

Sensory Stimulation

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Multi Modal Sensory Stimulation for Mental Health Care Users on levels tone and self differentiation

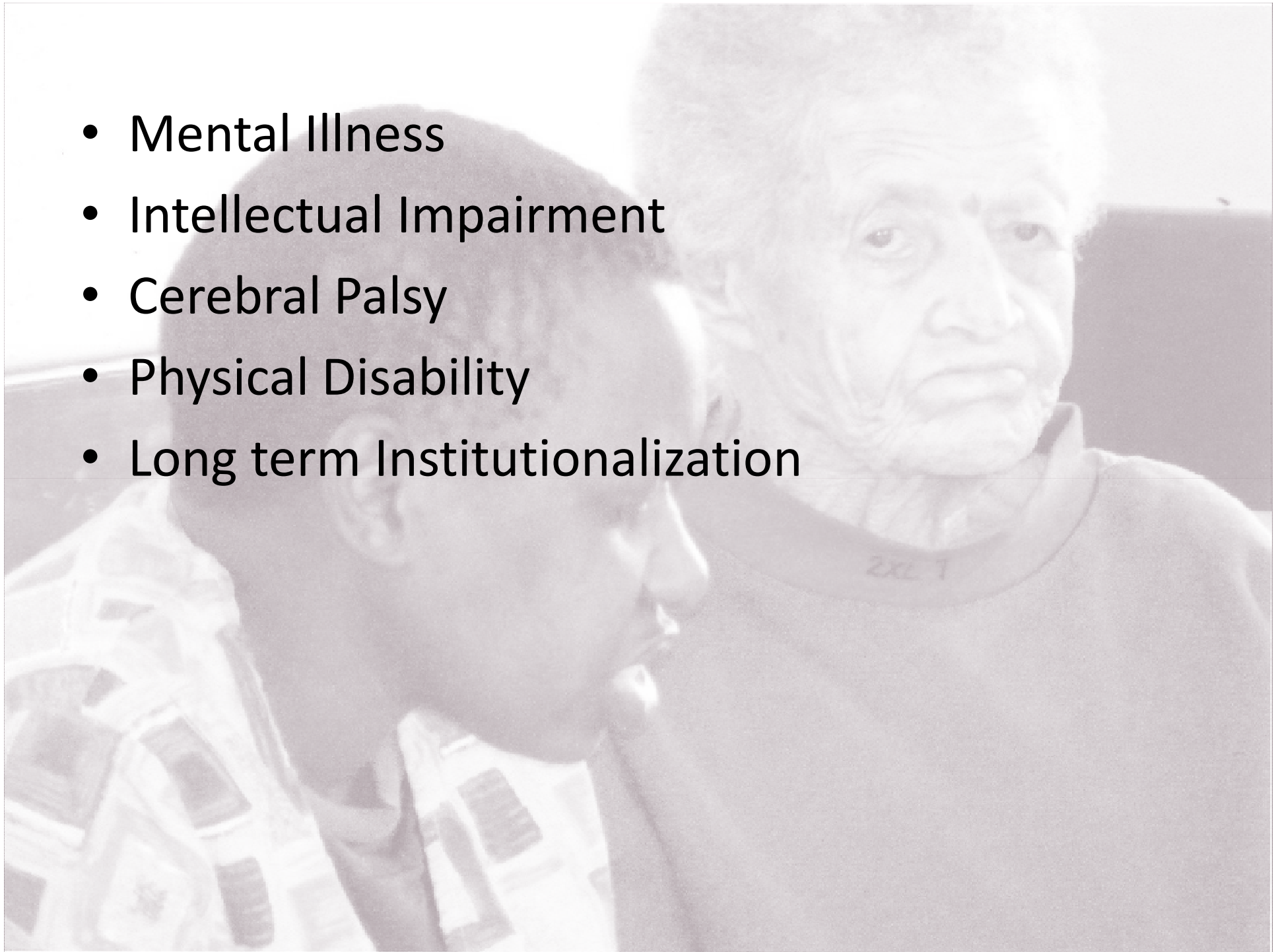


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- Rehabilitation Programmes for low levels
 - Large numbers(500)
 - 48% on Tone and Self differentiation
 - Long term institutionalization(10-30 years)
 - Groups of 25 according to Level of Creative Participation
 - Support staff facilitate group

Mental Health Care Users

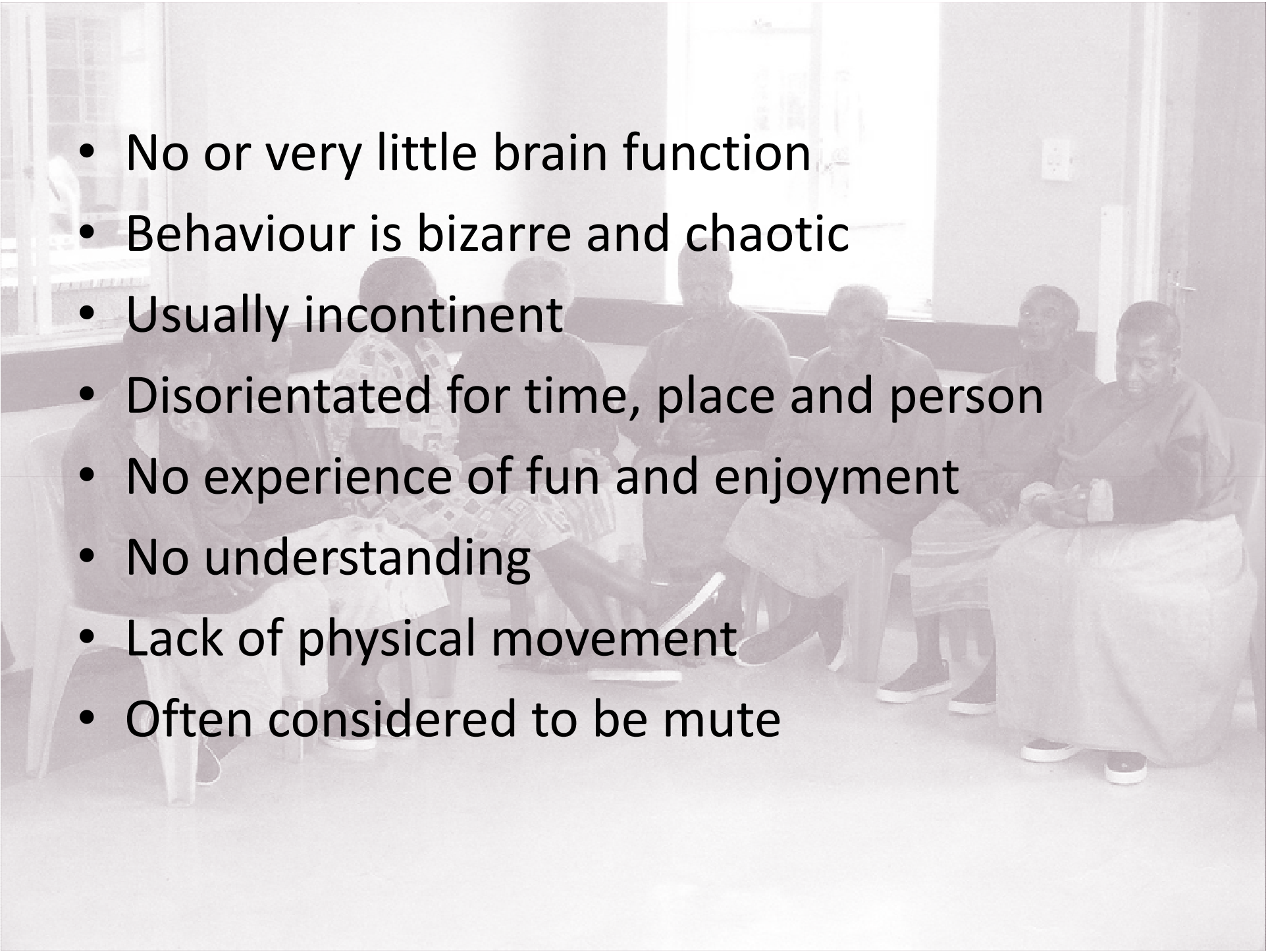


- Mental Illness
- Intellectual Impairment
- Cerebral Palsy
- Physical Disability
- Long term Institutionalization



Description of behavior on Selfdifferentiation

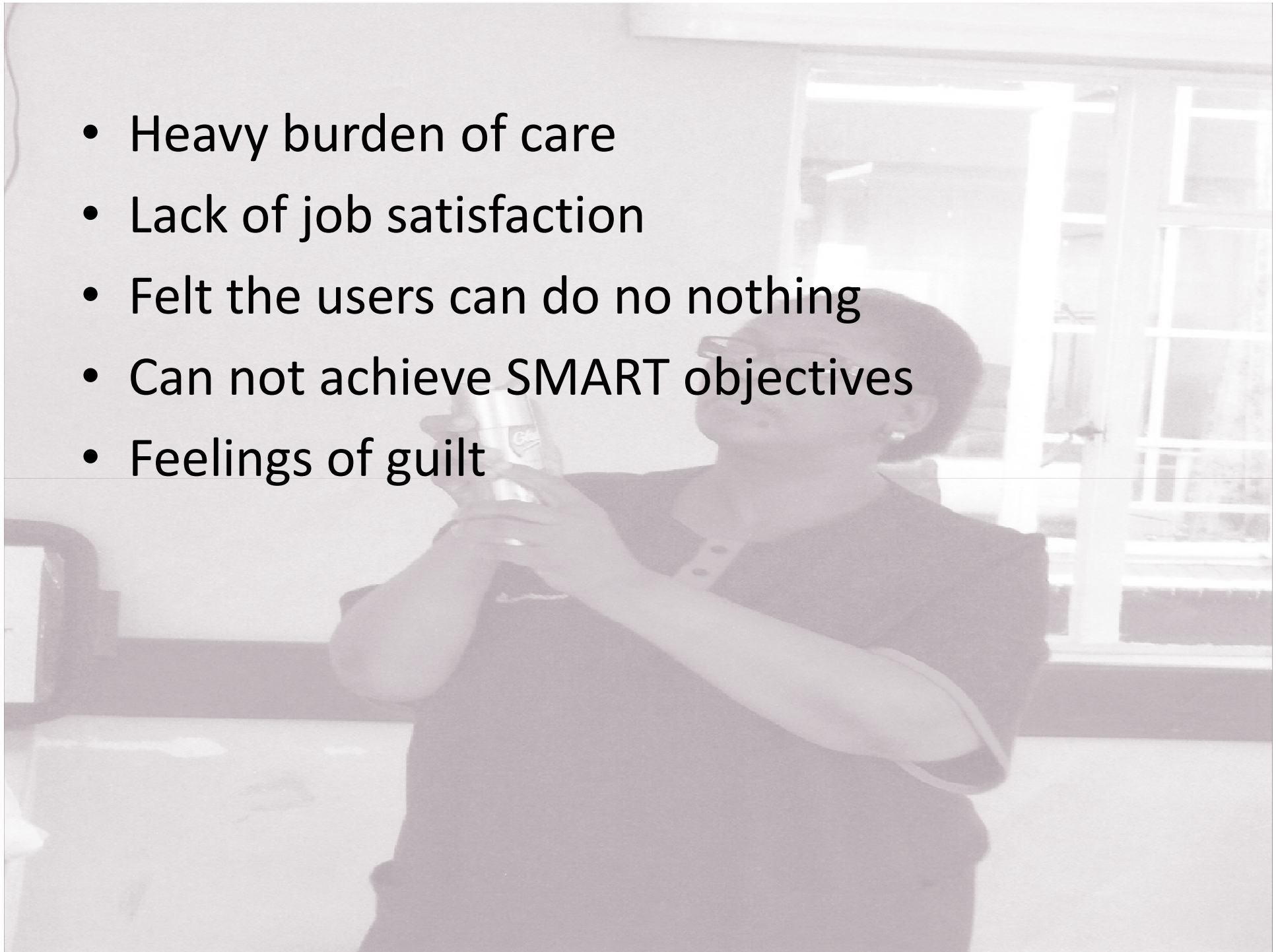


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- A group of approximately ten people are sitting in a circle on the floor in a room with large windows in the background. They are dressed in casual clothing, and some are holding objects like bags or papers. The scene is dimly lit, with light coming from the windows. The text is overlaid on the left side of the image.
- No or very little brain function
 - Behaviour is bizarre and chaotic
 - Usually incontinent
 - Disorientated for time, place and person
 - No experience of fun and enjoyment
 - No understanding
 - Lack of physical movement
 - Often considered to be mute

Problems for care givers



- Heavy burden of care
- Lack of job satisfaction
- Felt the users can do no nothing
- Can not achieve SMART objectives
- Feelings of guilt



Multi-Model Sensory Stimulation

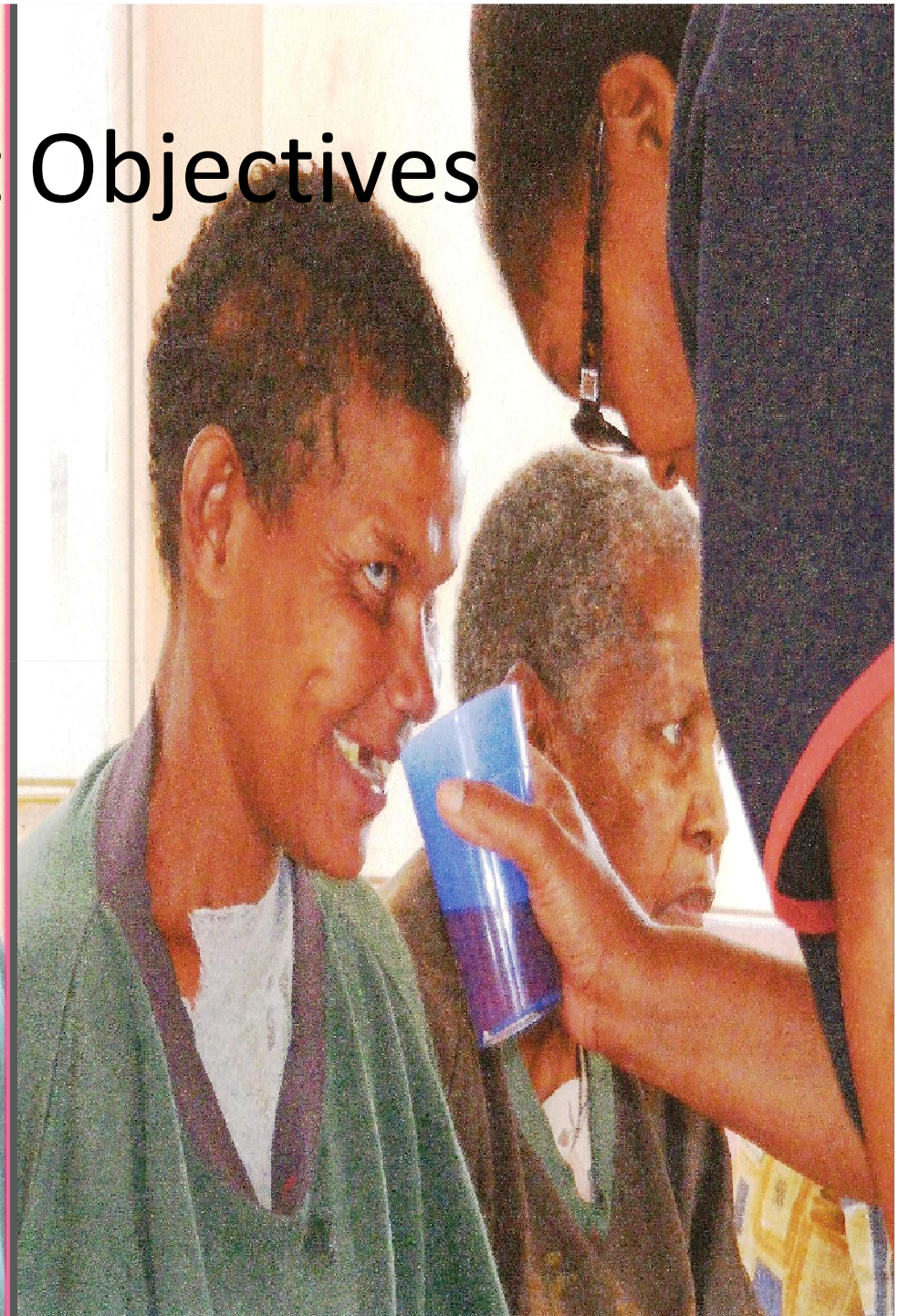
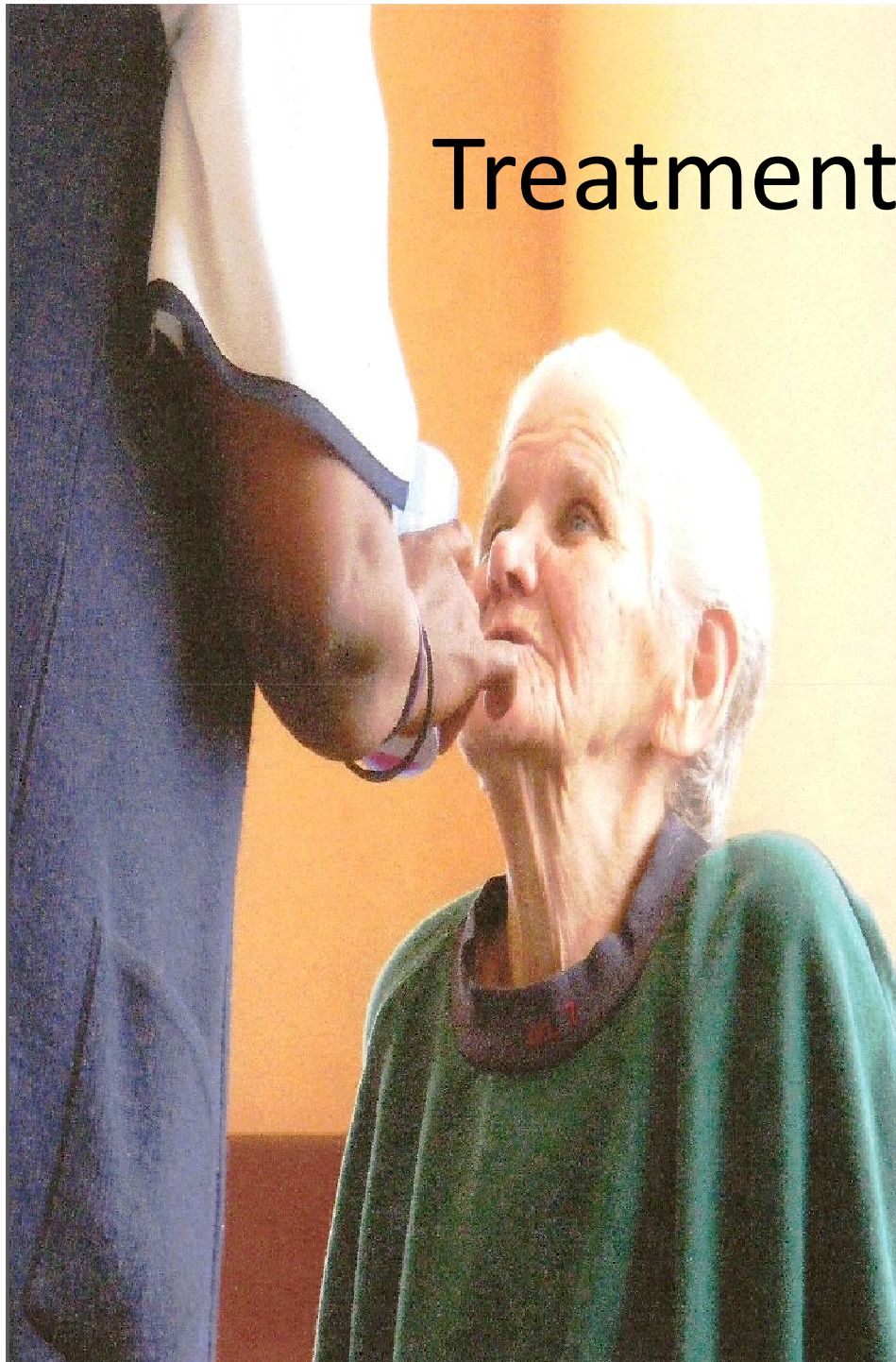
The 7 senses



1. Visual
2. Tactile
3. Sound
4. Smell
5. Taste
6. Vestibular
7. Proprioceptive

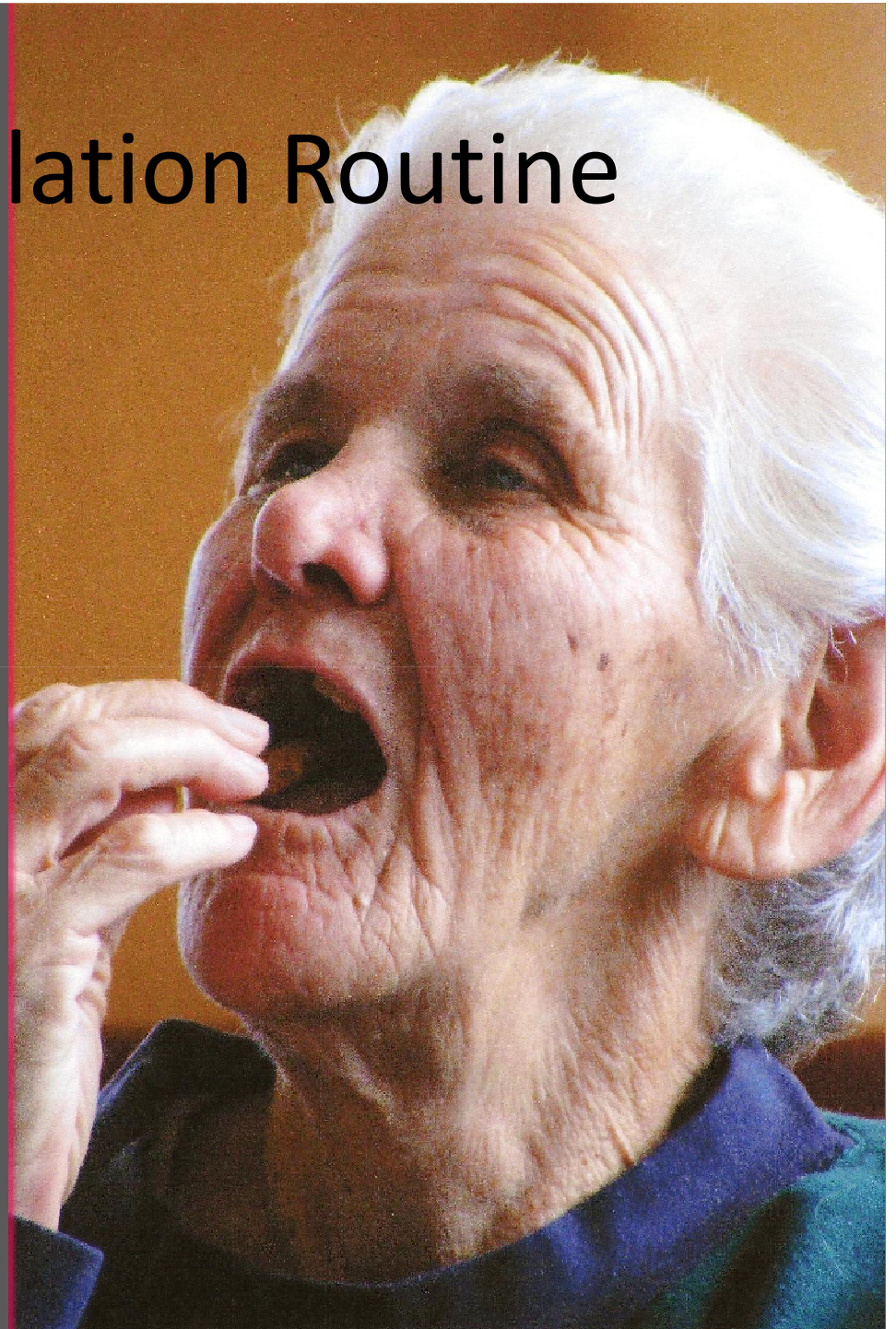


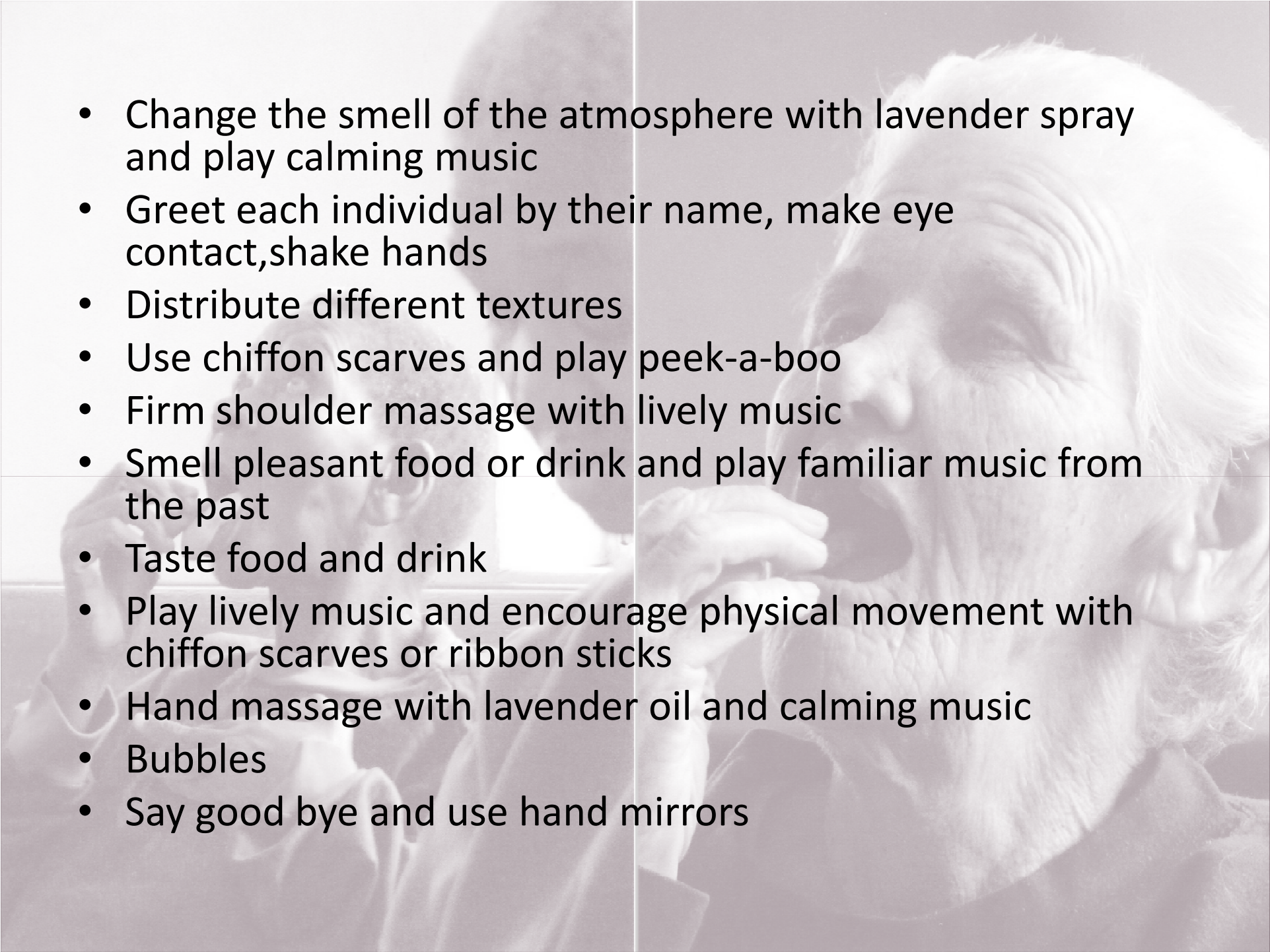
Treatment Objectives



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- Improve and maintain level of function
 - Stimulate brain function
 - Stimulate memory
 - Provide fun and enjoyment
 - Improve orientation
 - Calm down restless behaviour
 - Improve social behaviour
 - Improve appropriate emotional response
 - Improve attention
 - Improve understanding of instructions

Sensory Stimulation Routine

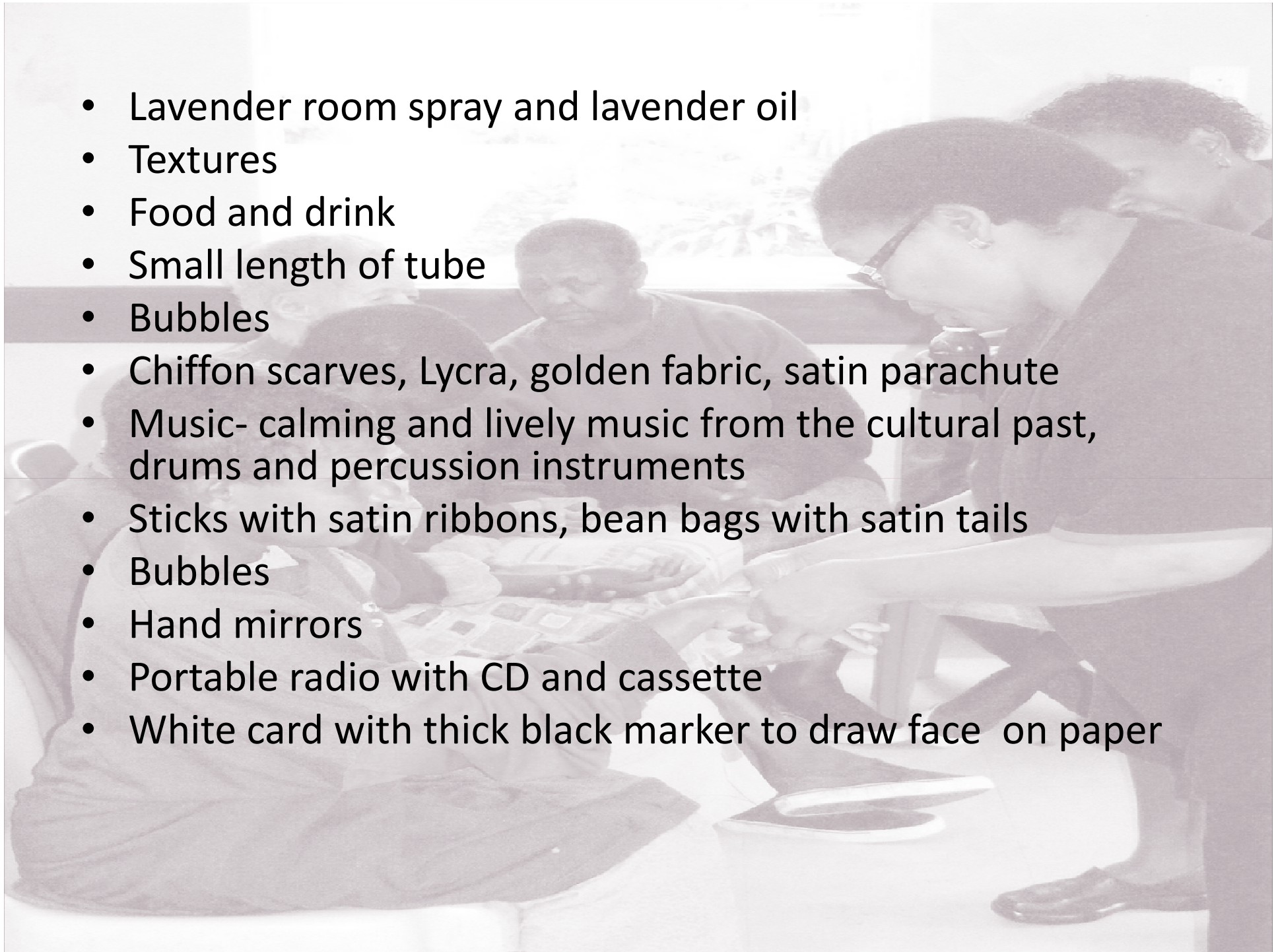


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- Change the smell of the atmosphere with lavender spray and play calming music
 - Greet each individual by their name, make eye contact, shake hands
 - Distribute different textures
 - Use chiffon scarves and play peek-a-boo
 - Firm shoulder massage with lively music
 - Smell pleasant food or drink and play familiar music from the past
 - Taste food and drink
 - Play lively music and encourage physical movement with chiffon scarves or ribbon sticks
 - Hand massage with lavender oil and calming music
 - Bubbles
 - Say good bye and use hand mirrors

Materials for Sensory Stimulation



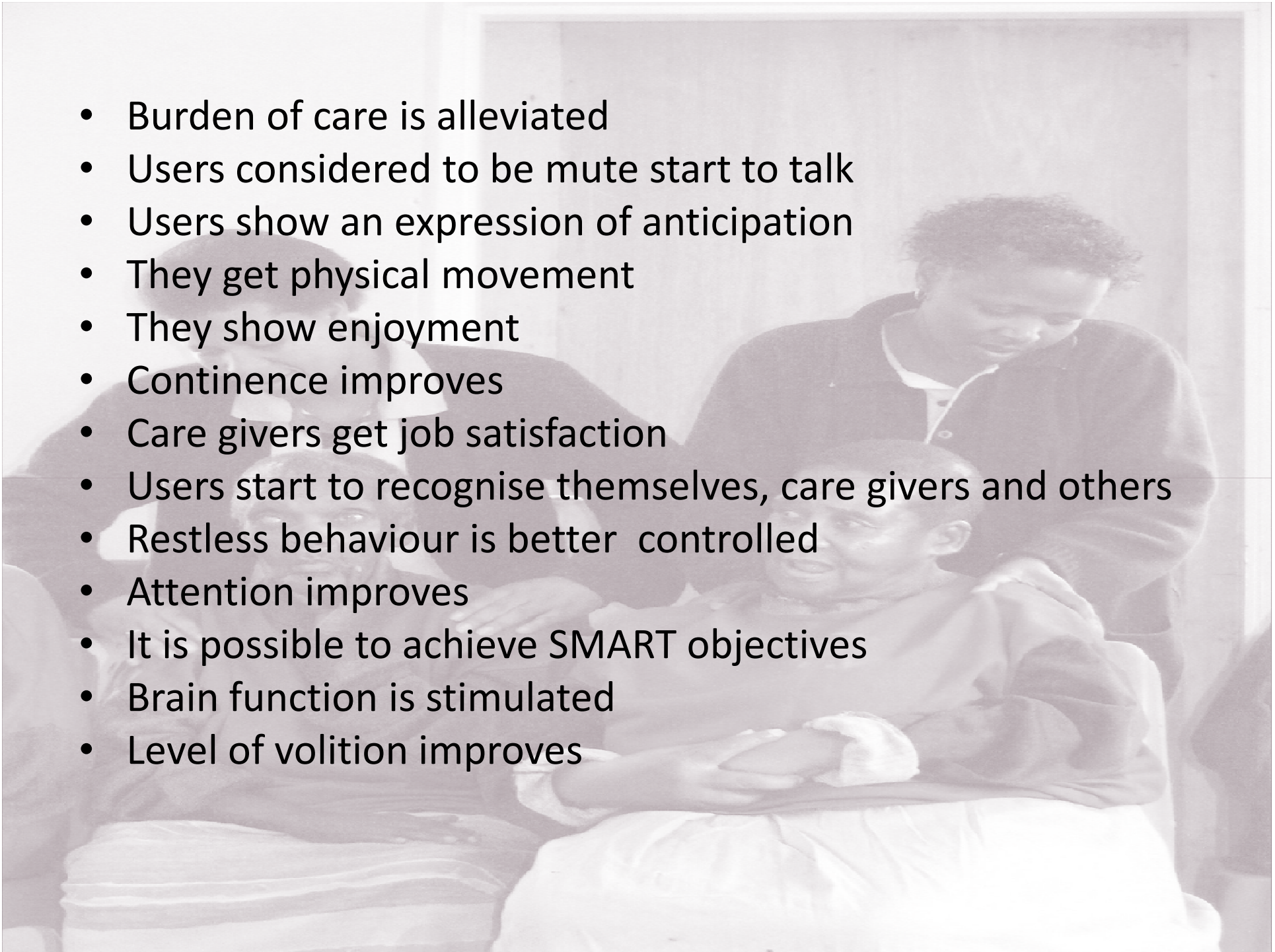
- Lavender room spray and lavender oil
- Textures
- Food and drink
- Small length of tube
- Bubbles
- Chiffon scarves, Lycra, golden fabric, satin parachute
- Music- calming and lively music from the cultural past, drums and percussion instruments
- Sticks with satin ribbons, bean bags with satin tails
- Bubbles
- Hand mirrors
- Portable radio with CD and cassette
- White card with thick black marker to draw face on paper



Outcomes



- Burden of care is alleviated
- Users considered to be mute start to talk
- Users show an expression of anticipation
- They get physical movement
- They show enjoyment
- Continence improves
- Care givers get job satisfaction
- Users start to recognise themselves, care givers and others
- Restless behaviour is better controlled
- Attention improves
- It is possible to achieve SMART objectives
- Brain function is stimulated
- Level of volition improves



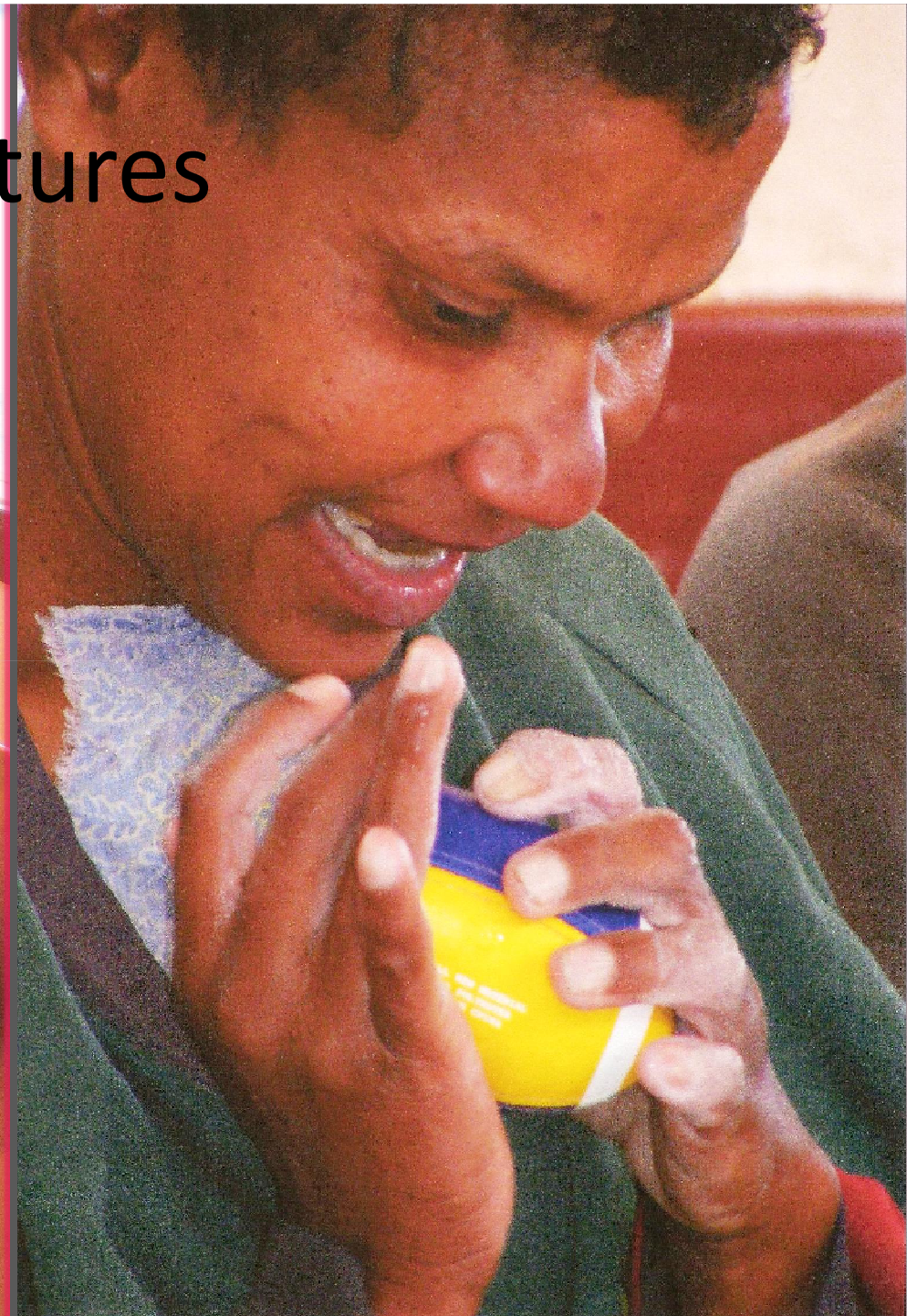
Peek-a Boo



Recognition of self



Textures



Physical Movement



Fun and enjoyment

