

TIPS Question:

What behaviours or types of dementia are most positively affected and also most negatively affected by Snoezelen rooms?

Response:

The term Snoezelen is based on two Dutch words meaning, "to sniff and to dose". The philosophy is to create a setting for "enabling" within a failure - free environment. The Snoezelen room was initiated in the early 1980's in the Netherlands. The room itself has a projector with special effects wheels projecting moving pictures around the room, spotlights and a mirror ball, fiberoptic spray, music equipment, bubble tubs and aromatherapy. (It should be noted that in countries such as the United Kingdom the term Snoezelen & "multi-sensory stimulation" are used interchangeably.) The concept of using multi-sensory stimulation for the elderly with dementia dates back to the 1960's in the U.S. At that time, there were numerous observational reports showing the multi-sensory environment had positive effects on both behaviour and attitude of older persons with dementia and disruptive behaviour.

Unfortunately, there are few studies that evaluate the impact of this environment in a rigorously scientific way. There are descriptions, however, of researchers observing decrease in frequency of disruptive behaviours. One descriptive study using a multi-sensory stimulation room in a nursing home (aromatherapy, music, tactile stimulation, bubbles, etc.) resulted in increased sense of happiness and interest and reduced sadness and fear in residents with dementia. Another facility compared the Snoezelen concept with regular matched activity. The Snoezelen sessions were found to facilitate verbal expression and memory recall.

You can appreciate the difficulty in measuring and monitoring changes in behaviour, interaction and mood, as there are multiple variables. There are, however, compelling anecdotal descriptions of improvement in behaviours, communication and mood in the literature. There is also much written that supports the positive effect on staff/resident relationships/interactions, as well as, using a multi-sensory environment for residents with dementia and disruptive behaviour.

Chitsey, .M., Haight, B.K., Jones, M.M.: Snoezelene: A multi-sensory environmental intervention. *Journal of Gerontological Nursing*, March 2002, p 41-49.

Baker, R., Dowling, Z., Wareing, L.A., Dawson, J and Assey, J. Snoezelen: It's Long term and short term effects on Older people with dementia. *Br. Journal of Occ. Therapy*, May 1997, 60, P 213-218.

Van Diepen, E., Baillon, S.F., Redman, J., Rooke, Nan, Spencer, D.A., Prettyman, R., A Pilot Study of physiological and behavioural effects of Snoezelen in Dementia, *Br. Journal of Occ. Therapy*, Feb. 2002, 65, p 61-66.

Please note: TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.