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Occupational Placemaking: Facilitating Self-Organization Through Use of a Sensory Room

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ccupational therapy practitioners engage clients in purposeful activity and occupations that support participation in real-life contexts and natural environments (American Occupational Therapy Association [AOTA], 2008; Loukas, 2010). Occupational therapists working in the community address personcentered client factors as well as consult to organizations to address the needs of a population through the adaptation of real-life contexts (AOTA, 2008). Many occupation-centered theoretical perspectives address contextual factors in practice; however, the nonlinear dynamic systems approach that promotes interdependence and interconnection best supports the idea of placemaking as part of the occupational therapy process (Champagne, 2008; Lazzarini, 2004). Just as the physical rehabilitation occupational therapy practitioner addresses home modifications for the client following acute medical trauma; the occupational therapy practitioner working in mental health or related community settings may engage in occupational placemaking to facilitate function and social participation in clients with chronic stress and/or sensory processing challenges (Champagne, 2008; Rowles, 2009). As indicated by Rowles (2009), finding meaningful place involves "moving toward directly acknowledging the degree to which the relationship involves blending the person and place in human experience" (pp. 80–81).

Concepts of space are philosophical, evolutionary, and cosmic as well as functional, physical, and temporal (Rowles, 2009; Zemke, 2004). Everyday occupation occurs in life space and is influenced by how we organize our experiences of meaning and connection in communities (Hasselkus, 2006). Our everyday occupations take place in the contexts and environments of our lives. Environments are considered to be the physical and social spaces where occupation takes place. Contexts include the cultural, personal, temporal, and virtual spaces and places of occupational performance. The term *context* refers to "a variety of interrelated conditions that are within and surrounding the client" (AOTA, 2008, p. 645).

This article supports, describes, and applies the intentional use of *placemaking* through creation of meaningful places in community-based occupational therapy practice. This intervention is grounded in nonlinear dynamic and sensory processing theory. Nonlinear dynamic systems theoretical foundations support occupational therapy to use *placemaking* (Rowles, 2009; Zemke, 2004) to facilitate meaning and self-organization in the lives of clients in community contexts. A case example is presented to demonstrate how nonlinear dynamical systems theory can be applied to create a safe, sensory-

enhanced space to support self-organization for improved social participation in a group home community setting.

Theoretical Foundations

Theory in occupational therapy practice helps us describe and influence human behavior. Theories explain and propose the interrelationships, evaluation processes, and interventions that define practice (Cole & Tufano, 2008). An emerging theoretical perspective in occupational therapy is that of nonlinear dynamic systems theory, which includes chaos and complexity theories (Casillas, Davis, Loukas, & Shumacher, 2008; Champagne, 2008; Ikiugu, 2005; Lazzarini, 2004; Royeen, 2003). Royeen (2003) has been the most visible promoter of chaos theory in occupational therapy practice. Royeen defines chaos theory as the interwoven forces and attributes of dynamical systems. Nonlinear dynamic systems theory defines human beings as open, dynamical systems who interact in complex patterns as they are influenced by objects, people, and the environment (Champagne, 2008). This leads us to question how *space* is explored and transformed into *place* in theory and practice.

Space to Place

"It is important to understand each person from the perspective of an experienced context: the life world in which he or she defines the self, conducts daily activities, and receives occupational therapy intervention" (Rowles, 2009, p. 81). Rowles encourages occupational therapists to go beyond inspection of the physical setting and interview regarding life space; toward meaningful relationships involved in transforming space into place. Being and living in a meaningful place is a dynamic process related to personal identity and relational community. Rowles encourages occupational therapy practitioners to be more aware and attuned to the individual complexity of each client as they experience "being in place" (Rowles, 2009, p. 86). Zemke (2004) expanded on the earlier conceptualizations of Rowles as she asserted that place is both physical and symbolic. Space becomes a place when it is given definition and meaning through human interaction embedded in occupation. Place attachment can come from historical occupations and experiences as well as the person's perception of the potential

Have you suggested changes to a client's environment to support sensory modulation goals? Discuss your approach in the new MHSIS subforum on Sensory Approaches in http://otconnections.aota.org/forums/7156.aspx..

of occupations that could occur within the place. Zemke described placemaking as the act of creating and maintaining meaningful spaces and places through relationship.

Tuan (1997) supports the use of space and place by defining space as freedom and place as security. He described places as "centers of felt value where biological needs, such as those for food, water, rest, and procreation are satisfied" (p. 4). Freshwater (2005) developed the concepts of space in a more poetic genre, building on the therapeutic relationship as it relates to space. Freshwater asserted that spaces can be used to facilitate self-understanding and relationships. She described the importance of "reflective space, the most significant nothing" (p. 178) as part of the poetry and dance of practitioners and clients in therapeutic relationships. Therefore in occupational therapy practice both space and place should be considered. However, occupational placemaking involves creating a deeper, meaningful place for healing and self-organization (Champagne, 2008; Rowles, 2009).

Creating Safe, Meaningful Contextual Relationships

People do not only perform occupations in context, they also interact and join with others to create a context for living (Bruhn, 2005). Clients with anxiety, stress, or sensory processing difficulties may experience sensitivity to certain environments, contexts, objects, and interactions (Champagne, 2008). Dunn's Model of Sensory Processing (1997), based on behavior and neuroscience, indicates that sensory processing in areas of registration, seeking, sensitivity, and avoidance fall on a continuum and interact with contextual factors. Further work by Brown and Dunn (2010) indicated that sensory patterns have both universal and context-specific qualities in children with autism and that "behavior is influenced by context" (p. 475). An over-stimulating, under-stimulating, or unpredictable complex environment can influence the client's nervous system toward feeling unsafe in his or her occupational context. Therefore, creating safe and meaningful places can facilitate healing.

Feeling safe and having control over the physical environment is important in creating meaningful places. From a nonlinear dynamic perspective, a person's environment is sensitive to initial conditions (e.g., the physical environment), and is continually changing in unpredictable ways. Environmental influences, object affordances, and human interactions add to the complexity of everyday life and group living (Champagne, 2008; Kelso, 1995; Lazzarini, 2004).

People "seek out safe, centering, and nurturing environments" during times when they feel vulnerable (Champagne, 2008, p. 174). Occupational performance is embedded in the circular causality

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between the internal and external environments of the human being. Creating meaningful, safe, sensory spaces can influence the nervous system in the mind-body-spirit of clients when they are experiencing crisis or discomfort. Allowing clients to seek out, arrange, and modify their own safe, sensory place in their own time, daily routine, and natural environment is most consistent with this practice.

Helping people self-organize through the use of therapeutic relationship, placemaking, and object affordances can influence their perception of safe space (Champagne, 2008).

The Sensory Room

Co-creating a sensory room is one way that occupational therapy practitioners can work with clients to help transform spaces into meaningful places (Champagne, 2006, 2008). Ayres (1980/2005) described her young clients with sensory integrative dysfunction as "accommodating" to their environment and "assimilating" the environment to themselves (p. 141). Ayres described the interaction with the environment as facilitating brain development and organization. Dunn (2001) applied the individuality of each person's sensory experiences to the events of everyday life. She asserted that occupational therapy "has a collective interest in sensory processing across the entire evolution of the profession" (p. 608).

Champagne (2008) presented an evolved approach of sensory modulation through the placemaking of sensory environments or sensory rooms. Sensory modulation is considered the tendency to generate appropriate responses in relation to stimuli, instead of over- or under-responding (Parham & Mailloux, 1996). Using a nonlinear dynamics approach to the creation of a sensory modulation room (SMR), the occupational therapist facilitates the client to seek out the sensory input that he or she finds self-organizing in a therapeutic space. This therapeutic space is designed to promote self-organization, healing, and positive change through opportunities to interact with context, objects, and people. In this way, the therapeutic space is used to facilitate the recovery process and avoid crisis. While there are different types of sensory rooms, the purpose of the SMR is to provide a variety of types of sensory stimulation and supportive activities that positively influence the individual's dynamic mind-body-spirit system. It is used for prevention as well as de-escalation purposes to support occupational engagement. In this way, a SMR is a therapeutic space that allows the client to organize the physical environment. There has been an increase in the co-creation and use of SMRs in mental health facilities as therapeutic places (Champagne, 2006). A SMR can be used as a meaningful therapeutic context for self-organization, prevention of distress, and promotion of healing and feelings of safety in acute care and other mental health environments. This is best implemented as a population-based intervention implemented and utilized through occupational therapy consultation. This approach includes rendering and equipping a space and training staff on how clients can utilize it safely in their daily routines. SMRs have also been used therapeutically as an effective alternative to seclusion and restraint for clients with mental health challenges (Champagne & Stromberg, 2004).

Therapeutic Place in a Group Home

Creation of therapeutic place is a process of developing rapport within a place while engaging in meaningful occupation, which results in the perception of overall well-being and belonging that comes with place attachment (Zemke, 2004). When consulting to a group home community, the occupational therapist should consider and apply these deep and profound philosophical bearings on place. To create a community within a group home, the occupational therapist should work closely with clients and staff to help embed concepts of place that are safe, culturally sensitive, and meaningful to each client.

Fidler (1999) described the relationship between environmental activities and human needs as having characteristics of autonomy, individuality, affiliation, volition, consensual validation, predictability, self-efficacy, adventure, accommodation, and reflection. The placemaking of a SMR in a group home community provides all those characteristics to the environment of the client. Bruhn (2005) described group living as a human adaptation that provides "protection, cooperation, competition, and communication" (p. 1) to form community. Placemaking in mental health settings through the use of a SMR provides a significant contribution to the occupational performance of clients and staff in the community (Champagne, 2006).

Case Example: Sarah's Placemaking

Sarah is a 15-year-old girl who lives in a group home. The group home initially became a space for Sarah to live when her behavior was deemed too difficult in foster care. Sarah is diagnosed with moderate intellectual challenges, bipolar disorder, and significant sensory processing dysfunction. She displays an interest in music, creative arts, and movement. She also demonstrates high social needs with adults and peers. These social needs can interfere with typical functioning in everyday activities as Sarah demands attention. Sarah scored much higher than the mean on the Adolescent/Adult Sensory Profile in the Sensation Seeking and Sensory Sensitivity quadrants (Brown & Dunn, 2002). She often speaks loudly, makes loud noises, and seeks out tactile and proprioceptive input as she rubs and presses on objects and people. These social, tactile, and proprioceptive sensory needs can easily become disruptive in the group home or community environment. In addition, Sarah demonstrates difficulty with emotion regulation, laughing heartily one moment and crying in extreme distress at another. She sometimes seeks inappropriate sexual input from adults, peers, and strangers, rendering her unsafe when not supervised. It is believed that Sarah was abused physically and sexually at a young age, and these initial conditions affect her greatly. All of these issues create barriers to Sarah's ability to engage in occupations that are meaningful to her.

Sarah is introduced to the SMR concept as a placemaking initiative by the occupational therapist. The SMR in the group home is targeted to become a therapeutic place for Sarah to self-organize when needed or desired. In nonlinear dynamic terms, this is considered a perturbation, or a disruption to change a pattern of behavior (Champagne, 2008). To assist Sarah with creating her relationship with the space (in order to create place), the occupational therapist helps her select both the paint color and a name for the room. Sarah calls the room "Our Place"; she selects yellow paint and participates in painting the room. The occupational therapist supports each of the three group home members in selecting objects and their own areas within the room to support sensory modulation, safety, emotion regulation and, ultimately, occupational participation. Sarah requested drawing, swinging, jumping, and safe (hideout) places. The other members of the group home also indicated these "specialty areas" of the SMR as important.

In one corner of the room, Sarah and the occupational therapist put an adjustable-height desk with a therapy ball chair. Objects for coloring, doodling, and fidgeting are placed in various compartments of the desk unit. Here, Sarah can doodle with markers that have various smells and textures, blow paint, doodle, or use the box of tactile fidget objects. In another area, a safe hammock swing and gliding rocking chair provide gentle movement. A small trampoline is placed on a mat for safety to provide opportunities for deep pressure, proprioceptive input for the residents through jumping. Finally, a mattress with a weighted blanket and soft music is set up in a small space that had once been the closet. This closet space will be transformed into Sarah's safe place.

Sarah's occupations begin the reinforcing pattern of following house and community rules to earn use of the sensory room during her free time. Sarah begins to access the room with staff suggestion and supervision when she is feeling emotionally dysregulated, and the room becomes a basin of attraction, which is a new pattern of behavior. Her dynamic system tendencies are varied and, therefore, unpredictable, requiring a range of intervention choices within the therapeutic place. As time progresses, Sarah uses the room for preparatory (e.g., self-reflection and self-nurturing) as well as occupationbased purposes (e.g., when she needs to do her homework or talk to her birth mother on the phone). The room facilitates the emergent process of identity building as Sarah's artistic projects decorate the walls, and she claims spaces within her place. Sarah and the occupational therapist frequently update the room with novel objects and communicate about the symbolic and physical relationship Sarah has with the SMR. The room has enhanced Sarah's feelings of safety, identity, sensory regulation, and control of her environment. Occupational placemaking, through the use of a SMR, has become a trajectory of success for Sarah.

Conclusion

Occupational placemaking is unique to occupational therapy practice as the philosophical, evolutionary, and cosmic affordances of space are used to influence human occupation (Zemke, 2004). Environment and context in practice constitute the physical, cognitive, social, and emotional conditions that surround the client (Rowles, 2009). Space becomes place when meaningful relationships render definition and identity place formation. Occupational science and therapy can be enhanced through the nonlinear dynamic approach toward reflective observation, scientific inquiry, and creative implementation of therapeutic placemaking.

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