

# Biblio-thème n° 6

## Stimulation

## multisensorielle et méthode Snoezelen®



Ce biblio-thème porte sur la stimulation multisensorielle et plus spécifiquement sur la méthode brevetée Snoezelen. Les ressources proposées sont majoritairement en anglais et quelques-unes sont en français. Pour certaines ressources, le texte intégral d'un article ou d'une thèse est identifié par un hyperlien sous la mention « Texte intégral OXX ». Ces documents sont en format PDF et nécessitent un mot de passe.

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### 1. Définition

Initié aux Pays-Bas dans les années 1970, le concept snoezelen recouvre une philosophie globale d'approche de la personne fondée sur l'écoute et la disponibilité à l'autre, quels que soient son handicap, ses capacités ou son âge. Le terme snoezelen est la contraction de deux mots néerlandais : snuffelen, qui signifie "flairer, fureter" et doezelen qui évoque un état de langueur indéfinissable, de somnolence. Cette construction permet de définir le terme snoezelen comme l'alliance de la détente et du relâchement avec une forme de tonicité, d'envie de connaître et de s'approprier de nouvelles sensations, de nouvelles connaissances. La démarche snoezelen se déroule dans une pièce plongée dans la pénombre et suffisamment grande pour y rassembler plusieurs personnes. C'est un lieu confortable, chaleureux et adapté aux handicaps des personnes accueillies. Des outils sensoriels (lumières, odeurs, musique...) procurent une tranquillité en même temps qu'un certain mouvement au fil des séances. Le travail en espace snoezelen s'adresse à tout type de patient. Il s'appuie sur une écoute fine à l'autre et sur une mise en relation à tous ses moyens de communication, notamment la communication non verbale qui est essentielle pour obtenir un mieux-être. (Source : Stéphanie Orain, 2008)

## 2. Monographies et études spécialisées

BAKER, Roger. **Randomised Control Trial of the Snoezelen Multi-Sensory Environment for Patients With Dementia**. Bournemouth University, 1998. 122 p.

DHINAUT, Claire. **Snoezelen et quoi encore?** Nice, Éd. Bénévent, 2008. 104 p.

FOWLER, Susan. **Multisensory Rooms and Environments: Controlled Sensory Experience for People with Profound and Multiple Disabilities**. Jessica Kingsley Publishers, 2008. 251 p.

FOWLER, Susan. **Sensory Stimulation**. Jessica Kingsley Publishers, 2006. 248 p.

HULSEGGE, Jan. **Snoezelen : another world : a practical book of sensory experience environments for the mentally handicapped**. Chesterfield : Rompa, 1987.

HULSEGGE, J. et A. Verheul. **Snoezelen un autre monde**. Éditions Erasme, Namur, 1987.

MARTIN, Neil. **Behavioural effects of long-term multi-sensory stimulation : the benefits of the Snoezelen' experience**. Freiburg im Breisgau. Lambertus, 2001.

MERTENS, Krista. **Snoezelen - in Action**. Shaker Verlag GmbH, 2008. 140p.

PAGLIANO, Paul. **Multisensory Environments**. David Fulton Publish, 1999. 180p.

PAGLIANO, Paul. **Using a Multisensory Environment: A Practical Guide for Teachers**. David Fulton Publish, 2001. 128p.

SCHOFIELD, Patricia. **Snoezelen: Evidence from Practice**. Free Assn Books, 2000. 140 p.

VAN WEERT, Julia. **The Effects of Snoezelen in Dementia Care**. Utrecht : NIVEL, 2003.

## 3. Thèses

ANDRETTA, Patrick G. **The short-term effects of Snoezelen treatment on patients with dementia**. PHD, Walden University, 2008, 86 p.

The current research study examined whether or not geriatric patients diagnosed with dementia could decrease their anxiety levels with Snoezelen treatment, a form of multisensory treatment utilizing nature sounds, fiber-optic lighting, tactile boards, and aromatherapy. Anxiety experienced by geriatric patients with dementia continues to be problematic today due to increasing life expectancies. The theoretical orientation in this study was cognitive in nature, as the main research question addressed whether Snoezelen cart treatment was effective in reducing anxiety as measured by the Beck Anxiety Inventory. Previous research on the effectiveness of Snoezelen treatment for dementia patients has yielded inconclusive post session effects. This was often due to unreliable measurement scales, subjective self-reporting, lack of a control group and small sample sizes. An important gap found in the current literature concerns Snoezelen treatment being provided on a cart. Therefore, the purpose of this research study was to determine if anxiety experienced by dementia patients could be significantly reduced by utilizing an adequate sample size and a control group to measure posttreatment effect through the use of a Snoezelen cart.

[Texte intégral 051](#)

CHEVALIER, Madeleine. **Conception et application de l'environnement snoezelen par les intervenants de la région de l'Abitibi-Témiscamingue**. Rouyn-Noranda : Université du Québec en Abitibi-Témiscamingue , Mémoire de maîtrise, 2006. 102 p.

Disponible pour prêt entre bibliothèques par l'intermédiaire de l'Université du Québec en Abitibi-Témiscamingue.

HEE SUN, Kim. **Applied Multi-Sensory Stimulation (AMSS) approach for the Dementia and Alzheimer's disease population: Case study** Ph.D., Union Institute and University, 2008, 175 p.

This case study was conducted in the in-patient geriatric behavioral unit at Bethesda Hospital in St. Paul, Minnesota. Its goal was to develop the application of Applied Multi-Sensory Stimulation (AMSS) for patients suffering from Dementia and Alzheimer's disease. Specifically, it was designed to examine whether the Applied Multi-Sensory Stimulation (AMSS) approach with selected art materials as sensory arousals can deliver therapeutic benefits – both promising emotional and marked behavioral rehabilitation changes to populations with severe Dementia and Alzheimer's. On the clinical side, improved quality of life for the Dementia population is proved by improving emotional tone, increased interaction with others, and a reduction in problematic behavior. On the other hand, the study highlights the possibility of reduced healthcare costs, reflected by possible reduction in medication as well as medical staff time in managing aggressive patients. Thus, this case study emphasized both the benefits to the patients as well as potential “bottom line” savings for the institution. Other findings of the AMSS study included a trigger discovery period, and the importance of the therapist's direction, both of which call attention to the necessary direct involvement of the researcher as a therapist in the approach to dementia and Alzheimer's participants with art therapy, representing an advance over past uses of art therapy with this population.

[Texte intégral 050](#)

LEHNHART, Gilles. **Évaluation des effets de la stimulation sensorielle par la méthode snoezelen auprès des personnes âgées atteintes de démence.** Thèse de doctorat. Université de Nancy, 2001. 204 p.

[Texte intégral 056](#)

MARTIN, N. **Behavioural effects of long-term multi-sensory stimulation (the benefits of the 'Snoezelen' experience)** (BL). Ph.D., The University of Reading (United Kingdom), 1997.

The aim of this research was, primarily, to establish whether there were any long-term behavioural effects as a consequence of access to a multi-sensory environment (MSE). Regular access to a MSE was compared with a non-complex sensory environment for individuals with severe/profound learning disabilities who exhibited challenging behaviour. The prediction was that those individuals whose challenging behaviour was maintained by sensory consequences would benefit most from exposure to the MSE. Conditions were compared over sixteen-week periods using a double crossover design, and were matched for social contact and attention from the enabler. Behaviour was assessed before and after each treatment phase using both direct observation and standardisation assessments. Some participants became more calm and relaxed while in the MSE, however, the objective measures of behaviour outside the treatment settings revealed no difference between the MSE and control conditions. Challenging behaviour maintained by sensory consequences showed no greater responsivity to the MSE than to the control condition. Behavioural observations were formalised using an experimental analogue methodology and formed the basis of a functional analysis of each individual's challenging behaviour. The repetition of each functional assessment over time and the number of challenging behaviours assessed allowed an investigation of the validity and reliability of such an assessment procedure, and a comparison of data analytic methods used to derive function. Detailed analysis of these data showed agreement between different methods for ascribing function, but relatively poor test-retest reliability. The implications of these results casts some doubt over the utility of analogue assessments for the functional analysis of challenging behaviour.

Le texte intégral n'est pas disponible.

SACKS, Amanda Leah. **Effects of Snoezelen behavior therapy on increasing independence in activities of daily living of elders with dementia on a short term geriatric psychiatric unit.** Ph.D., Fairleigh Dickinson University, 2005, 140 p.

The present study examined the effect of SBT on agitation, apathy and activities of daily living (ADLs) in elders with dementia residing on an inpatient geriatric psychiatric unit. The rationale for using SBT to improve ADL functioning was based on findings that Snoezelen decreased agitation and apathy. This study improved upon prior studies by staging for level of dementia and covarying physical health and age. The study included 24 subjects, 12 each in the SBT and control groups. Participants attended six 30 minute sessions of either SBT or structured activity while receiving standard psychiatric care. The primary hypothesis stated that the SBT group would have significantly increased independence on ADL scales compared to the control group. On a global measure, the SBT group had significantly greater levels of independence in ADLs than the control group. However, groups did not differ significantly on dressing independence or on another ADL scale that divided tasks into discrete steps. The second hypothesis stated that participants receiving SBT would have significantly diminished levels of agitation and apathy when compared to the control group. Both groups showed decreased agitation; however, the SBT group had significantly greater diminished levels of agitation. The SBT group had significantly greater improvement in apathy than the control group. The third hypothesis stated that improvements in agitation and apathy would predict similar improvement in ADLs. Apathy and agitation scores were significant predictors of performance on the global measure of ADLs; however, they did not predict performance on the dressing measure

[Texte intégral 052](#)

SCHOFIELD, P. **A study of relaxation in the management of chronic pain within two different environments.** Ph.D., Wales, College of Medicine, 2000.

The purpose of this experimental study was to investigate the use of the Sensory Environment (Snoezelen) compared with relaxation in a traditional pain management environment in order to facilitate relaxation for a group of patients referred to a District General Hospital Pain Clinic. Post-intervention, the control group experienced significant improvements in coping, disability associated with sleep and psychosocial aspects and improvements approaching significance in terms of recreation. They also experienced a significant increase in pain according to the McGill pain Questionnaire. The experimental group experienced significant reductions in the sensory score for pain number of words chosen and pain rating index according to the McGill. They did experience reductions in coping, representing worse coping which was significant and a significant improvement in disability related to psychosocial, recreation, sleep and overall SIP. They experienced changes approaching significance for anxiety and home management indicating improvements in these areas. According to the repeated measures analysis of variance the experimental group experienced significant improvements over time in relation to sensory pain and self-efficacy indicating a significant treatment response. The self-efficacy improvement appears to be supported with the qualitative statements. Conclusions are presented which reflect the results obtained in the light of the limitations in that the Snoezelen environment is as good as if not better in terms of self efficacy and recreation as a potential method of enhancing relaxation. Recommendations are made for refinement of the procedures and further investigation into the use of the sensory environment for the management of chronic pain.

Le texte intégral n'est pas disponible.

## 4. Les articles de périodiques

Certains articles de périodiques sont disponibles en texte intégral en cliquant sur le lien hypertexte. Lorsqu'aucun lien hypertexte n'est proposé, il est possible de formuler une demande de prêt entre bibliothèques afin d'obtenir une copie numérique ou imprimée de l'article désiré.

ALBERTINI-MEIGNÉ Emmanuelle. « L'espace Snoezelen®, un outil multisensoriel ». *Soins Aides-Soignantes*, vol. 6, n° 30, (octobre 2009), p. 24-25.

Concept hollandais, l'espace Snoezelen® est désormais utilisé en France dans de nombreux établissements de santé. Il représente un lieu de détente et de découvertes sonores, visuelles et olfactives pour les patients ayant besoin de se détendre, d'être encadrés, stimulés et/ou dont les capacités motrices et d'expression doivent être développées.

### [Texte intégral 028](#)

BAILLON, Sarah and Erik VAN DIEPEN. "A comparison of the effects of Snoezelen and reminiscence therapy on the agitated behaviour of patients with dementia". *International journal of geriatric psychiatry*, Volume 19(11), 2004, pp.1047 - 1052.

Background Behavioural disturbance, such as agitation, is a common feature of dementia, and causes significant problems and distress for carers. Snoezelen is increasingly used with people who have dementia, but there is limited evidence of its efficacy. Objective This crossover randomised controlled study aimed to evaluate the effect of Snoezelen on the mood and behaviour of patients with dementia, in comparison to the effect of an established and accepted intervention, reminiscence therapy. Methods Twenty patients with dementia and significant agitated behaviour, received three sessions each of Snoezelen and reminiscence. The effects were assessed using measures of observed agitated behaviour and heart rate over the course of the sessions, and mood and behaviour during the sessions. Results Both interventions had a positive effect. Snoezelen was no more beneficial than reminiscence in terms of effecting a significant reduction in agitated behaviour or heart rate. There was considerable variation in the way individuals responded to each intervention. Snoezelen may have a more positive effect than reminiscence, but due to the observed differences between the interventions being small, and the small number of subjects, this advantage was not demonstrated statistically. Conclusions Further research, with larger numbers of subjects, and an appropriate control is required to establish the benefits of Snoezelen for people at different stages of dementia, and to identify any benefits additional to those derived from increased staff attention

### [Texte intégral 017](#)

BAKER, Roger. "Effects of multi-sensory stimulation for people with dementia". *Journal of advanced nursing*, Volume 43(5), 2003, pp. 465-477.

Effects of multi-sensory stimulation for people with dementia Background. Over recent years multi-sensory stimulation (MSS) has become an increasingly popular approach to care and is used in several centres throughout Europe. This popularity could be explained by the limited alternatives available to staff and a widely held belief that MSS is a friendly and highly humane approach. A randomized controlled trial was therefore essential to evaluate the effectiveness and extent of the benefits of MSS.

Aim. To assess whether MSS is more effective in changing the behaviour, mood and cognition of older adults with dementia than a control of activity (playing card games, looking at photographs, doing quizzes, etc.). Methods. A total of 136 patients from three countries [United Kingdom (UK), the Netherlands and Sweden] were randomized to MSS or activity groups. Patients participated in eight 30-minute sessions over 4 weeks. Ratings of behaviour and mood were taken before, during and after sessions to investigate immediate effects. Pre-, mid-, post-trial and follow-up assessments were taken to investigate any generalization of effects to cognition and behaviour and mood at home/on the ward or at the day hospital.

#### [Texte intégral 054](#)

BALL, Julia and Barbara K. HAIGHT. "Creating a Multisensory Environment for Dementia: The Goals of a Snoezelen(R) Room". *Journal of Gerontological Nursing*, Volume 31(10), (October 2005), pp. 4-10.

BOTTS, B. *et al.* "Snoezelen®: empirical review of product representation". *Focus on Autism and Other Developmental Disabilities*, Volume 23(3), 2008, pp. 138-147

The purpose of this study was to critically review the empirical evidence surrounding three assertions presented by FlagHouse concerning Snoezelen® environments in day school public education settings. Given the absence of empirical literature examining the use of Snoezelen® in day school settings, the authors analyzed five studies that were conducted in residential settings. Findings indicate inconsistent effects of Snoezelen® environments on observable behaviour, generalization of behaviours, and relaxation. With the increasing use of Snoezelen® in the American educational system, investigation of its efficacy is needed, particularly because of recent legislation calling for reliance on evidence-based practices. With the current paucity of empirical research, Snoezelen® environments do not meet the standards of evidence-based practice.

#### [Texte intégral 059](#)

BURNS, Ian and Helen COX. "Leisure or therapeutics? Snoezelen and the care of older persons with dementia". *International Journal of Nursing Practice*, Volume 6(3), (June 2000), pp. 118-126.

AB Snoezelen is the registered tradename for a multisensory environment approach initially established for purposes of leisure or therapeutics in the special education arena, but now expanding into a variety of client groups and settings, most notably in the care of older persons. Snoezelen is making its way into Australia at a rapid rate despite a lack of evidence-based research. This paper looks at the Snoezelen phenomenon and searches the literature to review the history and contemporary use of this multisensory environmental work. While most articles indicate positive outcomes Snoezelen is not without its critics, some of whom focus on the lack of rigorous research while others critique the artificiality. As a leisure approach Snoezelen appears to add quality to the culture of the care environment.

#### [Texte intégral 041](#)

CHITSEY, Amanda. "M. Snoezelen(R): A Multisensory Environmental Intervention". *Journal of Gerontological Nursing*, Volume 28(3), (March 2002), pp. 41-49.

AB Snoezelen(R) is a multisensory intervention delivered in a specially designed room with high-tech instruments. It is especially useful for end-stage patients with Alzheimer's disease. Snoezelen provides an enabling atmosphere in a failure-free environment. It has been a popular intervention in Great Britain and is just beginning to appear in the United States

CLOUTIER, Renaud et R. LADOUCEUR. « Façonnement des réponses aux stimulations sensorielles auprès d'enfants déficients mentaux ». *Revue de modification du comportement*, vol. 15, n° 3, (automne 1985), p. 140-154.

Méthodologie et résultats de l'étude portant sur l'efficacité de différents procédés pour diminuer la « sursélectivité » du stimulus et pour améliorer la qualité de la réponse - Bibliographie.

CUVO, A. *et al.* "Effects of living room, Snoezelen room, and outdoor activities on stereotypic behavior and engagement by adults with profound mental retardation". *Research in Developmental Disabilities*, Volume 22, 2001, pp. 183-204.

Snoezelen rooms, invented in the Netherlands in the 1970s, are "sensory stimulation" rooms containing rocking chairs, mirror light balls, vibrating floor mats, aromatherapy oils, tapes of nature sounds and similar equipment. A recent study suggests that



while these rooms can temporarily reduce stereotyped behaviour in subjects with learning disabilities, the changes are modest and similar results can be achieved through less expensive techniques. Anthony Cuvo and colleagues evaluated the hand-flapping, body rocking and other stereotypic behaviours of three adults with profound learning disabilities before, during and after sessions in a Snoezelen room. (Comparison sessions were held in the living room of the subjects' residential accommodation. The researchers report that "there tended to be a reduction in stereotypy and increase in engagement when participants went from their living room to the Snoezelen room, "but that these improvements did not last when the participants returned to the living room". In a second experiment, Cuvo et al compared the effects of the Snoezelen room to the effects of a session of outdoor activity included walking and swinging. They found that "the outdoor condition was superior, the Snoezelen condition immediate, and the living room less effective" in controlling stereotypy.

#### [Texte intégral 040](#)

FAGNY, M. " Impact of Snoezelen technique on the calming behaviours of autistic adults ". *Revue Francophone de la Déficience Intellectuelle*, vol. 11, n° 2, 2000, p. 105-115.

Persons with autism often resort to particular behaviours such as stereotypes and self-injury. It seems that these behaviours manifest themselves more when the person feels generally discomfort. Among the techniques used more and more in institutions for disabled people is snoezelen: a sensory stimulation technique and bodily approach as well as a relational one. In the present study we have studied the impact of the Snoezelen technique on the calming behaviours of adults with autism. Nine subjects were systematically observed before, during and after the Snoezelen activities using ethology repertoire. Globally the results show that the utilization of Snoezelen is highly pertinent since it helps alleviate anxiety, frustration and insecurity related behaviours for a short period.

#### [Texte intégral 060](#)

FAVA, L. and K. STRAUSS. " Multi-sensory rooms: comparing effects of the Snoezelen and the Stimulus Preference environment on the behavior of adults with profound mental retardation ". *Research in Developmental Disabilities*, Volume 31(1), (January-February 2010), pp. 160-171.

The present study examined whether Snoezelen and Stimulus Preference environments have differential effects on disruptive and pro-social behaviours in adults with profound learning disabilities and autism. In N=27 adults these target behaviours were recorded for a total of 20 sessions using both multi-sensory rooms. Three comparison groups were created by diagnosis and motor respective linguistic abilities. Each client was exposed to only one multi-sensory room. Results showed that Snoezelen intervention decreased disruptive behaviours only in individuals with autism, while Stimulus Preference increased pro-social behaviours only in participants with profound learning disabilities with co-occurring poor motor and linguistic abilities. Furthermore, several trend analyses of the improved behaviours were conducted throughout all sessions toward short and mid term effects of the multi-sensory room applications. These findings support both the prudence of using the Snoezelen room in individuals with developmental disabilities and the importance of using a Stimulus Preference assessment in multi-sensory environments in clients with profound learning disabilities.

#### [Texte intégral 058](#)

GAIL, Eva and Meryl LOVARINI. " Use of a multisensory environment (Snoezelen) in a palliative day-care setting resulted in a small immediate reduction in reported anxiety, but had no effect on quality of life ". *Australian Occupational Therapy Journal*, Volume 52(2), (June 2005), pp. 171-172.

#### [Texte intégral 053](#)

GONET, Michelle et M. LENOEL. « Apaiser et reconstruire par la communication sensorielle [le travail en espace snoezelen avec des patients psychotiques] ». *Revue de l'infirmière*. vol. 57, n° 138 (mars 2008), p. 20-21.

#### [Texte intégral 026](#)

HAGGAR, E. H. " Hutchinson R. B. Snoezelen: an approach to the provision of a leisure resource for people with profound and multiple handicaps ". *Mental Handicap*, Volume 19, 1991, pp. 51-55.

This article outlines the history and development of the Snoezelen Centre at Whittington Hall Hospital in Chesterfield. Snoezelen originates from Holland. It is a leisure and recreation facility for people with profound and multiple handicaps. The concept involves creating high quality, purpose built environments which are used in a sensitive and caring way to provide pleasurable sensory stimulation and relaxation. The article describes the environments at Whittington Hall and the activities within them, together with details of the approach to staff development for Snoezelen workers. It also gives the background of a

research project associated with the development of the facility, which seeks to evaluate the impact of Snoezelen on the daily lives of the people who use it.

HAUCK, Yvonne *et al.* “ Women's experiences of using a Snoezelen room during labour ”. *Western Australia Midwifery*, Volume 24(4), (December 2008), pp.460-470.

Objective to explore women's experience of using a Snoezelen room during their labour. Design a qualitative exploratory design was conducted to provide insight into the phenomenon of using a Snoezelen room for labouring women and to identify factors that could facilitate or inhibit use of this environment. The constant comparison method modified from the grounded theory methodology was used to analyse data from in-depth interviews. Setting : Osborne Park Hospital, the second largest public provider of obstetric services in Western Australia, was the study setting. Participants : sixteen women, recruited from July 2005 to June 2006, agreed to participate in an in-depth interview and share their experience of using the Snoezelen room during a recent labour. Findings : six themes were extracted from the data providing insight into what a Snoezelen environment can offer a labouring woman: distraction; relaxation; comfort; environmental control; choice of complementary therapies; and safety in a home-like atmosphere. Additional categories revealed factors that facilitated and/or detracted use of the room such as familiarity with features, being offered information and choice, timing in labour, the support person's response and working order of the room's features. : Implications for practice : when sharing their experience, women focused upon the process of their labour and how they managed this process rather than specific outcomes such as analgesic used or type of birth. Although outcomes such as type of birth may not have been their preferred choice, these women were able to achieve satisfaction with how they managed their labour while in the Snoezelen room. This midwifery-led initiative contributed to these women's labour experiences, by offering a combination of complementary therapies within the safety of a hospital environment.

#### [Texte intégral 032](#)

HOGG, J. *et al.* “ The use of 'Snoezelen' as multisensory stimulation with people with intellectual disabilities: a review of the research Research ”. *Developmental Disabilities*, Volume 22(5), 2001, pp. 353-372.

The past 15 years have seen a marked increase in the use of Snoezelen with a wide range of groups including people with intellectual disabilities. Research has been undertaken with respect to a variety of behaviours, notably changes in affect, challenging behaviour, relaxation and interactions with both other persons and objects. Typically studies have adopted an applied behaviour analysis approach, with a small number employing physiological measures. Research designs vary markedly in their technical adequacy and the participants have a wide range of intellectual disability, age, and additional characteristics such as autism. Much of the literature reviewed demonstrates a wide range of positive outcomes when Snoezelen vs non-Snoezelen environments are contrasted, though there is little evidence of generalisation even to the immediate post-Snoezelen environment. Several studies, however, do yield entirely negative outcomes. It is difficult to attribute these differing outcomes to either participant characteristics or contrasted designs, given the diversity of approaches to evaluation and the relatively small number of studies.

#### [Texte intégral 036](#)

HOTZ, Gillian *et al.* “ Snoezelen: A controlled multi-sensory stimulation therapy for children recovering from severe brain injury ”. *Brain injury*, volume 20(8), (July 2006), pp. 879 -888.

Objective: To investigate the effects of Snoezelen therapy on physiological, cognitive and behavioural changes in children recovering from severe traumatic brain injury (TBI). Methods: An observational study was conducted to assess the physiological, cognitive and behavioural changes of children recovering from severe TB! while receiving Snoezelen therapy. Fifteen subjects completed the pre- and post-Snoezelen treatment measurements computed over 10 consecutive sessions. Physiological, cognitive and behavioural measures were administered. Data was collected prospectively on each session in the Snoezelen room and were analysed by calculating the difference between pre- and post-treatment measurements for each Snoezelen session. Results: Results revealed significant changes on physiological measures. Heart rates decreased for each subject in each treatment session and were found to be significant ( $p = 0.032$ ). Muscle tone was decreased in all the affected extremities (right upper extremity  $p = 0.009$ , left upper extremity  $p = 0.020$ , right lower extremity  $p = 0.036$  and left lower extremity  $p=0.018$ ). Agitation levels decreased over time and the overall cognitive outcome measures showed significant improvement when comparing the beginning of treatment with the end. Conclusion: This study revealed a beneficial use of Snoezelen therapy with children recovering from severe brain injury. However, there continues to be a critical need for evidenced-based research for this patient population and others in this multi-sensory environment

#### [Texte intégral 013](#)

KAPLAN, H. *et al.* “ Snoezelen multi-sensory environments: task engagement and generalization ”. *Research in Developmental Disabilities*, Volume 27(4), (July-August 2006), pp. 443-455.

These experiments explored whether behavioural improvements observed during Snoezelen OT treatment sessions carried over to two different settings for three people with moderate/severe intellectual disability, autism and severe challenging behaviors. Experiment 1 explored engagement during a functional task immediately following the treatment sessions while experiment 2 explored changes in the frequencies of challenging behaviours on the days after treatment sessions. Investigators found carryover for two of the three participants to both post-session engagement as well as to the daily frequency of challenging behaviours on days following the OT sessions.

#### [Texte intégral 047](#)

KWOK, H. “ The application of a multisensory Snoezelen room for people with learning disabilities: Hong Kong experience ”. *Hong Kong medical journal*, Volume 9(2), 2003, pp. 122 -126.

In recent years there has been a considerable increase in the use of complementary therapies in the field of learning disabilities. This paper describes the use of a Snoezelen (multisensory) room for adults with learning disabilities in a psychiatric setting in Hong Kong. Theoretical and operational issues are discussed. The demographic and clinical data of a cohort of 96 patients who had used the room were reviewed. Rating forms were completed by their carers or staff at the end of the course to provide a subjective evaluation of the effectiveness of treatment. This is followed by three case reports. In view of the rising popularity of the multisensory room for people with learning disabilities, more research of the impact and therapeutic values is recommended.

#### [Texte intégral 020](#)

LINDSAY, W.R. “ A Comparison of the effects of four therapy procedures on concentration and responsiveness in people with profound learning disabilities ”. *Journal of intellectual disability research*, Volume 41(3), 1997, pp. 201 -207.

This paper is an investigation into the efficacy of four therapeutic treatment procedures increasingly used with people with profound learning disabilities: snoezelen, hand massage/aromatherapy, relaxation, and active therapy (a bouncy castle). In particular, the effects of these procedures on concentration and responsiveness were examined. Eight subjects with profound learning disabilities took part in the study and each subject received each of the treatments. To assess the effects of the treatments, simple concentration tasks were administered and the subjects' responsiveness to each treatment was rated by independent observers. The results suggest that both snoezelen and relaxation had a positive effect on concentration and seemed to be the most enjoyable therapies for clients, whereas hand massage/aromatherapy and active therapy had no or even negative effects on concentration and appeared less enjoyable.

#### [Texte intégral 024](#)

LOTAN, Meir. “ Management of Rett syndrome in the controlled multisensory (Snoezelen) environment. A review with three case stories ”. *The Scientific World journal*, Volume 6, 2006, pp. 791 -807.

Rett syndrome (RS) is a neurological disorder resulting from an X-linked dominant mutation. It is characterized by a variety of physical and perceptual disabilities, resulting in a need for continuous intervention programs to be administered on a regular basis throughout life. Many of these individuals with RS show fear of movement and, therefore, find it hard to accept external facilitation (so common in physical therapy intervention). In a search for novel intervention techniques that might improve their ability to cope with difficulties in daily situations, while also reducing their difficulty in handling motion inflicted by an external physical facilitator, we examined the use of the Snoezelen room. The Snoezelen, also known as the controlled multisensory environment, can provide a soothing atmosphere that appeals to the individual with RS, while at the same time it can improve physical, sensorial, and functional abilities. This article suggests various intervention goals that are appropriate for individuals with RS at different stages of the disorder. Since the management of young children with RS in the multisensory environment has been discussed at length in the past, this article will mainly describe intervention with adults with RS, focusing on three case stories. The present article reviews the available scientific materials on the topic of Snoezelen, incorporating clinical knowledge in the field of RS and suggesting this approach as an appropriate intervention method for this population.

#### [Texte intégral 033](#)

LOTAN, Meir and Christian GOLD. “ Meta-Analysis of the Effectiveness of Individual Intervention in the Controlled Multisensory Environment (Snoezelen[R]) for Individuals with Intellectual Disability ”. *Journal of Intellectual & Developmental Disability*, Volume 34(3), (September 2009), pp. 207-215.

The Snoezelen[R] is a multisensory intervention approach that has been implemented with various populations. Due to an almost complete absence of rigorous research in this field, the confirmation of this approach as an effective therapeutic intervention is warranted. Method: To evaluate the therapeutic influence of the Snoezelen[R] approach. Twenty-eight relevant articles relating to individual (one-to-one) Snoezelen[R] intervention with individuals with intellectual and developmental



disabilities (IDD) were reviewed. A meta-analysis regarding the significance of the reduction of maladaptive behaviour and the enhancement of adaptive behaviour was implemented. An analysis of standardised mean differences was used through the use of fixed effect models. Results: The primary finding was that the Snoezelen[R] approach, when applied as an individual intervention for individuals with IDD, enabled significant and large effect size in adaptive behaviours, with generalisation to the participants' daily life. Conclusions: Weaknesses in the examined research methodologies, the heterogeneity between research designs, the small number of available research projects, and the small number of participants in each research project, prevent a confirmation of this method as a valid therapeutic intervention at this time.

#### [Texte intégral 062](#)

MARTIN, N.T. “ Behavioural effects of long-term multi-sensory stimulation ”. *The British Journal of Clinical Psychology*, Volume 37(1), 1998, pp. 69 -82.

**OBJECTIVES:** Regular access to a multi-sensory environment (MSE or Snoezelen room) was compared with a non-complex sensory environment for individuals with learning disabilities. We also tested the prediction that those individuals whose challenging behaviour was maintained by sensory consequences would benefit most from exposure to the MSE. **DESIGN:** The conditions were compared over 16-week periods using a double crossover design, and were matched for social contact and attention from the enabler. Participants were randomly assigned to orders of treatments. **METHODS:** Participants were 27 adults with severe/profound learning disabilities who exhibited challenging behaviour. Behaviour was assessed before and after each treatment phase using both direct observation and standardized assessments (the Functional Performance Record and the Problem Behaviour Inventory). The behavioural observations formed the basis of a functional analysis of each individual's challenging behaviour. **RESULTS:** Some participants became more calm and relaxed while in the MSE, however, the objective measures of behaviour outside the treatment settings revealed no difference between the MSE and control conditions. Challenging behaviour maintained by sensory consequences showed no greater responsivity to the MSE than to the control condition. **CONCLUSIONS:** The multi-sensory environment had no effects beyond those that could be ascribed to the social interaction between participant and enabler. Anecdotal evidence of favourable responses within the MSE itself could not be confirmed outside the environment.

#### [Texte intégral 023](#)

MARTIN, P. « Effets d'une prise en charge Snoezelen sur les troubles du comportement d'adultes autistes », *Revue Francophone de la Déficience Intellectuelle*, vol. 14, n° 2, 2003, p. 151-162.

Cet article présente une partie des résultats d'une recherche clinique longitudinale (Martin, 2003) qui a été menée dans le cadre d'une thèse de doctorat de 3e cycle, sous la direction du professeur Jean-Louis Adrien, de l'Institut de Psychologie de l'Université René Descartes, Paris 5. L'intérêt majeur de cet article est de proposer un modèle de prise en charge et de soins psychologiques évaluables auprès d'adultes autistes en institution, inspiré de l'approche Snoezelen, qui conduirait à atténuer sensiblement certains troubles du comportement autistique. Cette étude s'est déroulée sur trois années, dans un établissement public pour adultes qui dépend de la fonction publique hospitalière : La Maison d'Accueil Spécialisé de l'Oudon à Segré dans le département du Maine-et-Loire, France.

#### [Texte intégral 064](#)

MARTIN, Pascal et J-L. ADRIEN. « Un environnement snoezelen pour des adultes autistes, au retard mental ». *Revue québécoise de psychologie*, vol. 26, n° 3, 2005, p. 43-66.

Disponible sur papier à la bibliothèque.

MATSON, Johnny L. *et al.* “ An Analysis of Snoezelen Equipment to Reinforce Persons with Severe or Profound Mental Retardation ”. *Developmental Disabilities: A Multidisciplinary Journal*; Volume 25(1), (January 2004), pp.89-95.

Systematically developing methods of reinforcement for persons with severe and profound mental retardation has only recently received a good deal of attention. This topic is important since professionals in the field often have difficulty identifying sufficient numbers of positive stimuli. Snoezelen equipment as reinforcement for individuals with severe and profound mental retardation was evaluated because of the promise it holds for this population. Types of Snoezelen equipment which were most often approached and most reinforcing for these persons were identified. Implications of the findings for future assessment and treatment are discussed.

#### [Texte intégral 006](#)

McKEE, Shari A. *et al.* “ Effects of a Snoezelen Room on the Behavior of Three Autistic Clients ”. *Research in Developmental Disabilities: A Multidisciplinary Journal*, Volume 28(3), (May-June 2007), pp. 304-316.

The effect of a Snoezelen room on the disruptive and prosocial behavior of three male, autistic inpatients was examined. In an ABAB reversal design, specific disruptive and prosocial behaviors were recorded for each client throughout the four 28-day periods of the study. Results indicated that the three clients had different responses to the room, but no client showed a decrease in disruptive behaviors while in the Snoezelen condition compared to baseline, and one client showed a clear pattern of increased disruptive behavior during the Snoezelen periods. There was a slight tendency for clients to engage in more prosocial behaviors while in Snoezelen. These findings do not support the contention that Snoezelen rooms are effective interventions for aggressive behavior in this client population

#### [Texte intégral 003](#)

MINNER, D. " Snoezelen Activity: The Good Shepherd Nursing Home Experience ". *Journal of Nursing Care Quality*, Volume 19(4), (October/November/December 2004), pp. 343-348.

Care of the resident with dementia can be both challenging and unpredictable. Activities provided for nursing home residents often have rules and may be a source of frustration for residents with advancing dementia. Snoezelen®, or multisensory therapy, offers a failure-free activity in an enabling environment that can both stimulate and relax the resident with dementia. Good Shepherd Nursing Home in Versailles, Mo, undertook a 1-year outcome-based quality improvement project to find if use of Snoezelen therapy could reduce the number of behavioral symptoms that residents were suffering from. While there are still barriers to the use Snoezelen therapy, employees at Good Shepherd Nursing Home believe that the use of Snoezelen therapy has been a successful and rewarding experience for both residents and staff members

#### [Texte intégral 031](#)

MORRISSEY, Matthew. " Snoezelen: benefits for nursing older clients ". *Nursing Standard*, Volume 12(3), (October 8, 1997), pp. 38-40.

AB In this article, the authors examine the possible benefits of Snoezelen for older clients. The authors suggest that nurses can be instrumental in developing and creating innovative therapeutic environments for this vulnerable client group.

MOUNT, Helen and Judith CAVET. " Multi-sensory Environments: An Exploration of Their Potential for Young People with Profound and Multiple Learning Difficulties ". *British Journal of Special Education*, Volume 22(2), (June 1995), pp. 52-55.

This article addresses the controversy concerning multisensory environments for children and adults with profound and multiple learning difficulties, from a British perspective. The need for critical evaluation of such multisensory interventions as the "snoezelen" approach and the paucity of relevant, rigorous research on educational benefits of multisensory environments is highlighted.

#### [Texte intégral 007](#)

ORAIN, Stéphanie. « Le snoezelen ». *Gérontologie et société*, vol. 3, n° 126, 2008, p. 157-164.

Le snoezelen est un concept récent qui nous vient de Hollande et qui repose sur la stimulation sensorielle. Le snoezelen peut s'évoquer en formation, en discussions entre professionnels, mais avant tout, le snoezelen se vit, se vit de l'intérieur, intensément, avec authenticité. C'est grâce à des matières, des textures, des couleurs, des odeurs, des sons, qu'une atmosphère se crée, et, véritable invitation au voyage sensoriel, elle transporte le patient ailleurs, en lui offrant un espace de liberté, sans contrainte ni de temps, ni de rythme. La relation entre le soignant et le soigné s'instaure légitimement et délicatement. La séance peut alors commencer...

#### [Texte intégral 057](#)

PETITPIERRE-JOST, Genevieve. « Programmes de stimulation pour personnes polyhandicapées. Suggestions pour l'amélioration du cadre d'application pédagogique et thérapeutique ». *Médecine & Hygiène / Devenir*, vol. 17, n°1, 2005, p. 39-53.

#### [Texte intégral 009](#)

QUENTIN, Olivier. « La démarche Snoezelen, un autre accompagnement ». *Soins Gérontologie*, vol. 65, mai/juin 2007, p. 5.

L'édition 2007 du Salon Géront Expo qui se déroule à Paris du 22 au 24 mai, propose aux visiteurs de découvrir l'approche Snoezelen sur un espace de 70 m<sup>2</sup>. Accompagnés de professionnels et de formateurs, les participants pourront débattre de l'intérêt de développer cette approche dans le cadre de l'accompagnement des personnes désorientées et/ou handicapées.

### [Texte intégral 029](#)

REDDON, Johan R. " Immediate effects of Snoezelen (R) treatment on adult psychiatric patients and community controls ". *Current psychology*, Volume 23(3), 2004, pp. 225 -237.

The effectiveness of Snoezelen® multi-sensory stimulation treatment was evaluated with 50 psychiatric patients (25 men, 25 women) and 50 hospital employees (25 men, 25 women). Pre and post-treatment physiological responses (galvanic skin conductance response, heart rate, and percentage blood oxygen) were compared and participants were evaluated post-treatment for perceived psychological benefits with a nine-item questionnaire. Results indicate that participation in a single 20-minute Snoezelen® session had significant and positive physiological effects on both the patient and staff groups. Also, post-treatment participants in both groups did not perceive any change on the dimension reserved-outgoing but felt more sleepy, passive, relaxed, cheerful, focused, optimistic, calm, and comfortable. Consequently, beneficial physiological and psychological Snoezelen® treatment effects were apparent for both patients and controls.

### [Texte intégral 015](#)

REID, Lyn and Louise MARTIN. " The effectiveness of Snoezelen Therapy to decrease anxiety and restlessness in nursing home residents ". *Australasian Journal on Ageing*, Volume 24, (November 2005), Supplement A42-A43.

RENARD, Karine. « Le concept snoezelen ». *La revue de l'infirmière*, vol. 57, n° 138 (mars 2008), p. 20.

Initié aux Pays-Bas dans les années 1970, le concept snoezelen recouvre une philosophie globale d'approche de la personne fondée sur l'écoute et la disponibilité à l'autre, quels que soient son handicap, ses capacités ou son âge. Le terme snoezelen est la contraction de deux mots néerlandais : snuffelen, qui signifie "flairer, fureter" et doezelen qui évoque un état de langueur indéfinissable, de somnolence. Cette construction permet de définir le terme snoezelen comme l'alliance de la détente et du relâchement avec une forme de tonicité, d'envie de connaître et de s'approprier de nouvelles sensations, de nouvelles connaissances. La démarche snoezelen se déroule dans une pièce plongée dans la pénombre et suffisamment grande pour y rassembler plusieurs personnes. C'est un lieu confortable, chaleureux et adapté aux handicaps des personnes accueillies. Des outils sensoriels (lumières, odeurs, musique...) procurent une tranquillité en même temps qu'un certain mouvement au fil des séances. Le travail en espace snoezelen s'adresse à tout type de patient. Il s'appuie sur une écoute fine à l'autre et sur une mise en relation à tous ses moyens de communication, notamment la communication non verbale qui est essentielle pour obtenir un mieux-être.

### [Texte intégral 025](#)

SCHOFIELD, Patricia. " Snoezelen: its potential for people with chronic pain ". *Complementary Therapies in Nursing and Midwifery*, Volume 2 (1), (February 1996), pp. 9-12.

The purpose of this paper is to outline the application of a new form of chronic pain management which is currently under investigation by the writer as a PhD study with the University of Wales, Cardiff, UK. The study was initiated by the writer whilst working as a Senior Nurse Specialist in pain management, it is anticipated that the results of the study will be available by 1996. The concept of the Snoezelen will be discussed. Snoezelen has been used by many centres for the care of individuals with learning disabilities. The paper will also describe the Snoezelen centre based in Chesterfield, UK and some of the experiences that are available. Finally, the rationale behind the application of a strategy for the management of individuals experiencing chronic pain will be discussed relating to some of the appropriate literature. As a result of this study several pain clinics are interested in looking at the use of some of the concepts.

### [Texte intégral 045](#)

SCHOFIELD, Patricia. " The effects of Snoezelen on chronic pain ". *Nursing Standard*, Volume 15(1), (September 20, 2000), pp. 33-34.

SCHOFIELD, Patricia *et al.* " Snoezelen and chronic pain:developing a study to evaluate its use ". *Complementary Therapies in Nursing and Midwifery*, Volume 4(3), (June 1998), pp. 66-72.

Chronic pain can be devastating, it impinges upon the life of the sufferer, causing psychological, physical, social and financial problems, leaving the individual searching for an explanation and a cure. Although there are no major epidemiological studies to date, it has been suggested that the impact of chronic pain, not only to the patient, but also to society and the NHS is phenomenal, with loss of production and costs of treatments (Fordyce 1995). Specialists within the field of chronic pain have advocated the use of the multidisciplinary approach to deal with the problems and thus suggest the use of the pain management programme, which is designed to teach the patient coping strategies. Recently, however, there has been a call within the

literature to identify the effectiveness of singular strategies, which may be equally as effective and less expensive (Keefe et al 1992). The purpose of these papers is to introduce one such strategy, which has been evaluated over the past four years in order to investigate the use of the sensory environment (Snoezelen) for the management of chronic pain. In part II of this paper, an evaluation of Snoezelen and chronic pain will be presented, along with the findings of an investigation into its use.

#### [Texte intégral 048](#)

SCHOFIELD, Patricia *et al.* “ Evaluating the use of Snoezelen and chronic pain: the findings of an investigation into its use (Part II) ”. *Complementary Therapies in Nursing and Midwifery*, Volume 4(5), (October 1998), pp. 137-143.

This is the second of two papers which describes a research project which was designed to evaluate the use of Snoezelen for the management of chronic pain. Part I explored the concepts underpinning both chronic pain and the Snoezelen itself which subsequently resulted in the development of an appropriate study design. The purpose of the study was to compare the use of Snoezelen for the management of chronic pain as a potential relaxation and distraction strategy, compared to the traditional relaxation approach used within the clinic. This paper will present the results that were obtained with the research project and in the light of these findings the author will discuss implications for future investigation and practice.

#### [Texte intégral 044](#)

SHAPIRO, M *et al.* “ The efficacy of the snoezelen in the management of children with mental retardation who exhibit maladaptive behaviors ”. *British Journal of Developmental Disabilities*, Volume 43(2), 1997, pp. 140-155.

SINGH, Nirbhay N. *et al.* . “ Effects of Snoezelen Room, Activities of Daily Living Skills Training, and Vocational Skills Training on Aggression and Self-Injury by Adults with Mental Retardation and Mental Illness ”. *Research in Developmental Disabilities: A Multidisciplinary Journal*, Volume 25(3), (May-June 2004), pp. 285-293.

Multi-sensory stimulation provided in a Snoezelen room is being used increasingly for individuals with mental retardation and mental illness to facilitate relaxation, provide enjoyment, and inhibit behavioral challenges. We observed aggressive and self-injurious behavior in three groups of 15 individuals with severe or profound mental retardation and mental illness before, during, and after being in a Snoezelen room. All participants were receiving psychotropic medication for their mental illness and function-derived behavioral interventions for aggression, self-injury, or both. Using a repeated measures counterbalanced design, each group of participants was rotated through three experimental conditions: Activities of Daily Living (ADL) skills training, Snoezelen, and Vocational skills training. All other treatment and training activities specified in each individual's person-centered plan were continued during the 10-week observational period. Both aggression and self-injury were lowest when the individuals were in a Snoezelen room, followed by Vocational skills training and ADL skills training. The levels in the Snoezelen room were significantly lower than in both the other conditions for aggression but only in ADL skills training for self-injury. The difference in levels before and after Snoezelen were statistically significant with self-injury but not with aggression. The order of conditions showed no significant effect on either behavior. Snoezelen may provide an effective context for reducing the occurrence of self-injury and aggression.

#### [Texte intégral 005](#)

SPAULL, Deborah and Charlotte LEACH. “ An Evaluation Of The Effects Of Sensory Stimulation With People Who Have Dementia ”. *Behavioural and Cognitive Psychotherapy*, Volume 26(1), (January 1998), pp. 77-86.

Hospitalized older adults with dementia often have few opportunities for social interaction and psychological stimulation. Their psychological functioning is affected by the dementing illness, sensory impairment and the effects of living in an institutional environment. The adverse effects of sensory deprivation may be particularly relevant for this client group. Using a multiple single case design, we evaluated the effects of individual sensory stimulation sessions on four elderly patients with dementia. All were living on a hospital continuing care psychiatric ward. Detailed behavioural observations were made before, during and after sessions to assess patients' responses. Adaptive functioning and wellbeing were also investigated. Results indicated that the intervention led to observable changes in levels of interaction, active looking and interest. The effects were transitory with the exception of active looking, which endured following the session. Adaptive behaviours also improved, though there was no change in wellbeing. The study indicates that sensory stimulation is a valuable therapeutic intervention with this client group.

#### [Texte intégral 055](#)

STAAL, J.A. “ The effect of snoezelen and psychiatric care on a agitation, apathy and activities of daily living in dementia patients ”. *Journal of Psychiatry in Medicine*, Volume 37(4), 2007, pp. 357-370.

A randomized, controlled, single-blinded, between group study of 24 participants with moderate to severe dementia was conducted on a geriatric psychiatric unit. All participants received pharmacological therapy, occupational therapy, structured

hospital environment, and were randomized to receive multi sensory behavior therapy (MSBT) or a structured activity session. Greater independence in activities of daily living (ADLs) was observed for the group treated with MSBT and standard psychiatric inpatient care on the Katz Index of Activities of Daily Living (KI-ADL;  $P = 0.05$ ) than standard psychiatric inpatient care alone. The combination treatment of MSBT and standard psychiatric care also reduced agitation and apathy greater than standard psychiatric inpatient care alone as measured with the Pittsburgh Agitation Scale and the Scale for the Assessment of Negative Symptoms in Alzheimer's Disease ( $P = 0.05$ ). Multiple regression analysis predicted that within the multi-sensory group, activities of daily living (KI-ADL) increased as apathy and agitation reduced ( $R^2 = 0.42$ ;  $p = 0.03$ ). These data suggest that utilizing MSBT with standard psychiatric inpatient care may reduce apathy and agitation and additionally improve activities of daily living in hospitalized people with moderate to severe dementia more than standard care alone.

#### [Texte intégral 049](#)

VAN WEERT, Julia C. " Behavioral and mood effects of Snoezelen integrated into 24-hour dementia care ". *Journal of the American Geriatrics Society*, Volume 53 (1), 2005, pp. 24 -33.

To investigate the effectiveness of snoezelen, integrated in 24-hour daily care, on the behavior and mood of demented nursing home residents. Quasiexperimental pre- and posttest design. Twelve psychogeriatric wards of six nursing homes, spread over different parts of the Netherlands. One hundred twenty-five patients with moderate to severe dementia and care dependency were included in the pretest and 128 in the posttest; 61 were completers (included in both pre- and posttest). Experimental subjects received an individual 24-hour snoezel program, based on family history taking and stimulus preference screening. Caregivers were trained, and (organizational) adaptations were made to fulfill the conditions for resident-oriented snoezel care. The control group received usual nursing home care. Observations were made on the wards using subscales of the Dutch Behavior Observation Scale for Psychogeriatric Inpatients, the Dutch version of the Cohen-Mansfield Agitation Inventory, and the Cornell Scale for Depression in Dementia. Independent assessors observed video recordings of morning care and rated residents' behavior and mood using INTERACT and FACE, respectively. Residents receiving snoezel care demonstrated a significant treatment effect with respect to their level of apathetic behavior, loss of decorum, rebellious behavior, aggressive behavior, and depression. During morning care, the experimental subjects showed significant changes in well-being (mood, happiness, enjoyment, sadness) and adaptive behavior (responding to speaking, relating to caregiver, normal-length sentences). Snoezel care particularly seems to have a positive effect on disturbing and withdrawn behavior. The results suggest that a 24-hour integrated snoezel program has a generalizing effect on the mood and behavior of demented residents

#### [Texte intégral 016](#)

VAN WEERT, Julia C. and Bienke M. JANSSE. " Nursing assistants' behaviour during morning care: effects of the implementation of snoezelen, integrated in 24-hour dementia care ". *Journal of Advanced Nursing*, Volume 53(6), (March 2006), pp. 656-668.

**Aim:** This paper reports an investigation of the effects of the implementation of snoezelen, or multisensory stimulation, on the quality of nursing assistants' behaviour during morning care.

**Background:** Nursing assistants in long-term dementia care are often unaware of the impact of their behaviour on patient functioning. Snoezelen is a psychosocial intervention that might improve the quality of caregiver behaviour by combining a person-centred approach with the integration of sensory stimuli.

**Methods:** A quasi-experimental pre- and post-test design was implemented in 12 wards for older mentally infirm patients at six nursing homes. The experimental group intervention was a 4-day in-house 'snoezelen' training, stimulus preference screening and supervision meetings. The control group received usual nursing home care. The effectiveness of the intervention was studied by analysing 250 video recordings, which were assessed by independent observers using a 4-point measurement scale developed for this study and based on Kitwood's Dialectical Framework.

**Results:** The results showed a statistically significant increase in 'Positive Person Work' and decrease in 'Malignant Social Psychology' (total scores) after the implementation of snoezelen. Nursing assistants in the experimental group also improved by statistically significant amounts on all subitems of 'Positive Person Work'. The mean number of sensory stimuli, offered explicitly, increased.

**Conclusion:** The implementation of snoezelen succeeded in effecting a change to a more person-centred approach during morning care. The results indicate that nursing assistants' behaviour can be positively changed provided that the new care model has been successfully implemented.

#### [Texte intégral 030](#)



VAN WEERT, Julia C. and Alexandra M. VAN DULMEN. "Effects of snoezelen, integrated in 24 h dementia care, on nurse-patient communication during morning care", *Patient Education and Counseling*, Volume 58, 2005, pp. 312-326.

Objective: To investigate the effectiveness of snoezelen, integrated in 24-hour care, on the communication of Certified Nursing Assistants (CNAs) and demented nursing home residents during morning care.

Methods: A quasi-experimental pre- and post-test design was conducted, comparing six psychogeriatric wards, that implemented snoezelen, to six control wards, that continued in giving usual care. Measurements were performed at baseline and 18 months after a training 'snoezelen for caregivers'. Independent assessors analysed 250 video-recordings directly from the computer, using an adapted version of the Roter Interaction Analysis System (RIAS) and non-verbal measurements.

Results: Trained CNAs showed a significant increase of resident-directed gaze, affective touch and smiling. The total number of verbal utterances also increased (more social conversation, agreement, talking about sensory stimuli, information and autonomy). Regarding residents, a significant treatment effect was found for smiling, CNA-directed gaze, negative verbal behaviours (less disapproval and anger and verbal expressed autonomy). Conclusion: The implementation of snoezelen improved the actual communication during morning care. Practice implications: Teaching CNAs to provide snoezelen has added value for the quality of care. Morning care by trained CNAs appeared to take more time. This suggests that (some) time investment might be required to achieve positive effects on CNA- resident communication

#### [Texte intégral 043](#)

VLASKAMP, G. "Passive activities: The effectiveness of multi-sensory environments (Snoezelen) on the level of activity of people with profound multiple disabilities". *Journal of Intellectual Disability Research*, Volume 44(3 & 4), (June/August 2000), pp. 505-506.

WALLACE, Catherine and Peter BROWN. "Evaluating Snoezelen Therapy as a means of increasing family members' sense of involvement in residents care in a dementia specific high care nursing home". *Australasian Journal on Ageing*, Volume 23, (November 2004), Supplement A5-A6.

WARNET, Sylvie. « Du soin au prendre soin ». *Revue de l'infirmière*, n° 138 (mars 2008), p. 13-27.

WITHERS, P. S. "Successful treatment of severe self injury incorporating the use of a DRO, a Snoezelen room and orientation cues". *British Journal of Learning Disabilities*, Volume 23, 1995, pp. 164-167.

An article about approaches to the amelioration of self injurious behaviour in people with learning disabilities. The authors refer to researchers who have pointed out the inadequacy of single element treatment approaches in dealing with all cases of SIB and the need to develop "multi-model, integrative intervention programmes based on non-aversive approaches." Withers and Ensum then go on to describe their own success in treating Craig, a 16 year old boy with profound learning disabilities, as well impaired hearing and severely impaired vision. The treatment package consisted of four principal components: i) The rewarding of constructive activities ii) The use of Snoezelen and sensory rooms iii) The organisation of days into routines to reduce unpredictable events (coupled with the use of orientation cues, eg. soft music at bed time) and iv) The use of a regular staff group to discuss the implementation of the intervention, provide feedback on progress and to support staff in dealing with their emotional responses to Craig.

#### [Texte intégral 061](#)

## 5. Enregistrements vidéos

Payette, Denise. La magie snoezelen. Montréal, Groupe Icotop, Télé-Québec, 1999.  
1 vidéocassette (VHS) (26 min) : son. coul. ; 1/2 po  
Disponible au Cégep de Jonquière ou chez le distributeur.

Snoezelen une histoire de coeur . Montreal : CECOM, Hôpital Rivieres-des-Prairies, 1999.  
1 vidéocassette (12 min) : son., coul. ; VHS. En vente chez le distributeur. 75 \$

Le concept Snoezelen vise à augmenter la qualité de vie des personnes limitées. Il aide à orienter les interventions vers des valeurs personnelles, culturelles adaptées à ces personnes. Ce concept, d'origine hollandaise vise plusieurs objectifs. Ces objectifs sont applicables à toutes les clientèles : jeunes et moins jeunes, personnes atteintes de troubles sensoriel, mental, intellectuel ou physique...

Teach - DVD: "Snoezelen - introduction and basics" in English and French  
28,50 CA. Nécessite l'usage d'un ordinateur pour consulter le document.

Disponible pour commander en s'adressant à :

Prof. Dr. Krista Mertens  
Humboldt – Universität zu Berlin  
Institut für Rehabilitationswissenschaften  
Abt. Körperbehindertenpädagogik  
Georgenstr. 36  
D - 10117 Berlin  
e-mail: <mailto:krista.mertens@rz.hu-berlin.de>

Contenu :

1. definition/ définition, 6 min.
2. aims/ philosophie, 3 min.
3. rooms/ salles, 5 min.
4. promotion & therapy/ promotion et thérapie, 6 min.

Snoezelen. <http://www.flaghouse.com/snoezelenflash.html>

Escambia Westgate Project Video "Imagine" <http://www.flaghouse.ca/westgateVideo.html>

CBS News. New Dementia Treatment? [http://www.cbsnews.com/sections/i\\_video/main500251.shtml?id=615117n](http://www.cbsnews.com/sections/i_video/main500251.shtml?id=615117n)

## 6. Associations et regroupements

Association canadienne snoezelen <http://www.snoezelenqc.ca>

Association internationale snoezelen <http://www.isna.de/index2e.html>



World wide Snoezelen Portal <http://www.worldwidesnoezelen.com>



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