Is a Paradigm Shift Occurring?: The Impact of Evidence Based Practices on Multi Sensory Environmental Therapies

Jason Staal, Beth Israel Medical Center, University Hospital for the Albert Einstein College of Medicine.

Over thirty years ago Hamerlynck (1980) initiated a change in the conceptualization of mental health services, focus on the client and what is beneficial to him/her rather then the provider of the mental health services in relation to theory and practice. Embedded in this change of orientation puts performance indicators of client outcomes first, changing practice to suite the needs of a client, the need to garner assistance from systems and their stakeholders to increase the possibility of change and utilizing mechanisms of program assessment and evaluation to assure that the service being delivered is being implemented as developed (Wotring, Hodeges, Xue and Forgatch, 2005). Today, Hamerlynck’s stance has evolved into the construct called evidenced based practices (EBP). EBP is a process that describes the link between positive research findings and the provision of clinical care and programmatic evaluation methods that assure that the program is being delivered clinically (treatment integrity) in close approximation to the methods of research to produce positive outcomes in clients (Bruns & Hoagwood, 2008).

The contextual challenge of improving health care may stem from differences in relation to the concept of change of care itself. Vertical methods have a research to practice focus, targeting a clinical condition and in turn having a trained discipline provide that service (physician, psychologist, occupational therapist, and educator). Horizontal procedures approach changes in health care based on systemic change in an organization in order to develop an improved system of care (Béhague & Storeng, 2008). An example of a vertical method is a researcher developing a multi sensory environmental (MSE) approach to reduce aberrant self stimulation. A demonstration of a horizontal approach is the President’s New Freedom Commission report and the department of Health and Human Services awarding 5 year Mental Health Transformation State Infrastructure Grants (U.S. Department of Health and Human Services. New Freedom Initiative on Mental Health, 2004) which encourage states to improve the delivery of care. The two approaches can be integrated together, for instance, a grass roots advocacy movement may develop around a research data base that then in turn puts pressure on a health care system to initiate the change on a systemic basis for a specific population in a particular state. The challenge is the more disconnect there is between researchers and those that make policy negative divergences can occur between research outputs and the implementation of efficacious treatments. The consequences of this disconnect is that researchers and their methodologies may not have the skill set that occasions integration of their study results into practice within a system and on the other side, sound research may be off the radar of policy makers who aren’t the developers of efficacious clinical treatments (Denis, Lehoux, Hivon, & Champagne, 2003).

Researchers in the area of multi sensory environments are encouraged to navigate the shift in practice to EBP by conducting research with the end in mind. When one is developing a research project does the protocol for the study allow the researcher to
develop a treatment manual? By working backwards researchers can start to conceptualize their work as not only hypothesis testing but the start of manual development. This is enhanced when we see positive results in the population under study and in turn can identify the theory and practice behind the positive results. Furthermore, we have developed procedures used in a study that can be implemented in practice. For example, Staal, Pinkney and Roane (2003) developed a protocol for assessing stimulus preferences for older people with dementia. This same method was used in a dementia study Staal et al (2007) and with nurses to reduce stress (Staal et al 2002) and in a new study with a pregnant women suffering from depression. Hence, based on repeated use across different populations the assessment protocol could be developed into an assessment phase of an EBP for MSE therapies.

The MSE researcher may play a role in the development of EBP and their implementation by conceptualizing his/her work as a scientific linker, part of a behavioral chain which includes knowledge of policy initiatives in their area of scientific inquiry and networking with advocacy groups which include philanthropic organizations rather then working in isolation (See Figure 1).

![Figure 1. Scientific linking model](image)

In order to facilitate the development of MSE approaches in the face of a paradigm shift, where client benefits may start to drive EBPs, may result in a collapse of theoretical (sensory integration theory and behaviorism) and professional occupational differences (nurse, teacher, occupational therapist, psychologist) into a functional pragmatism of what works for who and which interventions will be supported by advocacy groups and policy makers. A change of this order may be wrought with unintended negative effects...
and may positively accelerate the delivery of clinical services that are valid and reliable which in turn improve the human condition. Knowledge of this shift toward EBPs will help MSE researchers to identify the needs of clients and expand their role from hypothesis testers into a combination of treatment manual developers and scientific linkers who will not work in isolation but rather link their finished work to advocacy groups and policy makers.


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