A Multi-Sensory Experience: The Snoezelen® Room

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Objectives
1. Participants will learn about the philosophy and history of Snoezelen®
2. Participants will explore the process of creating a permanent or mobile multi-sensory space for a variety of diagnosis
3. Participants will reflect on past Snoezelen® research and the importance of sensory experiences
4. Participants will engage in conversation related to case studies and anecdotal outcomes related to one Midwest Child Life program

History of Snoezelen®
- Concept originated in Holland and was defined by two Dutch therapists in the 1970's
- The word “Snoezelen”® is derived from the Dutch words, “snuffelen”, meaning to seek out and explore and “doezelen”, meaning to relax
- Originally this was a concept of recreation/relaxation for disabled adults, but the use extended to children, seniors, people with mental illness, chronic pain, autism, ABI and the mainstream population
Snoezelen® Concept

An exciting environment filled with sights, sounds, textures and aromas used to stimulate or relax.

Provides a fascinating, safe and therapeutic environment which promotes recovery and wellness.

Can be used as a multisensory experience or a single sensory focus simply by adapting the lighting, atmosphere, sounds and textures to the needs of the patient.

Snoezelen® Experience offers:

A safe environment with interesting activities that provide controllable, basic sensory input to include:

- Tactile/Touch
- Visual Stimulation
- Smell
- Hearing Sensations
- Taste
- Interactivity

Powerful Sensations experienced including:

- Vestibular motion: swinging and rocking
- Proprioception: ball pools, climbing, lifting, reaching
- Firm pressure: massage, vibration, pressure vest/blanket
- Temperature change
Snoezelen® Concept

And Important Feelings:
- Self worth
- Emotional well-being
- Relationships
- Sharing
- Security
- Confidence

An environment where we facilitate positive experiences.

The Snoezelen® Philosophy

- 'Pure' Snoezelen® has no purpose other than enjoyment
- Today, Snoezelen® is increasingly used for education, therapy, stimulation, calming, interaction and treatment
- Sessions are best if client-led in a safe, comfortable atmosphere with an air of enjoyment and motivation

The Snoezelen® Philosophy

- The philosophy of the room is to give a non-directive approach—allowing patients to freely make their own choices
- Allows the freedom from pressure to achieve
- Improves the patient/caregiver relationship while building trust
- Provides an approach designed to enhance quality of life
Relevance to Child Life Practice
Child Life Specialists’ goals focus on developmental or sensory stimulation and also include:

- Reducing psychological stress
- Promoting relaxation/coping
- Establishing trusting relationships
- Encouraging choices
- Increasing self-esteem

This presentation will address a unique environment that promotes the above stated while providing empowerment and expressive outlets for our patients.

The Enabling Approach
“...a sensitive, caring, non-directive approach in which the atmosphere of safety and security is encouraged. The enabler and client will share a common, positive emotional experience during the activity. There is no formal focus upon therapeutic outcome – rather the focus is to assist users to gain maximum pleasure from the activity that they and the enabler are involved in.”

Louise Haggar

Snoezelen® for Children
Locations:
- Acute Care Hospitals
- Autism Programs
- Deaf/Blind Programs
- Early Intervention
- Group Homes
- Hospice
- Pre-School Programs
- Private Homes
- Rehabilitation Centers
- Respite Homes
- Schools
**Snoezelen® for Children**

Children with various diagnoses:
- Autism
- Bardet Biedl Syndrome (BBS)
- Cerebral Palsy
- Chronic Pain
- Chronic Illness
- Developmental Disabilities
- Down Syndrome
- Genetic Abnormalities
- Hospice
- Palliative Care
- TBI

**Sensory® Experiences**

Children with various abilities or limiting conditions can enjoy gentle stimulation of the primary senses, as well as self-control and autonomous discovery of achievements.

**Importance of Assessment**

Prior to Snoezelen® Visit
- What is the patient’s developmental level?
- What are the patient’s motor abilities?
- What are the patient’s medical needs?
- What are the patient’s likes and dislikes according to parents?
- What is the patient’s response to sensory stimuli?
- Has the patient’s doctor given approval?
Importance of Assessment

During/After Snoezelen® Visit

- How long does patient enjoy the experience?
- How does the patient indicate preferences or choices?
- What does the patient specifically like or dislike?
- Does the patient’s likes/dislikes change between sessions based on mood or physical well-being?
- Do experiences need to be presented in a specific order?

Sensory Experience

“People need to understand that behavior is always communication, it is always telling us something.”

Lorna Jean King
Center for Study of Autism

Using Our Senses

- Our world is full of sensory stimuli
- As babies, everything is new and challenging
- As we grow, our brains learn to interpret and respond to information received via our senses
- Our responses become organized, automatic and very efficient
- We often ignore much of the sensory stimuli we absorb, unless it is different or unusual
- But, in fact, we continually regulate our sensory lives through choices, movements and activities
Sensory Experiences

Sensory responses are unique to each individual and vary as we balance our sensory lives.

Some needs remain consistent while others fluctuate and change.

We interpret, respond, react and cope according to many different factors such as cognitive ability, culture, experience, mood.

Only with the right amount of stimulation can we stay alert, awake, attentive or asleep.

Sensory Experiences

Some individuals are not able to organize and respond appropriately to sensory stimuli.

Others have lost the skills due to accident or illness.

Yet more lack the ability or freedom to make choices to balance their sensory lives.

The world can be a confusing and frightening place, full of over or under-stimulation.

They may act or respond in ways others do not understand or behave inappropriately.

Sensory Deprivation May Arise From:

- Impaired functionality
- Impaired cognitive skills
- Lowered sensory acuity
- Limited memory
- Limited focus
- Low engagement
- Reduced opportunities for personal interaction
- Restricted Environment

"The average person touches 300 different surfaces every 30 minutes."

"The average person with a profound disability will likely touch 1 – 5 surfaces in the same timeframe."

Photo courtesy of Marion Blum, Snoezelen and Special Needs Expert.
Sensory Deprivation May Lead To:
- Disruptive behaviors
- Hallucinations
- Sensory distortion
- Self Abuse
- Violence/aggressive behavior
- Impaired social, emotional skills
- Reduced motivation
- Withdrawal

Sensory Overload
- Is the inability to process or manage the amount of intensity of sensory stimuli
- Frequently observed with autism spectrum and other mental health challenges
- Management of everyday environment is a challenge

Sensory Overload May Lead To...
- Irritability, anxiety, restlessness
- Anger, aggression, violence
- Fatigue, sleeplessness
- Reduced abilities
- Hallucinations, illusions, disorientation
- Tension, stress, anxiety, frustration
- Decreased Coping Behaviors
Sensory Experiences

Free from the expectations of others and away from the pressures of directed care, our patients are able to recuperate and relax, which increases their healing time and aids in decreasing their length of stay.

How Snoezelen® Works

“How Snoezelen® manipulates brain chemistry through the senses, to set the tone for motivation and functional attention... ...It lowers the stress chemistry and increases the relaxation chemistry. The key is finding the right combination.”

Linda Messbauer

- Decreases anxiety
- Allows specific type and level of sensory input to be controlled (arousal)
- Allows overall “noise levels” to be reduced and/or enhanced as needed
- Increases opportunity for focus and attention
- Helps modulate sensory-related behaviors
Snoezelen® can be used to:
- Explore
- Calm
- Relax
- Stimulate
- Empower
- Enjoy
- Enrich
- Educate

Snoezelen® Research

Research has shown that Snoezelen®:
1. Stimulates the senses
2. Provides an alternative to medications and isolation
3. Increases functionality, awareness, attention
4. Improves appetite, memory, cognition, speech
5. Increases happiness
6. Encourages movement, range of motion, posture
7. Improves relationships
8. Decreases aggression, abuse, anxiety, wandering

"When reviewing the results of chronic pain patients it seemed promising because patients had experienced a decrease in pain and improvement in their overall sense of well-being and sleeping habits as a result of multi-sensory stimulation." (Schofield, 1996)

Morrissey (1997) described the major benefits as providing an environment that encouraged meaningful relationships among staff and patients, promoting relaxation, and reducing psychological stress.
Snoezelen® Research

- Shapiro, et al (2009), utilized an observation measurement approach for determining levels of anxious behavior of children 6-11 before and during a stress-provoking medical situation within a multi-sensory environment and within a regular environment with study findings supporting specific benefits for children with developmental disabilities in sensory environments as compared with regular environments.
- Kaplan, et al (2007), examined the impact of multi-sensory environments used in therapy for individuals with autism and found improvement in engagement time.
- At our facility (MSICH) findings have concluded that the above interventions therapeutically concur with the results of patients, families and therapists.

Creating a Snoezelen® Space

Where do I start?
- Space Requirements
- Grant Writing/Funding Sources
- Room Design/Customize to fit your needs
- Permanent vs. mobile multi-sensory space
- Assess your specific population needs
- Consider infection control policies
- Training of staff

Snoezelen® Environments
A Case Study...

Laura, 6 ½ years old
Adopted, 6 siblings—many with special needs
Lives with Mom, Dad and Siblings in Central Wisconsin
Overall a very sociable girl, enjoys sensory toys, music, brightly colored toys, etc...

Snoezelen® Case Study

Social History
Snoezelen® Case Study
Medical History
- Cerebral Palsy with low muscle tone; sees physical therapy, wheelchair dependent, but making gains by sitting and scooting independently
- Global Developmental Delays
- Non-Verbal
- Visual Impairment (optic atrophy and retinal dystrophy)
- Orthopedic Surgeries for Hip Dysplasia
- Seizures due to Epilepsy-managed through special diet and medicine
- G-tube dependent but has had issues with leaking and infection at the site
- Iron deficiency anemia, which can lead to low energy levels, but this is improving with the use of an iron supplement
- Asthma
- Hypothyroidism
- Hypercalcinuria and Nephrolithiasis
- Alcohol and Methamphetamine exposure in utero

Snoezelen® Case Study
Patient’s Reaction
- Prior to going: very restless, uncomfortable and spastic
- In the room: seemed to calm instantly and when taken out of wheelchair, she began to explore independently, attempted to indicate her wants, tried various pieces of equipment
- Upon leaving: stayed calm for several hours

Snoezelen® Case Study
Parent’s Reaction
- Prior to going: unsure of what it was but willing to try
- In the room: looked like a page out of a special needs catalog; noticed a change in her attitude and behaviors
- Upon leaving: very pleased with the whole experience and has expressed interest to revisit the room, even during clinic visits
Snoezelen® Case Study

- Jessica, 3 ½ years old
- Complex medical history from birth
- Septo Optic Dysplasia at birth
- Septic fever that caused further brain damage at age 1
- Grandparents are legal guardians

Anecdotal Evidence

Parents responses after a Snoezelen Experience

- “For a special needs child it is beyond amazing! Calms like no medication could so the child is not fighting the healing process.”
- “Not many things interest Holly so I was impressed that she “wanted to check it out!”
- “Total 180 degree change in behavior. She was overstimulated and had shut down. She was laughing and discovering everything the room had to offer. She left calm and happy!”

Questions?

Thank you!
References


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