



Sensory Workshops: An intervention which could help demystify the body?

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7th September 2021

Outline

- ❑ Context
- ❑ Identifying relevant diagnostic criteria and clinical observations of patient experiences of anorexia nervosa (AN) and autism (ASC)
- ❑ Understanding the challenges patients face during refeeding process
- ❑ Relevant existing psychological interventions offered
- ❑ How the sensory workshops compliment and strengthen pre-existing treatment interventions
- ❑ How sensory workshops may help demystify the body
- ❑ Conclusions and future directions

Context

- I have worked across all parts of the ED service over a few decades and have a special interest in the concept of embodiment, that is the notion that human experience is not divided into “mind” and “body”
- Presentation is based on my clinical experience of piloting and embedding PEACE Pathway on the eating disorders inpatient unit, driven by clinical observations rather than data.
- We know the experience of the physical self can be very complex, distressing and confusing for both those with eating disorders and those with autism diagnosis or high traits.

DSM V Diagnostic Criteria to Consider

Anorexia Nervosa

(A) Refusal to maintain body weight in minimally normal range for weight and height (<85%)

(B) Intense fear of gaining weight and becoming fat, even though underweight

(C) Disturbance in experience of weight, size or shape, undue influence on self-evaluation, or denial of seriousness

Autism

(B) Restricted, repetitive patterns of behaviour, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):

1) Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).

4) Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g. apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

Clinical Observations:

Anorexia Nervosa

- Physiological disconnect - appetite; aches & pains; tiredness etc. are not recognised, are ignored or “mastered” in order to succeed at restriction.
- Significant distress over body changes (whether real or perceived)
- Body often perceived as “enemy” since physiological needs frequently conflict with psychological need for control/safety/ managing distress through restriction and other ED behaviours

Autism

- Struggle with flexibility/change
- Often managing high baseline anxiety levels
- Body sensations often experienced as confusing/distressing
- May lack accurate sense of physical self (interoception)
- Often describe body sensations when attempting to express feelings e.g. head gets hot

* These are not necessarily mutually exclusive!

Inpatient Refeeding Process

- Eating 6 times a day, VERY carefully controlled weight-gain diet
- Due to starvation, gut muscles are like “weak floppy noodles” (Kate Williams quote!)
- Eating causes gastric discomfort until gut function improves
- Literally expanding capacity of stomach = very uncomfortable; constantly feel full
- Food moves slowly through gut therefore constipation and “bloating” very common

The remedy is to continue eating until gut becomes stronger

> VERY difficult for patients to trust this message

- At start of admissions patients often very preoccupied with gastric symptoms; bloating can also exacerbate fears about “uncontrolled” weight gain.
- Add sensory sensitivity to this and it becomes an extremely challenging experience, physically and psychologically



Psychological Interventions:

Body Image Group

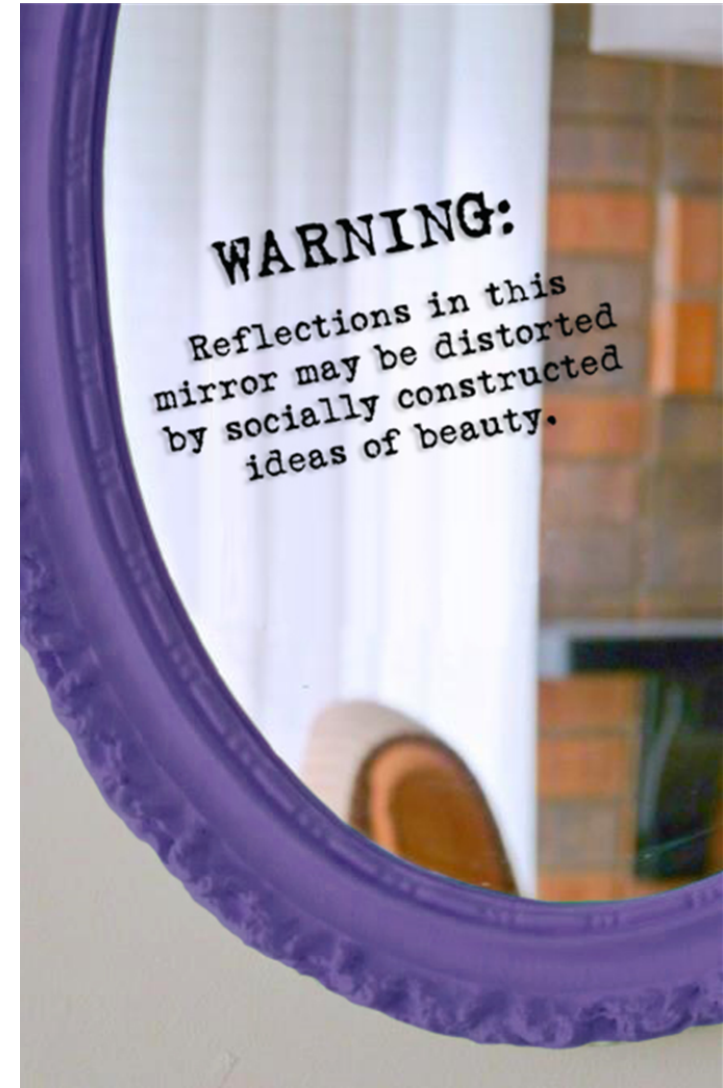
- Aims to broaden perspective on self away from focus on appearance
- Psychoeducation on impact of common perception errors, thoughts and behaviours
- Refocus on function of body – what it allows us to do
- Valuing other parts of self

Clinical reflections

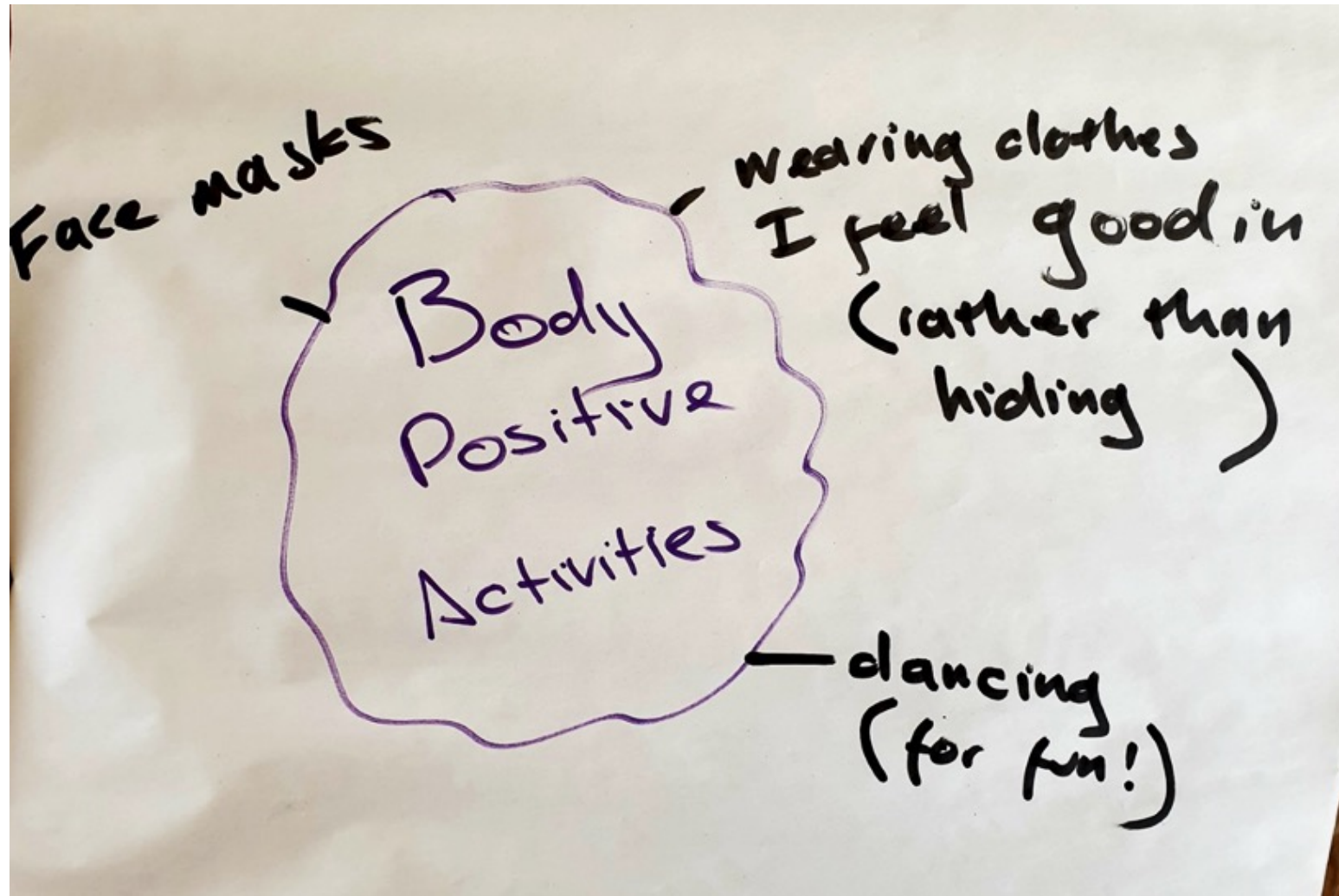
Great protocol, patients often feedback they wish there were more sessions BUT ...

We could get really stuck when attempting to create a group mind-map of pleasurable activities related to the body, which are not exercise/or appearance related e.g. dance, hug, bubble bath, hand massage

> as if patients anxiety interfered with staff ability to think!



Example Mind Map of Body Positive Activities



Psychological Interventions (cont.)

CREST

- Emotional skills package, delivered *individually* and in *group format*
- Psycho-education about how body sensations provide clues to emotional states, therefore emphasises the need to pay attention to them rather than avoid them
- Vocabulary to support accurate labelling of emotions based on context, behaviours and body sensations

Distress Tolerance Group

- Provides psycho-education on psychological need to “escape” distress and offers alternatives to unhelpful coping strategies
- Opportunities to practice alternatives: mindfulness; distraction; soothing, and notice changes in how they feel



Sensory Workshops: How they complement and strengthen existing interventions

New Intervention introduced as a result of PEACE pathway pilot specifically to support sensory issues in patients with high autism traits or full diagnosis (details in previous presentation)

Lightbulb moments!

- In addition to the stated aims and benefits of sensory workshops, all the practical activities are body positive activities! – no more awkward silences when mind mapping!!!!
- Sensory focus also helps build vocabulary for describing various body sensations (previously missing from treatment)
- Talking about and experiencing body senses, without immediately relating them to emotional or medical issues, makes them a bit less threatening to engage with



Sensory Workshops: How they could help demystify the body

CREST:

Sensations need not be scary, they might tell you how you feel and what you need.

Body Image:

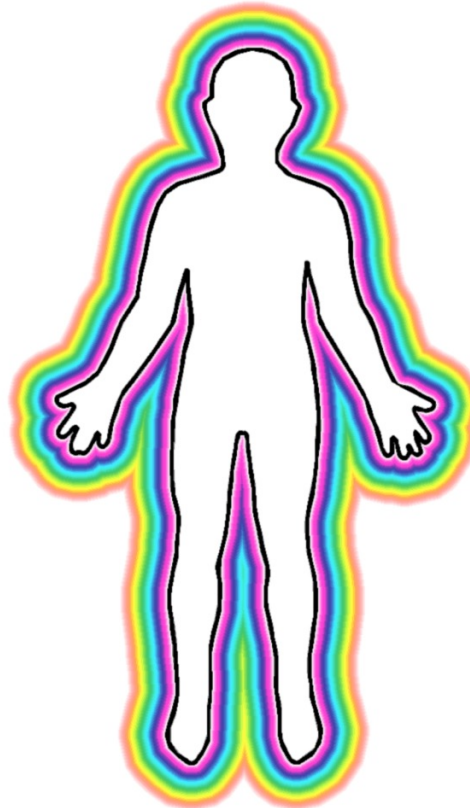
Sensations -source of pleasure
Senses provide examples of what our bodies allow us to do – reinforces importance of function.

Distress Tolerance:

Opportunities to practice strategies and notice changes to how you feel, including sensations.

Sensory Workshops:

Understanding senses and utilizing them for self-soothing, pleasure or stimulation.



Conclusions and Future Directions



Conclusions

- As well as addressing sensory issues, sensory workshops support psychological work on body image, emotional skills and tolerating distress
- Sensory workshops provide opportunities to experience physical pleasure and reinforce that bodies/physicality can be a source of pleasure/soothing and not just distress.

Future Directions

- Make these benefits more explicit in group protocols and written information.
- Ensure sensory workshops continue regularly as an integrated part of treatment on the ward
- Explore potential benefits to staff - consider ways to include wider staff team in sensory curiosity, to identify how senses might provide ideas about small, quick, daily wellbeing activities which might be manageable on a busy shift

Any Questions or Comments?



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