

**How Snoezelen has influenced
day to day care
on the Psychogeriatric Units
at Ste. Anne's Hospital, Quebec, Canada**



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**Ste. Anne's
Hospital**
330 residents with
chronic diseases and
some mild dementia

**Remembrance
Pavilion**
116 residents with
dementia



Historical review

■ 1995

Creation of 4 specialized psycho geriatric units
Beginning of person centered versus task centered
Development of the «milieu de vie» concept

■ 2003 addition of a sub-program :

The multisensory and Snoezelen approach

- The approach was integrated in all aspects of daily life on all work shifts to prevent sensory alteration, promote awareness and communication, preserve residual autonomy and self-esteem, offer the concept of «pleasure».

Implementation phases 2003 to ...

- Creation of a interdisciplinary committee,
 - Training of committee members to the approach,
- Adaptation of the training by the committee, members to the geriatric population with cognitive deficits,
 - Awareness campaign,
- 3 days of practical and theoretical training to all the caregivers,

Psycho geriatric *prosthetic* approach



Dementia Program



When we decided to integrate the multisensory approach and *Snoezelen* with the *psycho geriatric prosthetic approach*, our challenge was to make important changes in the way the caregivers and professionals thought of and organized their daily assessment.

Educate the caregivers

Stimulation must always be adapted to the persons' current level of ability to process impulses because the disease is progressing and the abilities are decreasing.



We knew that

“ ‘The lack of sensory stimulation speeds up the degenerative changes associated with normal aging. Failure to provide significant sensory experiences when the deficits are numerous and profound will lead to sensory alteration’ ”.

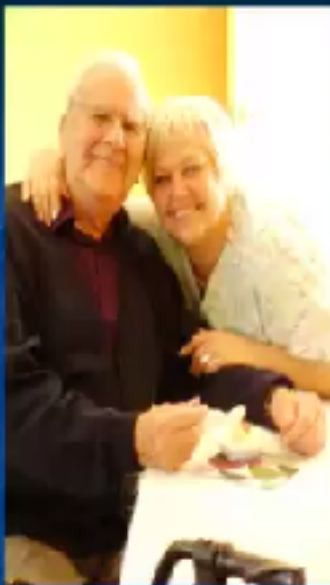
Solomon 1961

Also institutionalized persons with dementia have cognitive, physical and sensory deficits that put them at high risk of being sensory deprived.

In Dementia care

- you must think of the application of stimulation to the senses as waking up the mind, touching the heart and inspiring memory recall all through the dynamic process of Pleasure and Joy... with the MSE approach.
- Life is about living. It has been a journey of social and emotional contacts. The individual withdrawn due to disease process is still in there and needs a new avenue to communicate; the Multi-Sensory Approach builds that road...

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Being **“resident-centered”** instead of **“Task-Oriented”**.

Implies being receptive to the moment, providing contact, reassurance and pleasure as it is needed, and not at specific times dictated by routines.

Pinkey and Baker (1994) reported qualitative aspects (...) credited the approach with promoting the development of a therapeutic relationship incorporating trust, sharing and equality. They also contented that Snoezelen provided clients with “quality time”.

Being “resident-centered

- One can create an atmosphere of trust by simply being with the person at the right moment and simply holding his hand.
- The trained caregiver needs to understand that interventions need to continue even though there is not an obvious verbal response.
- Monitoring nonverbal communication, such as facial expressions, body posturing, eye contact, decreased restlessness, or repetitive behaviors.



Time should not be a main issue

Staff should strive to slow down and do things step by step with the resident.

They are reminded to observe the persons' state of being in the “*here and now*” and adjust their pace accordingly.

Most of the time our clock runs to fast

Even when we think that we are going slowly, we are probably still to fast for the resident that as cognitive, sensory and physical impairments. This process involves slowing down, listening to what they are really saying, observing carefully and responding accordingly.

Results from the Third Canadian Consensus Conference

Dr. Howard Chertkow

Diagnosis and Treatment of Alzheimer Disease and Dementia :

Non-pharmacological treatments should be initiated first. Approaches that may be useful for severe AD include behavioural management for depression, and caregiver/staff education programs for a variety of behaviours. **Music and multi-sensory intervention (Snoezelen)** are **useful during treatment** sessions but longer-term benefits have not been demonstrated.

Snoezelen*

by Jan Hulsegge and Had Verheul

Snoezelen is the act of enjoying a sensory stimulating environment rather than enjoying a particular room (i.e. the white room).

We can thus apply the Snoezelen concept to different environment and into activity.