When a Rummage Box is Not Enough: Exploring the Need for Assessment of Sensory Preferences in People Living with Dementia

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Learning Outcomes:

• To develop understanding of sensory preferences and how they impact on the formation of the individual’s “story”
• To promote the need for assessing sensory preferences in Aged Care
• To demonstrate the impact of including sensory preferences when developing care plan strategies
Life is a Sensory Activity:

But Do You?
Hate Sudden Loud Noises?
Really Dislike Running Water on Your Face?
Avoid Strong Perfumes?
Find Having your Feet Touched Gives you the Creeps?
How would these habits effect your behaviour if you had Dementia & How could this impact the assistance you were given?
Memory is laid down in the brain as a record of sensory experience and is once again recalled as a sensory experience.
Your Senses Create Your Story:

- Our senses give us information so we know how to react to any given situation

  **BUT**

- Over the course of our lives we develop preferences for certain types of sensory information and dislike of others and many of our “habits” are based on this

  **TO ADD COMPLICATION**

- As we age our senses don’t work with the same efficiency as in our youth, so we need clearer sensory information in order to function well.
We experience the world through our senses however the senses change as we age.
### Summary of Sensory Changes as We Age:

<table>
<thead>
<tr>
<th>Decline in Vision</th>
<th>Decline in Hearing</th>
<th>Decline in Taste</th>
<th>Decline in Smell</th>
<th>Decline in Touch</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Begins in your 40’s</td>
<td>• Generally a gradual decrease which can start in your 20’s</td>
<td>• Number functioning taste buds decline from about 50</td>
<td>• Number of smell cells decrease from about 60</td>
<td>• Pain threshold rises with age, <em>(but pain does not disappear!!)</em></td>
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<tr>
<td>• Lens yellows</td>
<td>• High frequency sounds go first</td>
<td>•</td>
<td>• Greater sensitivity to cold.</td>
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</tr>
<tr>
<td>• Impact of disorders such as cataracts and glaucoma</td>
<td></td>
<td>• Number of smell cells decrease from about 60</td>
<td>•</td>
<td>• Greater sensitivity to cold.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>•</td>
<td>• Sweat less and decreased sense of thirst.</td>
</tr>
</tbody>
</table>

### Impact on Function

| • Mobility  | • Irritable  | • Nutritional risk from loss of interest in food  | • Safety risk from not detecting odours such as gas leaks etc  | • May not complain of pain until condition advanced  |
| • Colour perception and glare  | • Isolation  | • Socially vulnerable  | • | • Predisposed to hypothermia  |
| • Night vision  | • Misperception  | | • | • Vulnerable to dehydration  |
With the progression of dementia, the person’s awareness of the world around them shrinks from A to D:
Our senses age but this is compounded by the impact of cognitive loss for people living with dementia. Being able to minimise the losses in sensory processing and sensory discrimination by reinforcing positive old patterns becomes important to the long term maintenance of well being.
The way the nervous system receives, organises and understands sensory information, including information from within the body and the physical environment. (Lucy J Miller)
The ability to interpret the spatial and temporal qualities of touch, movement or body position: it is thought to underlie body schema, which in turn contributes to praxia and modulation, (Koomar and Bundy, 2002 pg. 276)

May be difficult to discern from modulation and praxis issues, or first appear as a modulation issue.
Sensory Modulation:

“…………….the capacity to regulate and organise the degree, intensity and nature of responses to sensory input in a graded and adaptive manner. This allows the individual to achieve and maintain an optimal range of performance and to adapt to challenges in daily life”

(Miller. Reisman, McIntosh & Simon 2001, p57)
Now:

• Basic sensory function as it is now and how that may have changed over time. i.e. vision, hearing, vestibular, touch, taste, smell.

What we need to be doing:

• Sensory preferences and how they may have impacted on a persons habits over their life.
Possible Assessment Tools:

- **Winnie Dunn Adolescent/Adult Sensory Screen:**
  - Is a validated tool but only for “general” population.
  - Very comprehensive, lengthy to administer and interpret
  - Excellent for problem solving complex situations
  - Provides guidelines on strategies for people who are generalised to “Seekers” “Avoiders” “Bystanders” & “Sensors”

- **Tina Champagne sensory preferences assessment:**
  - not validated as yet but developed for adult “psych” population
  - Comes in context of whole book addressing the sensory modulation needs of individuals has lots of forms and ideas
  - Quicker to use with useful information elicited
How Amana Living is Trying to Meet Client Sensory Needs:

- Based on work of Tina Champagne
- Simplified to meet time constraints of the services OTs
- Structured to fit into ICare assessments.
- Looks for specific sensory patterns that can inform care plans
- Assessment structured to inform specific care plan domains
  - ADLs
  - Sleep
  - Behavioural support
  - Maintaining life roles
Sensory Preferences Assessment

Sensory Preferences: (recommended to be completed by OT)

Proprioception, Deep Pressure and Movement Seeking Behaviour:
- Enjoyed/enjoys intense exercise
- Paces a lot
- Always seems to be moving
- Enjoys firm proprioceptive input
- Was involved in aggressive sports such as wrestling, Aussie rules
- Liked to go on long hikes
- Enjoyed gardening
- Enjoyed dancing
- Seeks out physical contact with others
- Tends to rock one-self
- Would tilt backwards in chairs
- Enjoyed lying in a hammock
- Has a tendency to accidentally break things
- Bumps into things
- Enjoys chewing on things (pen, pencil, gum)
- Prefers tight fitting clothing
- Prefers shoe laces tight
- Tends to touch things when shopping
- Will wrap/roll self in blankets
- Likes to sleep under heavy blankets
- Holds writing and eating utensils too tightly
- Tends to clench their jaw
- Tends to grind teeth
- Chewy/crunchy foods helps resident to focus

Summary of Proprioception, Deep Pressure and Movement seeking behaviour: __
- Demonstrates/does not demonstrate, proprioceptive or movement based activity

Balance and Movement Hyposensitive Behaviour:
- Likes swings
- Likes rides that spin
- Likes riding over big hills in the car
- Likes busy/lively activities
- Likes riding in elevators
- Likes most amusement park rides
- Doesn’t mind heights

Balance and Movement Hypersensitive Behaviour: Multi Select no mapping
- Tends to lose balance
- Walks slowly and cautiously going down stairs
- Gets dizzy easily
- Tends to feel off balance a lot
- Riding an escalator has always felt uncomfortable
- Walking through busy areas is often overwhelming
- Gets motion sickness
Sensory Preferences Assessment

Summary Vestibular Tendencies:
• Seeks/avoids opportunities for vestibular stimulation…

Touch:
• Seeks out touch from those who are significant
• Avoids touch from those who are significant
• Seeks out touch in general
• Avoids touch in general

Fabric Aversion: Free Text

Summary of Touch Behaviour: Free Text
• (Eg touches clothes before choosing them etc)

Smell:
• Seeks out scented things
• Avoids scented things

Aromas that cause unease? Free Text

Pleasurable aromas? Free Text

Taste: Multi Select – Map to Nutrition & Hydration - Observations
• The resident prefers strong tastes
• The resident prefers spicy tastes
• The resident prefers sour tastes
• The resident prefers smoked tastes
• The resident prefers salty tastes
• The resident prefers cold tastes
• The resident prefers hot tastes
• The resident avoids strong tastes
• Food Texture Dislikes:

Comfort Food:
• Crunchy food comforts the resident
• Sour food comforts the resident
• Salty food comforts the resident
• Sweet food comforts the resident
• Chewy food comforts the resident
• Hot food comforts the resident
• Cold food comforts the resident
• Spicy food comforts the resident

Other Comfort food: Free Text

Summary of taste behaviours: Free Text
Sensory Preferences Assessment

Sound:
- The resident finds loud environments disturbing
- The resident is tolerant of loud environments

Music and Sounds that calm the resident: Free Text

Music and Sounds that stimulate the resident: Free Text

Favourite type of music: Free Text

Least favourite type of music: Free Text

Summary of behaviour related to sound: Free Text

Vision:
- Prefers bright lights (sunlight)
- Finds bold colours stimulating
- Finds bold colours calming
- Prefers low lighting
- Prefers environments with softer / lighter colour shades
- Dislikes environments with fluorescent lighting

Summary of behaviour around visual stimuli: Free Text

Global Hyposensitivity Patterns:
- Likes to be in busy places
- Likes to be kept busy
- Likes to go out a lot
- Gets bored easily
- Gets impatient quickly
- Has always got distracted easily
- Tended to engage in risk taking activities
- Has a hard time sitting still/fidgety
- Has often spoken before thinking
- Finds it difficult to get up in the morning
- Has been/is a daydreamer
- Has always seasoned meals/used condiments

Summary of behaviour towards global Hyposensitivity:
Sensory Preferences Assessment

Global Hypersensitivity Patterns:
• Finds being touched difficult to accept
• Doesn't like the feeling of grass or sand on feet
• Doesn't like to be physically close to people
• Does not like other people brushing their hair (hurts)
• Is considered to be “sensitive” or “picky” by others
• (Covered in question 18) doesn't like getting hands dirty/messy
• Likes things to stay arranged the same way in living environment
• Has a tendency to isolate self
• Gets startled easily
• Does not typically engage in risk taking activities
• Tends to be uncomfortable in busy environments.

Summary of behaviour towards Global Hypersensitivity: Free Text

Mood Related to Seasonal Patterns: Free Text
• Eg Mood difficulties etc

Sleep Sound Environment: Free Text
• Eg likes TV, fan or music to sleep

Learning/Concentration/Memory:
• Pace of learning new things has been slow
• Pace of learning new things has been average
• Pace of learning new things has been fast
• Experiences difficulty with concentration and attention span
• Reads things more than once in order to remember them

Main Learning Style: Free Text

Sensory modulation overall goals: Free Text

Sensory Interventions to assist ADLs: Free Text

Sensory Interventions to assist behaviour and mood: Free Text

Sensory Interventions to assist maintenance of life roles: Free Text
Potentially very time consuming therefore:

- Include some questions in social profile
- Other information is collected during standard assessments via clinical observation
- Difficult to gather a complete picture with current restrictions of time and resources however an indication is better than no information
### Barriers

- Narrow nature of ACFI
- Incompatibility between ACFI and “person centred“ care
- Staffing hours availability for assessment
- Lack of Aged care specific assessment tools

### Possible Solutions:

- Paradigm shift as to method of collection in order to accommodate reduced availability of professional staff
- Business analysis of the how this assessment may improve ACFI claims
- Trial of available tools and if possible adapting and validate them to suit the needs of the aged care environment
How Assessment Will Help:

- Helps identify possible triggers for behaviours of concern from a different perspective.
- Helps identify activities that can be used to positively enhance an individual mental health and well being.
- Identifies broad tendencies toward hyper or hypo sensitivity which influence the formulation of care plan strategies for things such as showering and dressing and settling at night.
How Sensory Preference Challenges Current Care Planning Structure:

- Assists in care plans addressing both clinical and social information about the person, gives information that can be easily turned into strategies.
- Links strongly to Person-Centred Care, through identifying preferences that are the basis of many habits and routines.
- Challenges the structure of care plans how they can be set up to represent the true needs of the individual as well as meet the needs of ACFI and accreditation.
Books That Rate as a “Must Read”:

• “Living Sensationally: Understanding Your Senses” Winnie Dunn, Jessica Kingsley Publishers 2009

• Sensory Modulation & Environment: Essential Elements of Occupation” Tina Champagne, Pearson Publishing 2011
Questions?

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