Wendy Sherwood 2007

Comparison of sensory deprivation, principles for treatment for creative ability levels

This comparison is informed by the work of Robin Joubert (see other documents in forum).

Principles to prevent sensory deprivation (Joubert 1982)	Relevance to creative ability	Level of creative ability
To take a background history is imperative in order to ascertain premorbid personality, interests, likes and dislikes	Part of Ax = to know the client Holistic 'Man the totality' = physical, psychological (including intelligence, personality etc) + drive in the *environment* (past, present, future)	
Due to the susceptibility to suggestion, it is of the utmost importance that the OT has a positive attitude and constantly reinforces effort on behalf of the patient	Positive attitude: stimulation for a positive response from the patient to participate Handling principles: Give recognition for effort (even if product is poor)	all levels, but particularly important for: Self-presentation (level 3) Self-differentiation (level 2) Tone (level 1)
Initial structuring of the treatment situation should be as for reduced concentration, if deprivation symptoms have already manifested themselves	Structuring principles (as part of treatment principles) Limit external stimuli to help concentration + ↑ involvement	Self-differentiation + Tone
Reactions to emotional outbursts should initially be handled with extreme control until the sensory programme has been firmly established If there are signs of sensory deprivation, visual, auditory and tactile acuity will be reduced and thus exposure to stimuli should be prolonged in order to elicit a response	Handling principles (as part of treatment principles): Acceptance of person + selected behaviours Calm + matter of fact Total, unconditional acceptance of patient Accepting, uncritical manner Matter of fact approach with low emotional intensity	Self-presentation Self-differentiation + Tone
Exposure to stimuli throughout the day rather than single sessions	Activity requirements (as part of treatment principles): Short duration: frequent repetition Short exposure to various stimuli, repeated frequently	Self-differentiation Tone
Physical contact and constant verbalisation is very important	Handling and Presentation principles: Maximal verbalisation of steps/action; use simple language Verbalise essential information and repeat Use physical contact with care	Self-presentation Self-differentiation + Tone
Try to get the patient out of the ward	Activity requirements (as part of treatment principles): Provides sensory stimulation + kinaesthetic + vestibular (increase movement) Reality orientation	For all levels but particularly important for: Self-differentiation + Tone

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