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The clinical effectiveness of a multisensory therapy on clients with developmental disability

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Abstract

Many clients in Hong Kong with developmental disabilities stay in mental hospitals because of mental disorders and behavioural problems. There is a need to identify strategies that promote psychological well-being and reduce problem behaviours in this group of clients. This study evaluates the impact of multisensory therapy on participants' emotional state, level of relaxation, challenging behaviour, stereotypic self-stimulating behaviour (SSB) and adaptive behaviour (AB). Using an experimental design, 89 participants were recruited from a developmental disability unit in a hospital in Hong Kong and randomly assigned to either an experimental ($n = 48$) or a control group ($n = 41$). Multisensory therapy sessions ($n = 36$) were conducted with experimental group and activity sessions ($n = 36$) were conducted with controls for 12 weeks. Multisensory therapy promoted participants' positive emotions and relaxation. However, there was no evidence that multisensory therapy was superior to activity therapy in reducing aggressive behaviour and stereotypic self-stimulating behaviour or promoting adaptive behaviour. The key variables that influence clients' behaviours in the multisensory therapy may be related to the relationship with the carer, constant environment, relaxation and freedom from demands rather than sensory input. Multisensory therapy could be used to provide leisure and promote psychological well-being, rather than for reducing problem behaviour.

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In Hong Kong, many people with a developmental disability (diagnosed with mental retardation according to DSM-IV) are staying in mental hospitals because of personality problems and mental illnesses. In one local mental hospital, they constitute 12.5% (about 200) of the total hospital patient population. Institutional life has always been kept as unstimulating and people with a developmental disability, like all human beings, have a primary need for stimulation, but their disability often prevents them from expressing and fulfilling this need in an appropriate way. Whilst the concept of normalisation stresses that people's life style should allow access to a range of high quality leisure facilities, no such facilities have been available for this group. Without such psychologically stimulating and health-promoting therapy, people with a developmental disability often develop challenging or stereotypic self-stimulating behaviour (SSB; [Hutchinson and Hagger, 1992](#)).

People with developmental disability have the same right to leisure time as every one else, not only to satisfy their basic needs for leisure and recreation, but also to receive sensory stimulation. There is a growing body of knowledge suggesting that many people with a developmental disability can benefit from sensory input ([Hutchinson, 1994](#); [Sharpton & West, 1992](#)). A structured stimulating therapy can be established to promote psychological well-being and reduce problem behaviours.

Multisensory therapy (or Snoezelen) is a therapy developed specially to meet the special needs of those with a developmental disability ([Kewin, 1992](#)). It originated in Holland in the late 1980s and the word Snoezelen is derived from the Dutch word for sniff and doze. The approach aims to induce leisure, enjoyment and relaxation in people who have a developmental disability through enhancing their sensation and emotions. Many manufacturers now provide multisensory therapy equipment. One manufacturer uses the name Snoezelen as a trade name and so, unless referring to products from this manufacturer, it is recommended that the term multisensory therapy be used ([Cavet, 1994](#)). Multisensory therapy includes ([Baker, Bell, Thomas, Assey, & Wareing, 2001](#), p. 82) visual, auditory, tactile and olfactory stimulation offered to clients in a specially designed room, or therapy using a variety of lights, gently stimulating music, aromas and tactile objects; non-sequential and unpatterned stimuli used without relies on short-term memory to link them to previous events, and which present few specific intellectual demands on the client.

[Alink \(1986\)](#) uses examples to illustrate 'Snoezelen' in concrete terms, such as lying in a meadow chewing a stalk of grass; watching clouds pass overhead; listening to the singing of birds; picking an overblown dandelion and blowing off its wisps; and smelling fresh grass. In these examples there is a primary addressing of the senses in attractive surroundings. If carers wish to give people with a developmental disability the opportunity to gain these experiences they will often have to create such conditions for them. Thus, multisensory therapy is a technology that enables carers to create situations for clients to experience through all their senses that could not be realised otherwise ([Cavet, 1994](#)).

A multisensory facility is designed so that the carer can enter and share the experience with the client. The carer's presence in multisensory therapy with the client is regarded as important and the carer has to create favourable conditions under which the client can profit most from it ([Alink, 1986](#)). The concept of enabling is emphasised in multisensory therapy. Enabling is a sensitive, non-directive approach in which an atmosphere of safety and security is created and free choice encouraged. The enabler, when involved with the client

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