

# Weighted blankets for children and adults

A guide for occupational therapists



# Weighted blankets for children and adults



## Purpose

We've written this guide to help occupational therapists make decisions about the use of weighted blankets with children and adults. Members of the public considering weighted blankets for their personal use may also be interested.

## Context

Weighted blankets are an example of a sensory-based intervention used in someone's natural environment to support their physical and emotional regulation. Occupational therapists may use them as part of a wider approach to help people of all ages take part in daily life activities that matter to them. The deep pressure stimulation they provide is thought to positively impact sleep, anxiety and cognitive processes by reducing the body's physiological levels of stress and arousal.

Studies exploring the effects of weighted blankets on sleep, anxiety and participation in children and adults have had mixed results.

- A randomised controlled trial with 73 participants found that they didn't help autistic children's sleep, although people liked using them.<sup>1</sup>
- A retrospective study with 85 children and adults with ADHD and/or autism found that they helped them sleep and feel more relaxed during the day, although better sleep hygiene practices may have been a factor.<sup>2</sup>
- A systematic review of eight studies involving a total of 244 participants found that they may help reduce anxiety but there was insufficient evidence to show that they help with insomnia.<sup>3</sup>
- A randomised controlled trial for insomnia with 120 adults with psychiatric disorders found that they had a positive effect on sleep, as well as improved daytime activity levels.<sup>4</sup>
- Another study with 122 participants found they helped reduce anxiety symptoms in people receiving inpatient psychiatric care.<sup>5</sup>

In summary, children and adults like using weighted blankets but there is limited evidence that they improve sleep. They may help reduce anxiety, meaning people are better able to take part in important daily life activities.

Weighted blankets were once considered specialist therapy equipment that should be prescribed by an occupational therapist but are now widely available for private purchase. While this guide describes the duties and responsibilities of occupational therapists when prescribing weighted blankets, it may also help people who are thinking of privately purchasing one.

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<sup>1</sup>Gringas et al (2014), <sup>2</sup>Baric et al (2021), <sup>3</sup>Eron et al (2020), <sup>4</sup>Ekholm et al (2020), <sup>5</sup>Becklund et al (2021)

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## Key messages

- People like using weighted blankets but there's limited evidence to show that they reduce anxiety, improve sleep and participation in daily life activities.
- The goals and effectiveness of weighted blankets should be evaluated in terms of changes to someone's participation in daily life activities.
- An individualised risk assessment should be carried out. Personalised and accessible information should be given to make sure weighted blankets are used appropriately and safely.

## Rationale

- Occupational therapists must be clear about their rationale and the evidence base for using or recommending weighted blankets. They should be able to explain how it may help someone take part in daily life activities.

## Evidence

- Information about the evidence base must be shared with the person and/or where appropriate their family/caregiver so they can make an informed choice about whether a weighted blanket is right for them.

## Risk assessment

- Occupational therapists prescribing weighted blankets must carry out an individual risk assessment related to the person's use of the weighted blanket. This should include, but is not limited to, the following:
  - physical, learning or other difficulties (including age-related factors) that might affect someone's understanding of the purpose and use of the weighted blanket and their ability to remove it on their own
  - health conditions that might affect someone's ability to breathe, regulate their temperature and/or remove the blanket when they want to or maintain skin integrity
  - mental health factors, such as an eating disorder or suicide risk, that might affect how someone uses a weighted blanket
  - side effects of medication or any illness affecting levels of alertness that might contraindicate use of a weighted blanket.
- Risk assessments should be recorded and shared with the person and/or people involved in their care, including teachers. See *Embracing risk; Enabling choice: Guidance for occupational therapists, RCOT* for more guidance.
- In settings where an occupational therapist is employed and weighted blankets are used (including those purchased privately), the occupational therapist should make sure that risks associated with the use of the blanket are communicated appropriately to the person and everyone involved in their care.

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- If a weighted blanket prescribed by another professional will be used in a setting where an occupational therapist is employed, the occupational therapist should make sure that the risk assessment carried out by the other professional is appropriate for their setting.

## Consent

- Occupational therapists should make sure they get consent specifically for the use of a weighted blanket. This is in addition to consent for occupational therapy generally.
- Consent should be informed. This means that the person and/or people involved in their care understands the rationale and evidence base for weighted blankets. Getting consent is a continuing requirement, not just a one-off event.
- Where a person's ability to give consent is restricted, occupational therapists should recognise other ways the person may show whether they want to use the weighted blanket or not. See *Professional standards for occupational therapy practice, conduct and ethics - RCOT section 3.5* for more information about informed consent and mental capacity.

## Intervention

- Occupational therapists and people looking to use a weighted blanket should follow the manufacturer's instructions on weight and size. These usually say a weighted blanket shouldn't be more than 10% of the person's weight. If a different weight/size is recommended, the reason for this should be justified and recorded.
- Weighted blankets can be made and filled with different materials. Someone's risk assessment may indicate whether certain materials are preferred or should be avoided.
- Make sure the blanket meets relevant health and safety standards, usually indicated by a safety mark such as the CE mark.
- Clean and maintain the blanket in line with the manufacturer's instructions. Infection control should also be taken into consideration.
- Give clear and accessible information about how to use the blanket to the person and/or people involved in their care. Keep a record of what advice and information was given.
- The risk assessment will determine the level of supervision a person needs when using a weighted blanket. This should be recorded and communicated with others involved in their care.
- If the weighted blanket is used at night, we recommend that it doesn't hang over the bed sides and that it's removed when the person is asleep.
- Weighted blankets must not be used as a restraint.

**Make sure the blanket meets relevant health and safety standards, usually indicated by a safety mark such as the CE mark.**

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- Use the risk assessment to create a personalised plan for someone. Take into account any people needed to be involved in the person's care to ensure the weighted blanket is used safely and appropriately. The plan should include:
  - when and where the blanket is to be used. Take into account any cultural needs/expectations around sleep
  - how and for how long it's to be used
  - how to recognise someone's responses/reactions that show they want the blanket on or off
  - how and when outcomes will be monitored
  - what to do if problems come up. For example, contact the emergency services if the person experiences breathing difficulties and how to contact an occupational therapist if the person's needs change.
- If someone wants to use a weighted blanket (and has capacity to decide for themselves) and an occupational therapist hasn't recommended it, the occupational therapist that they're working with should make them aware of the risks but respect their choice. Keep a record of the person's choice and any written and verbal information the occupational therapist has given.

## Goal setting and outcomes

- Person-centred goals and outcomes linked to use of a weighted blanket must be established before it is introduced. These should relate clearly to occupational engagement, performance and/or participation.
- Review the effectiveness of the blanket after an agreed timeframe. This will include the person's responses and reactions to the weighted blanket – adjust the personalised protocols accordingly.

## Follow-up and monitoring

- Collaborate with the person and/or those involved in their care to decide about ongoing monitoring of the use of the weighted blanket.
- If the risks are considered low after the review, and the person and/or those involved in their care can follow guidance for the safe use of the weighted blanket, further follow-up isn't required. They should be told how to contact the occupational therapist if there any concerns or if their needs change.
- Keep information about the safe use of weighted blankets up-to-date and accessible – websites can be a good place for this. Occupational therapists should signpost people to this information if they have recommended using one.

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## Fair access

- Occupational therapists should be mindful that weighted blankets can be expensive and not be accessible to everyone. Consider other interventions/support that may achieve the desired outcome, such as good sleep hygiene and anxiety management approaches.
- If using a second-hand or less expensive/non-specialist weighted blanket, make sure it meets relevant safety standards.
- Information about the use of weighted blankets should be provided in different languages, appropriate for the local population, including easy-read versions.

## References

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