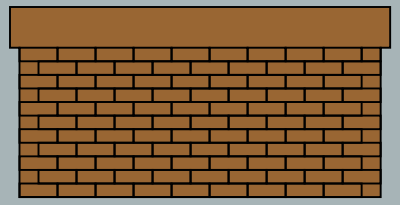
Capacity Building through the levels of Creative Ability using multi-modal sensory techniques



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Major coordinating senses

- Vision
- Sound
- Taste
- Smell
- Touch
- Vestibular
- Proprioception

Research has shown benefits such as:-

- ✓Positive changes in behaviour
- ✓Improved task attention
- ✓Increase in skills such as awareness of self, social interaction behaviours, communications, exploration and manipulation of stimuli
- ✓Relaxation
- ✓Decrease in self-stimulatory behaviours
- ✓Increase in adaptive behaviours such as exploratory behaviour or initiating contact with others
- ✓Improved concentration and attentiveness

- ✓Elevated mood
- ✓Improved staff morale
- ✓Decreased boredom
- ✓Reduction in pain
- ✓Decrease in depression
- ✓More engagement with, and awareness of surroundings

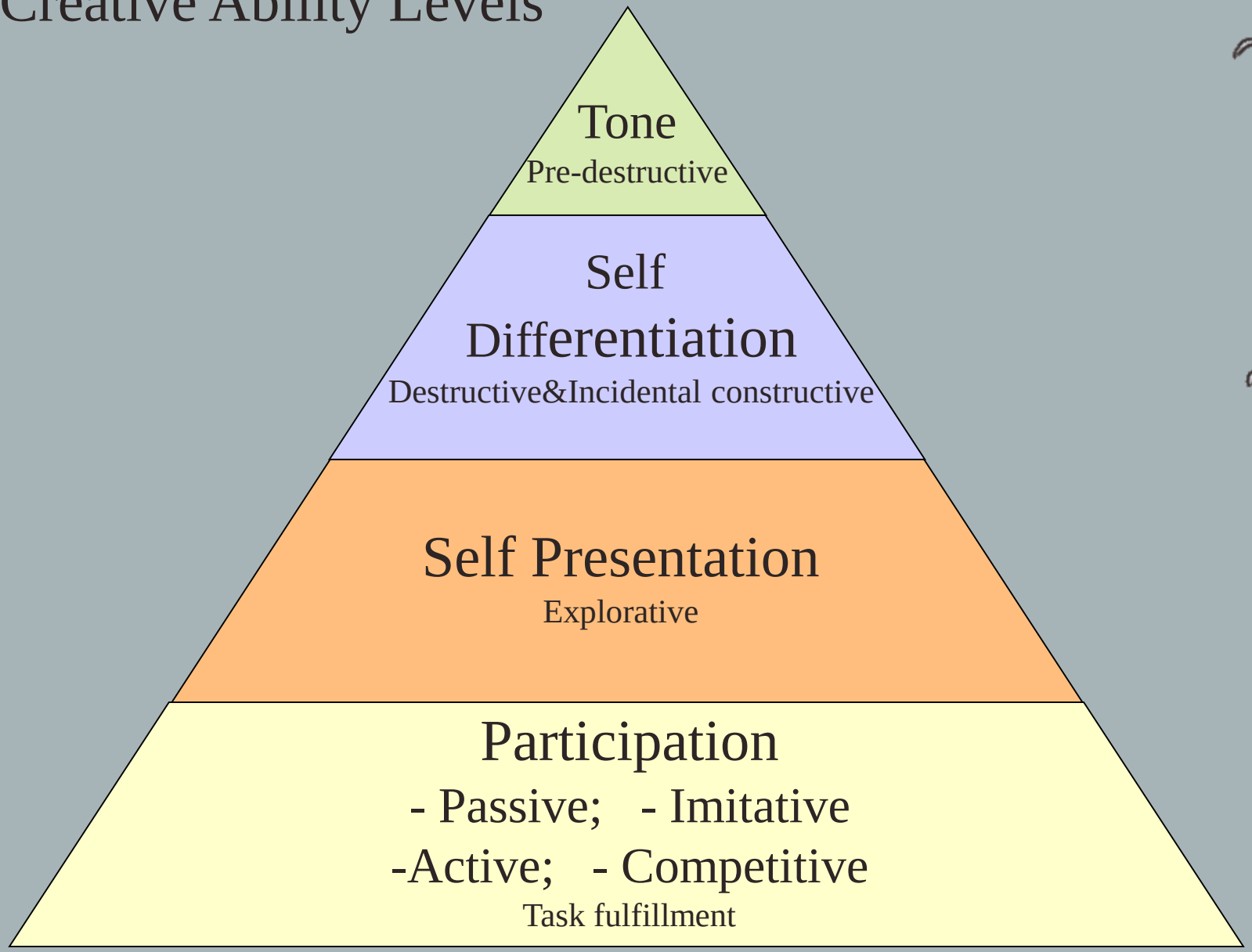
Other benefits:

- ✓A variety of stimuli can be presented in one session
- ✓Participation is demand-free
- ✓It offers choice which in turn reduces learned helplessness and institutionalisation

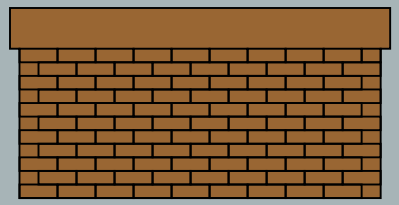
Research specific to the elderly shows:

- ✓Positive mealtime behaviours
- ✓Improved mood, communication and behaviour
- ✓Increased level of alertness and interest
- ✓Improved scores on tests
- ✓Improved cognition and social function
- ✓Improved selfcare and socialisation
- ✓Improved environmental awareness and responsiveness.

Creative Ability Levels

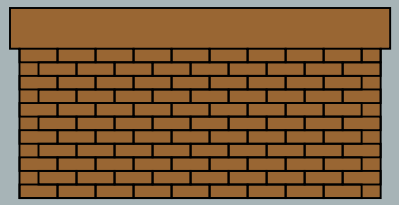


At TONE, the sensory input would be similar to that used in a coma stimulation programme and would be therapist directed in terms of exposing the person to a variety of sensory stimuli in an effort to elicit some neural response in the unconscious client.



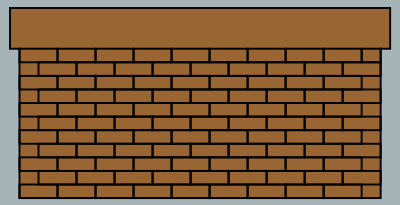
The sensory input going to the next level, is therapist directed in that the setting up of the environment with sensory-rich cues is done by the therapist, but in fact, a non-directive approach is used i.e. "*Snoezelen*" therapy. This form of sensory activity can become Patient directed and Transitional.

In the *Snoezelen* room, the sensory input remains the same but the person's response determines the level of action and motivation. They can move through therapist directed, to patient directed to transitional phase into Self Differentiation, as they start responding to the environment around them.



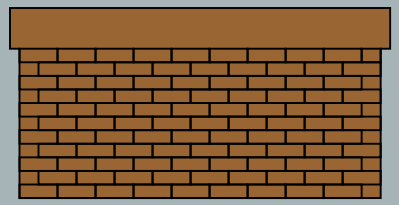
In order to address the needs of clients at the Self differentiation level, the sensory input changes, and becomes therapist directed, but with an expected response from the client, as multimodal sensory cues are presented. This is where multimodal sensory stimulation groups are introduced, as seen in Flo Longhorn's work.

The sensory cues are presented in a developmental sequence. It is therapist directed and clients are encouraged to copy or follow movements/actions e.g. hand over hand with verbal prompts. From no thinking, understanding, recognition or attention, the client starts to tolerate contact, responds both verbally and non-verbally and becomes aware not only of the environment, but of self and others as they move into the transitional phase of Self differentiation.



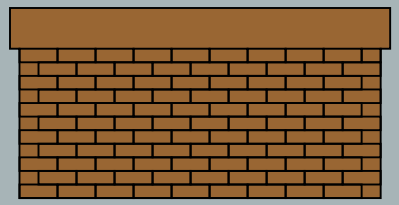
The repetitive exposure to this sensory input leads to a desire to explore, and as the sensory pathways strengthen, the senses are reactivated, leading to sharpened awareness, thinking and memory.

As the Self differential clients move into the explorative phase i.e. Self Presentation, the sensory cues and activities are upgraded to include more explorative action. Initially this is therapist directed from creating cause and effect awareness, to stimulating the learning of or the memory of basic skills.



Clients social awareness is stimulated and as they progress through patient directed to transitional phase of Self Presentation, the sensory activities become increasingly functional. This leads us onto the sensory techniques as are used by Carol Bowlby.

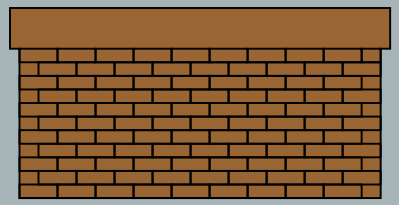
Depending on the client's cognitive level, one can adapt the sensory-focused activity to address the needs of both lower and higher level clients.



This then brings us to the level of Passive participation where the client can be independent and more responsible because of greater understanding of what has to be done or how to manipulate tools and materials.

Communication is encouraged through the activity.

Karen Moore's Level 2 is graded in such a way that patients at Self Presentation, are able to grow and extend their creative ability through the levels of Participation i.e. Imitative, Active (where the action is original) to Competitive Participation (where action is disciplined and product as well as situation and even society centered in that they want to do better than others.)



The last levels of the Creative Ability journey are those of Contribution and Competitive Contribution – both I feel, levels of self actualisation that many of us who haven't been classified as "patients", are striving to achieve. Using the knowledge of self, and sensory techniques gained along this journey through the levels, I hope we'll all be able to reach this end point in our own personal journeys.