Quality Palliative Care in Long Term Care Alliance (QPC-LTC)

Snoezelen Training Toolkit



September 2011





Council of Canada



Acknowledgements

This toolkit was developed by the Snoezelen® work group of St. Joesph's Care Group Long-Term Care Homes

Alesha Gaudet, Mary Lou Stephens, Shelly Tallon, Kathy Cameau, Jackie McDonald, Lina Moore, Stephan Bilynsky, Anna Grenier, Loretta Turpin, and Donna Pringle

We would like to thank Alesha Gaudet for leading our work group.

We would also like to thank Dr. Mary Lou Kelley, Leeza Speziale, Sandra Vidotto, Jessica McAnulty and Alesha Gaudet. Results from their research were based on the compilation of data collected from Hogarth Riverview Manor and Bethammi Nursing Home.

We would also like to thank Lakehead University students, Sandra Vidotto HBSW, Alexandra Healey HBSW, Leeza Speziale MSW, Jessica McAnulty MSW (candidate) and Kimberely Ramsbottom HBSW for their dedicated contribution to this project.

Table of Content

Introduction	4
Background	5
What is Snoezelen®?	5
What does Snoezelen® look like?	5
Philosophy	6
Goal	6
Indicators for use	7
Training	8
Procedure	8
Some Rules	10
Three Golden Rules of Snoezelen®	11
References	12



Introduction

The information contained in this Toolkit is based on current literature and best practices. Data was collected from Hogarth Riverview Manor and Bethammi Nursing Home in a project titled, "Improving the Quality of Life for People Dying in Long-Term Care." The results of the program were captured in the Summary Report of Results, "Multi-Sensory Stimulation Therapy Intervention for Palliative Care".

This Toolkit is a result of the research conducted on the project by Dr. Mary Lou Kelley, Leeza Speziale, Sandra Vidotto, Jessica McAnulty and Alesha Gaudet on behalf of the Center for Education and Research on Aging and Health.

The Toolkit is an introduction to this innovative therapy and a guide for staff and volunteers.

Welcome to the fascinating, innovative world of *Snoezelen*®.





Background

Snoezelen® (snooze-e-len) is a combination of two Dutch verbs – snuffelen, meaning to explore, and doezelen meaning to relax. Snoezelen® is a registered trademark of Rompa, Chesterfield, England. Since Snoezelen® is proprietary, the therapy is often referred to as Multi-Sensory Stimulation. Snoezelen® was developed in the 1970's by Dutch therapists as a result of the famous research conducted about the effects on participants of a sensory-deprived environment. The research, conducted by Liederman et. al. (1958), found that participants placed in a sensory-deprived environment experienced agitation, anxiety, hallucinations and other ill effects after only one hour. It was alternately found that when participants were placed back into a multi-sensory environment, their functioning returned. Clients of Long-Term Care may experience loss of function including: the ability to perform previous activities and hobbies; the ability to communicate effectively; or, mobility. Your client may spend long periods of time alone,

idle or bored. This may lead to sensory deprivation which may lead to negative feelings including uselessness, helplessness, agitation or depression. Your client's sense of "self" may be lost.

What is Snoezelen®?

Snoezelen® can be described as an emotional and intellectual vacation. Snoezelen® involves the stimulation of the senses and provides an alternative way to interact with your client. It is a failure free interaction without the demand for rules, memory or intellectual functioning. Snoezelen® provides the opportunity to bond and connect when past methods of communication have not been effective.



What is Snoezelen[®] Look Like?

The Snoezelen® environment can be described as magical, peaceful, soothing and surreal. It begins with a room that provides a blank slate. The rooms are usually completely white where the outside world has no presence. The door is preferably not visible, outside noise is absent, and, if there are windows, they are concealed to block outside light and images. Onto this blank slate, the ceiling is usually covered with flowing materials; the floor may be covered by soft fabrics; the room is furnished comfortably. Weighted blankets, vibrating pillows, bubble tubes, music, lava lamps, aromatherapy, fiber optics, projectors, and other equipment are used to create a space that gently stimulates the senses.

Philosophy

The philosophy of Snoezelen® is based on the fundamental belief that clients have the right to the feeling of "self" despite their challenges. Self can be achieved by providing an environment where the client is able to feel connected and have control over the environment.

Goals

The goal of Snoezelen® is, simply, to provide the client with a pleasurable experience and sense of well-being.



Indicators for Use

There are many uses for Snoezelen®. It can be as simple as providing a "vacation" for your client or as complex as bringing down the level of a client's distress. When to use Snoezelen® depends on the goal for your client. Goals for your client may include:

Engagement. Snoezelen® provides a safe and predictable environment where a connection and trust can be developed with your client regardless of intellectual capability;

- Relaxation. Snoezelen® can be used to reduce stress, agitation, irritability, frustration or anxiety. Since the environment is designed to promote a feeling of peace, Snoezelen® can also be used to induce sleep if your client is having difficulty;
- Distraction. Snoezelen® can be helpful in focusing your client's attention during difficult times such as bath time or change of shift. It can also provide the client who has repetitive behaviors a healthier alternative;
- Interaction. Snoezelen® can be used by staff, volunteers and family to have meaningful interaction without the need for memory or intellectual functioning.
- Socialization. Snoezelen® can provide the opportunity of socialization for clients who isolate themselves;
- Comfort. Snoezelen® provides comfort for palliative clients and their family. It can also provide comfort to aged clients who may experience multiple losses and grief;
- Stimulation. The Snoezelen® environment can be manipulated to increase your client's energy and interaction with the environment;
- Relief. Snoezelen® can be used for pain management; and
- Communication. If your client has lost the ability to communicate, Snoezelen® provides an alternative method of connecting and communicating.

Training

All staff and volunteers should be familiar with the Snoezelen® room and equipment and how to practice Snoezelen® so that spontaneous use of the room can occur.

Snoezelen® takes time to practice, but can save time and, certainly, reduce stress in staff and clients. A distressed client often snowballs to the distress of other clients, family and staff. This distress is often the result of feeling helpless to alleviate the client's agitation. Snoezelen® provides a positive way to cope.

Procedure

Prepare yourself. The first step in providing Snoezelen® is to become familiar and comfortable with the room and equipment. Take time to use the room before introducing it to your client. If you feel anything other than calm, take the time to take a few deep breaths and relax. You are an integral part in creating the environment. Speak calmly.

Research. Find out as much as you can about your client. Ask staff or family about your client's personality, likes, dislikes, etc. Look at their memory box.

Prepare the room. Make sure the room is clean and tidy. Make sure the lights are off and only one piece of equipment is supplying light to the room.

Prepare your client. Ensure that your client is willing to use the room. Describe the room in terms they will understand (ie. the relaxing room). Take your client to the bathroom or remind them to go. Make sure they are comfortably dressed. Let your client know that they can leave the room at any time.

Go slow. Enter the room and watch your client's reaction. Introduce sensory experiences slowly. Allow your client to set the pace. Introduce one stimulus at a time.

Observe. Watch your client closely for signs of comfort or discomfort, pleasure or displeasure. Paying close attention to your client's reactions creates trust. If your client shows discomfort, turn off the equipment that is causing the reaction.

Be present. Literally, never leave your client unattended in the Snoezelen® room. Figuratively, be "with" your client.

Enable. The one-to-one enabling approach of staff or family is essential. Your client is enabled by a non-directive approach which puts them in control. **Respect**. Recognize that your client has probably not had many opportunities to be truly alone in the long-term care setting. The power of silence is underestimated. Let your client guide conversations and avoid unnecessary chatter. Do not invade your client's space or touch them. Remember, this is your client's opportunity to control the experience.

Tailor. Create the environment that best matches your client's behavior and needs. If your client is apathetic and the goal is to energize, start quiet and soft, and work up to a more stimulating experience. If your client is agitated, start with brighter colors, livelier music and, slowly, bring the experience down to a more relaxed and quiet atmosphere.

Ask. Ask if your client likes the room or if they like certain stimuli. Remember to let your client be the guide. It is alright to ask questions, but stop if you feel the questions are intrusive.

Limit. Use a maximum of three primary stimuli. Introduce secondary stimuli as needed. Primary tools are used to set the stage and are the center focus. See Appendix A for examples of primary and secondary stimuli.

Relax and Enjoy. The Snoezelen® experience also benefits you. Is your heart rate and breathing slower? How do you feel? Do you feel more connected with your client?

Close. Close the Snoezelen® experience slowly. Tell your client that the session is over. Turn one piece of equipment off at time. Tell your client to relax and exit the room when they feel ready. Remember, returning to the outside world will require your client to prepare themselves.

Reflect. What went well; what didn't?

Document. Document time spent in the room and your client's reaction. Be sure to record smiles, laughter, decreased agitation or negative reactions. There is a binder in the Snoezelen® room for documentation. See Appendix B.

Some Rules

- 1. For safety reasons, let a staff member know that you are going to use the Snoezelen® room and an approximate amount of time.
- 2. A client should only use the Snoezelen® room when they are still in control of their behavior. A client who is aggressive should not be brought to the Snoezelen® room.
- 3. Client's who have reduced mental status should never be left alone in the Snoezelen® room.
- 4. Snoezelen® is never used as a way of restraining or confining a client.
- 5. No food or drink in the Snoezelen® room unless it is part of the Snoezelen® therapy.
- 6. Cell phones or electronic devices are not permitted in the Snoezelen® room.
- 7. A maximum of three clients can use the room at any given time.
- 8. Priority for use of the room will always be given to the client that is in distress.
- 9. The maximum amount of time for a client to be in the Snoezelen® room is 30 minutes.
- 10. Leave the room tidy and clean. Put all equipment back, and report to Life Enrichment if any of the equipment is not working properly.

Three Golden Rules of Snoezelen®

Maximum of 3 residents in the Snoezelen® room Maximum of 3 Primary Tools in Use Maximum of 30 minutes in the Snoezelen® room



References

Baillon, S., van Diepen, E. and Prettyman, R. (2002). Multi-Sensory Therapy in Psychiatric Care. *Advances in Psychiatric Treatment*, *8*, 444-452.

Ball, J. and Haight, B.K. (2005, October). Complementary and Alternative Therapies: Creating a Multisensory Environment for Dementia. *Journal of Gerontological Nursing*, 4-10.

Kelley, Dr. M.L., Speziale, L., Vidotto, S., McAnulty, J. and Gaudet, A. (2010, September). Multi-Sensory Stimulation Therapy Intervention for Palliative Care. Summary Report of Results. Center for Education and Research on Aging and Health, Lakehead University.

Knight, M., Adkinson, L., and Kovach, J.S. (2010). A Comparison of Multisensory and Traditional Interventions on Inpatient Psychiatry and Geriatric Neuropsychiatry Units. *Journal of Psychosocial Nursing*, 48(1), 24-31.

Liederman, H., Mendelson, J., Wexler, D. and Solomon, P. (1958). Sensory Deprivation: Clinical Aspects. *AMA Archives of Internal Medicine*, *101*, 389-395.

Messbauer, L. (2004, June). Getting Started. *Sense-Zational Environments*. Retrieved from http://www.lmessbauer.com/content.

Messbauer, L. (2006, January). Multi-Sensory Environments: Changing Attitudes about Pain, Palliative Care and Hospice. *Sense-Zational Environments.* Retrieved from http://www.lmessbauer.com/content.

Messbauer, L. (2006, March). Tranquility Rooms, Multi-Sensory Environments on Aging. *Sense-Zational Environments*. Retrieved from http:// www.lmessbauer.com/content.

Messbauer, L. (2007, April). The Multi-Sensory Environment, Relaxation and You. *Sense-Zational Environments*. Retrieved from http://www.lmessbauer.com/content.

Messbauer, L. (2008, December). Turning Down the Burner without Turning off the Stove. *Sense-Zational Environments*. Retrieved from http:// www.lmessbauer.com/content.

Messbauer, L. (2008, October). We Forget We Are A Part of the Environment... Sense-Zational Environments. Retrieved from http://www.lmessbauer.com/content.

Minner, D., Hoffstetter, P., Casey, L. and Jones, D. (2004, December). Snoezelen Activity: The Good Shepherd Nursing Home Experience. *Journal of Nursing Care Quality*, *19*(*4*), 343-348.

O'Grady, B. (2003, May/June). You've Got The Equipment, Now How do You Launch the Program? *Long Term Care*, 11-13.

Pagliano, P. (2001). *Using a Multisensory Environment: A Practical Guide for Teachers.* David Fulton Publishers, London.

Van Weert, J.C.M, Van Dulmen, A.M., Spreeuwenberg, P.M.M., Ribbe, M.W. and Bensing, J.M. (2005, January). Behavioral and Mood Effects of Snoezelen Integrated into 24-Hour Dementia Care. *Journal of the American Geriatrics Society*, *53*(*1*), 24-33.

Key Partners









Funders

CIHR IRSC

Canadian Institute Health Resea



Social Sciences and Humanities Research Council of Canada Conseil de recherches en sciences humaines du Canada



For additional information, please contact:

Centre for Education and Research on Aging & Health



Centre for Education and Research on Aging and Health (CERAH)

955 Oliver Road

Thunder Bay, Ontario P7B 5E1

Telephone: 807-766-7271

Fax: 807-766-7222

Website: www.palliativealliance.ca