory wellbeing.
- To provide participants with the language and tools to communicate their sensory needs.

The workshop is designed to last between an hour and an hour and a half and should have at least two facilitators.

Materials:

Flipchart paper, pens, small boxes or bags, pencils, play dough, stones, fidgety toys, textured fabrics, essential oils, hypoallergenic cream, small pots, ear plugs and any other sensory materials desired.

Psychoeducation resource:

Our senses refer to the way in which we process and perceive the world around us in our brains. We all process our senses slightly differently. Some people are hypersensitive, meaning they are highly sensitive, and some people are hyposensitive, meaning they have lowered sensitivity. You can experience hypersensitivity or hyposensitivity across different types of sensation: you might be hypersensitive to light, but hyposensitive to touch. (for more information please visit www.peacepathway.org).

Invite workshop members to discuss examples of their sensory sensitivity. Explore how different sensory sensations make them feel. Invite workshop members to discuss what makes their sensory sensitivities better or worse.

You can experience both heightened and lowered sensitivity to the same sensation depending on the context. Important factors which can inform our sensory responses include whether you are in control of the sensory stimuli, whether you are anxious or emotionally dysregulated, and whether there are lots of different stimuli at once in the environment.

Use previous examples from workshop members to stimulate discussion of how sensory sensations make them feel.

Our sensory sensations can make us feel better, or they can make us feel worse. This is closely related to self-regulation. Self-regulation is how we monitor and control our behaviour, emotions, and physiological arousal. Sensory sensations can impact our self-regulation. For example, if you are tired but need to focus at work you might turn up the lights (stimulating your visual system), or get up and walk around (stimulating your vestibular system). From the opposite perspective, if you're highly anxious and need to calm down you might retreat to a quiet space (soothing your auditory system), or rub a soft blanket (soothing your touch system).

Invite workshop members to fill out the Sensory-Motor Preference Checklist (TherapyWorks, Inc., 2018; <https://www.alertprogram.com/wp-content/uploads/2018/09/Sensory-Motor-Preference-Checklist-revised-in-2018-PDF.pdf>).

Workshop discussion: what sensations make us feel alert? What sensations make us feel calm?

This way, we can use sensations to change how we are feeling. However, we don't always have complete control over our sensory environments. If you get stuck in an environment with lots of negative sensory input this can be really overwhelming and unpleasant. If you can't avoid or escape that environment, you can use simple sensory strategies to help you feel calmer and more grounded. For example, taking a moment to smell an essential oil, or putting on headphones and listening to music to block out noise.

Invite discussion of different sensory strategies: what are small things you can do to change your sensory inputs?

Explain that aim of the workshop is to be aware, mindful of sensory system and live in harmony and make sensible adjustments when possible.

Sensory Aid Box

Practical exercise. Present different sensory materials (fabrics)/toys/ tools/ sensations to the group, and suggest to group members to create a sensory box with sensations that they find pleasurable. Include a DIY sensory exercise, for example creating a scented hand cream, select the fabric with the most pleasant texture, from variety of scents allow time to explore most soothing and enjoyable smell. Encourage group members to discuss the sensations throughout the DIY task. Whilst making sensory boxes (or bags), encourage group members to discuss what sensory tools they are choosing, and why.

If these kinds of tools do make a difference for you, it might be beneficial to let the people around you know about how you process sensory inputs and what strategies you use to help.

Hand out sensory communication passport worksheet.

Some sensory sensations that might help you self-regulate will not fit in a box. It might be helpful to think about and write down sensory strategies, such as going for a walk or going outside.

Hand out sensory booklet.

We all have different sensory thresholds. If we are aware of our sensory systems we are able to self-regulate by increasing or decreasing stimulation and making our environment work for us.

Workshop Resources:

‘Sensory-Aid’ boxes

These are ideas you can develop yourself to help you manage your wellbeing. It may be that you are over-stimulated by certain senses or under-stimulated by certain senses. This can change from situation to situation and it might be a useful idea to include items which will increase and decrease your arousal levels.

Vision	<ul style="list-style-type: none"> - Sunglasses, tinted glasses - Sensory lights - Photos - Books/ magazines - Optical illusions - Letters - Taking yourself somewhere visually appropriate for you (dark room/ garden/greenspaces) - Sensory jars filled with glitter (Make your own: jar, glitter glue, glitter and water)
Touch	<ul style="list-style-type: none"> - Weighted lap pads/ shoulder pads (Make your own: dried rice/ dried beans) - Fiddle toys: fidget spinner, fidget cubes - Textured items: scraps of fabric, (e.g. velvet, wool) - Spray bottle with water - Soft pillow or toy - Brush - Stress balls (Make your own: balloons filled with flour) - BlueTak/ play doh
Smell	<ul style="list-style-type: none"> - Scented oils (Make your own: get a plain body lotion and add essential oils) - Flowers - Potpourri (Dried plants e.g. lavender)

	<ul style="list-style-type: none"> - Perfume/ room spray
Hearing	<ul style="list-style-type: none"> - Ear defenders, ear plugs. <i>With items such as the ear defenders, it is important to moderate use and to use appropriately. It is possible if you over used ear defenders that when you don't use them, the more overly stimulating noise and noise sensitivity will be.</i> - Another option is audio isolating ear protectors. These essential 'focus' hearing for you to the conversation around - Headphones to play music that suits you and your level of arousal. It may be calming, soothing music or it may be heavy metal! You can also consider apps such as 'Headspace' and 'Calm' which have some free content. You can also listen to some white noise or other 'waves'. - Make your own: Voice recordings of family members/ friends/ yourself saying things you know you like to hear when you are feeling this way. Filling a jar with dried rice/ beans and creating a 'maraca'.
Taste	<ul style="list-style-type: none"> - A mint spray (we acknowledge that it is most challenging area and for time being offer this strategy but open to more ideas and suggestions)

Please complete this section at the end of the sensory wellbeing workshop:
(Please indicate the extent to which you agree with each statement by circling the number from 1 to 5)

1. How aware are you of your sensory wellbeing at the end of this workshop?

Not aware at all			Quite aware			Really aware
1	2	3	4	5		

2. How aware are you of the strategies to enhance your sensory wellbeing as a result of the workshop?

Not aware at all			Quite aware			Really aware
1	2	3	4	5		

3. How confident do you feel to manage your sensory wellbeing following the sensory wellbeing workshop?

Not confident at all			Quite confident			Really confident
1	2	3	4	5		

4. How useful was this sensory workshop?

Not useful at all			Quite useful			Really useful
1	2	3	4	5		

5. What did you like most about this sensory workshop?

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6. Any other comments?

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