

CIVIL MONEY PENALTY (CMP) FUNDED PROJECT

FINAL REPORT

Grantee

**Parkside Care Center
1201 Garfield Avenue
Little Chute WI**

Project Title

SNOEZELEN Multi-Sensory Environment Room

Award Amount

\$40,141

Grant Period

January 1, 2015 -December 31, 2015

Additional Information and Resources



**Department of Health Services / Division of Quality Assurance
Quality Assurance and Improvement Committee**

This project report has been prepared by the author under a research grant from the Department of Health Services (DHS) Quality Assurance and Improvement Committee. The views expressed in the report/training are personal to the author and do not necessarily reflect the view of the Department of Health Services or any of its staff and do not bind the Department in any manner.

F-01593 (08/2015)



July 26, 2016

TO: Pat Benesch
Division of Quality Assurance
Wisconsin DHS
PO Box 2969
Madison, WI 54701-2969
Patricia.Benesch@wi.gov

FROM: Lisa Olejniczak
Administrator
Atrium Post Acute Care of Little Chute
1201 Garfield Ave
Little Chute, WI 54140
lolejniczak@atriumhsl.com

RE: Snoezelen Multi-Sensory Environment Grant Agreement – Summary

We are pleased to present this final summary report on our Snoezelen Multi-Sensory room project. We are sincerely grateful to the Department of Health for providing this opportunity thru the CMP grant program.

The project started in November 2015 with installation of equipment by Flaghouse; training of staff; recruitment of our study group and continued through June 2016. In this summary we will highlight various areas within the scope of the project.

Flaghouse – Snoezelen Room Installation/Training:

Atrium/Parkside had prepared the room per specs in order for Flaghouse to complete full install and training over 2 days (they traveled from Canada and New Jersey). Both were very knowledgeable of their product. We trained 10 individuals directly in order to provide a broader scope for staff training later. Activity Dept. staff took the lead on the project. Overall, there were 10-15 items that were electronic and had special instructions for use. This seemed a bit overwhelming at first. We focused on learning the concept of the Snoezelen Room and how to use it vs. what to use in the room. In retrospect, we should've planned on bringing in 2 residents into the room at different times to watch the trainer initiate the various products and put them in action. Some equipment was mounted higher on shelving to stay out of reach from residents using the room but this also made it a bit more difficult for staff and families to reach the equipment to turn items on/off. We added a 3 step ladder with a handle for safety.

Atrium/Parkside Staff Training:

Activity staff offered various training times over the next 2 weeks for staff to attend the 30 minute session. We covered the theory of the room and some of the electronics. We gained input from staff and provided simple, easy to use instructions throughout the room. It took some encouragement. Many felt it mainly was Activity Dept's responsibility. With further encouragement we gained more participation and understanding by staff. We offered suggestions that they could do their charting while supervising a resident in the Snoezelen Room.

Resident Selection/Family Involvement:

The Interdisciplinary team carefully chose 12-15 residents that had a diagnosis of dementia and experienced some behaviors that the Snoezelen Room may offer a non-pharmalogical intervention option to reduce agitation etc. We also selected residents that would remain with us over the trial period to the best of our knowledge based on health status and intent to remain at our center. The Activity Director phoned and met with family members; POAs; Guardians to explain our Snoezelen Room Grant and project. Many were very interested in having their resident participate; other asked if they could be trained to use the room and others didn't return our calls. We were able to secure 14 residents into our trial. This list was posted for our staff to know who we were focused on for participation in the trial. Activity Dept staff trained only 3 family members; however, because of the technical equipment, many used only very few items. To assist, Activity Dept staff would "set up" the room and allow families to supervise.

UW-Oshkosh Survey and Evaluation Process:

The Interdisciplinary team met with representatives from UW-Oshkosh to brainstorm the evaluation tool needed in order to try and monitor/evaluate the Snoezelen Room. After many rough drafts we agreed to a Staff/Volunteer Evaluation and a Family Evaluation. The staff evaluation used more clinical terms to describe the effect while the family evaluation offered a softer approach. Evaluations were kept in the Snoezelen Room along with a "return" file once completed. Residents were given Case Numbers so not to be identified by UW-Oshkosh. The Activity Director was responsible for returning them to UW-Oshkosh once completed. We found that after completing 4-5 evaluations, they were too long and too indepth which could have played a part in our low completion rate compared to use of the Snoezelen Room. One question asked was "what the resident's response was 30 minutes after using the room". This was very difficult to document. The Activity Director found it was best to write a summary of the effect to the resident.

Objects/Devices of the Snoezelen Room:

Most surprising element in the room – the Vibromusic Chair. We felt it may be difficult to transfer a resident into the chair and recline for fear of falling; however, once the feet were elevated they were not scared and some enjoyed a very deep nap.

Bubble Tube – enjoyed by most. Draws attention initially but then becomes a nice backdrop for most.

Wall Activity Panels: Were more directed for children and not appropriate for adults. We would not recommend them again. Hard for those in wheelchairs to reach the panels mounted on the walls.

Star Gazer: Very good – nice to spread up the ceiling to draw attention upwards or set a mode while reclined in the chair.

Aromatherapy: Wonderful! Thoroughly recommend this in many areas of our center. Just don't overdue it in one room.

Infinity Panel: Not sure on this one. Haven't found a resident that was engaged by it.

Wall Washers/Lava Discs: Both are ok and add options to the room.

Interactive Control Panel: Very nice. Used by residents to control bubble tube, colors etc.

Outcomes of the Snoezelen Room:

Overall, the room is ideal for someone needing sensory stimulation or relaxation. This applies to all resident and patients (including short term rehab). We found that the room itself provides such a retreat from the daily stimulation in our center that can benefit anyone – including staff! One of our residents with full dementia stated as she entered “Oh, the Sleepy Room” and calmly entered. We are proud of our Snoezelen Room when we tour potential guests. We realize that the Activity Dept staff and managers take most of the responsibility for use versus the floor staff due to staffing issues and demands on the floor.

We look forward to continuing to learn more and more capabilities for our guests as well.

We are very happy with the outcomes and would overall rate the Snoezelen Multi-Sensory Room an 8 out of 10! Again, thank you for the tremendous opportunity for our residents and staff.

Submitted by:

Lisa Olejniczak
Administrator
Atrium – Little Chute

Katie Neuman
Activity Director
Atrium – Little Chute



Summary Report

Prepared on June 30, 2016 by
University of Wisconsin Oshkosh
Center for Career Development and Employability Training
(CCDET)

Snoezelen Room Evaluation Project
for Parkside Care Center LLC
d/b/a Atrium Post Acute Care of Little Chute, WI

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Christina Hermsen, Parkside Care Center LLC d/b/a Atrium Post Acute Care of Little Chute

Facility Staff and Volunteers who completed surveys

Family Members and Friends who completed surveys

Wisconsin Department of Health Services, Division of Quality Assurance for project funding

Executive Summary

The Snoezelen Room Evaluation Project for the Parkside Care Center LLC d/b/a Atrium Post Acute Care of Little Chute, Wisconsin was designed to investigate the effectiveness of the Snoezelen Room, integrated into 24-hour care, on the behavior and mood of nursing home residents living with dementia and on those who care for them, including staff and family members. The University of Wisconsin (UW) Oshkosh, Center for Career Development and Employability Training (CCDET), partnered with Parkside Care Center LLC d/b/a Atrium Post Acute Care of Little Chute to design and implement the Snoezelen Room Evaluation Project.

The project, which ran from August, 2015 through June 30, 2016, included the design and implementation of two evaluation survey tools (one to be completed by facility care providers and the other to be completed by family members and/or friends of residents) and a summary report of findings to be generated at the conclusion of the project. The surveys were collected through May 31, 2016.

The term “Snoezelen Room” is a combination of the Dutch words “snuffelein”, which means seek out or explore and “doezelein”, which means to relax. The purpose of the Snoezelen Room Evaluation Project was to gain insight on how voluntarily spending time in the multi-sensory room (Snoezelen Room) affects residents living with dementia, caregivers and family members and to learn if/how that experience can improve the health and well-being for the residents and those who interact with them.

Project evaluation surveys collected observations of facility staff and volunteers, as well as family members and friends immediately after participating residents spent time in the Snoezelen Room. Various categories of information, such as physiological, behavioral and mood, were targeted and tracked at three specific points in time. Survey respondents indicated their observations about the aforementioned categories of information 1) before entering the Snoezelen Room, 2) while in the room and 3) after leaving the room. In addition, response options were available for observations specifically focused on the experience of the residents during their time in the Snoezelen Room.

Facility staff and volunteers and family members and friends completed a total of nineteen surveys for participating residents. Fifteen surveys were completed by staff and volunteers; four surveys were completed by family or friends of the residents. The tabulated results of these surveys are included in the Appendices.

Method and Observations

Following is a brief description of the key elements of the Snoezelen Room Evaluation Project.

Method

Setting – the project took place from August 1, 2015 through June 30, 2016 at the Parkside Care Center LLC d/b/a Atrium Post Acute Care of Little Chute. The evaluations were deployed in November, 2015 and tracked the voluntary use of the on-site Snoezelen Room by participating residents, in the company of facility care personnel and/or family member/friend(s). The Snoezelen Room is similar in size and general structure to residents' rooms, but is specially outfitted with visual, tactile, auditory and olfactory sensory equipment to create a safe and relaxing multi-sensory environment. A room diagram is available in the Appendices. Caregivers and/or family members/friends were present during the Snoezelen Room experience and were able to provide verbal and physical prompts if needed to assist the resident during the session.

The evaluation project participants, adults who reside at the Parkside Care Center LLC d/b/a Atrium Post Acute Care of Little Chute, are living with moderate to severe dementia.

Areas of Measurement – Specific target areas were observed and tracked, including various physiological categories (such as breathing), behaviors (communication and interaction) and mood (happiness or depression).

Design – Each participating resident had the option to have up to two surveys completed for them by facility staff and/or family member(s) per month (depending on need/interest). These surveys collected observations about specific targeted areas in order to investigate the effectiveness of the use of the Snoezelen Room on the health and well-being of the residents and facility staff who care for them.

Procedure – The surveys were completed by facility staff, volunteers or family members/friends immediately after the residents spent time in the Snoezelen Room. Data was collected about the targeted categories 1) just prior to, 2) during and 3) after time spent in the Snoezelen Room. The date and time of each session, along with general demographic information about the resident and the individual completing the survey, were also collected. Identifying information about the residents was not shared with UW Oshkosh CCDET. Parkside Care Center LLC d/b/a Atrium Post Acute Care of Little Chute was responsible for obtaining appropriate releases of information for the residents, family members, and staff following HIPAA regulations.

Results - Trend analysis of pre-session, during-session and post-session observations of various targeted categories were conducted. While nineteen surveys are a modest sample, a number of trends indicating the positive effects of the Snoezelen Room experience were readily apparent.

Observations

Survey respondents indicated their observations about various categories of information observed while the participating residents were in the Snoezelen Room. These categories included - physiological (such as breathing), behaviors (communication and interaction) and mood (happiness or depression). The information was observed at three different points in time, including: 1) before entering the Snoezelen Room, 2) while in the Snoezelen Room and 3) after leaving the room.

Survey data pointed to several important themes of positive impact that emerged including: communication, well-being, reminiscence, behavior, environment and relaxation. These six themes are discussed below.

Communication

Evidence of enhanced verbal and non-verbal communication was noted. Smiling, eye contact, response to speaking and enhanced autonomy were indicators. Survey respondent comments about communication in the Snoezelen Room included:

“Commented on pretty nature pictures....smiled when making eye contact.”

“Constantly talking about going to Hawaii and never coming back. Loves changing colors on bubble machine and fiber bundle machine. Played with sensory toys.”

Well-being

Survey comments pointed to an increase in well-being associated with time in the Snoezelen Room. Better mood and signs of happiness were observed. Survey comments included:

“Seem to be more vocal and was able to smile...”

“Resident had pain in her back, restless, moaning, grimacing....2 staff assisted resident into vibrochair. Resident was asleep in less than 4 minutes. Breathing very calm.”

Reminiscence

Survey respondents observed indications of improved reminiscence, where residents showed emotions in recalling memories. An example of such observations follows:

“Played Johnny Cash for him and he was singing right along. Would ask me to play certain songs. Asked about his other favorite music artists, he brought up Hank Williams, but said any Cash masters. Got very excited over Ring of Fire.”

Behavior

When residents spent time in the Snoezelen Room, maladaptive behaviors tended to decrease and adaptive behaviors tended to increase. Agitation and wandering were modulated and an increased sense of enjoying self and relating well was noted.

Of the surveys completed by facility staff and volunteers for fifteen of the residents – data showed that, while in the Snoezelen Room – the number of residents who were “constantly exit seeking” dropped from three to zero. And, the number of residents who were “not exit seeking at all” increased from six to twelve individuals. The reduction of exit seeking behavior continued to a lesser degree once the residents left the room. Survey comments included:

“She was exit seeking outside again. We were able to assist her to the vibromusic chair- she calmed.”

“Seem to be more vocal and was able to smile...”

“Was very unsettled the last four days. Today she was able to identify objects and colors on the projector, saying Oh the sun is coming up. It’s beautiful.”

There were rare occasions during the project, when a participating resident was startled or unsure about the Snoezelen Room experience. In those cases, facility staff and volunteers were to be commended for their attentive and sensitive response. Examples of comments follow:

“Whenever the bubbles would turn colors she became startled and pushed a color button on color wheel disk.”

“Seemed kind of sad or worried. Had another resident in here at the same time who was singing and she loved it. Kept asking to have me hold her hand.”

Environment

Survey respondents noted a sense of being in a friendly environment. Touching, holding objects, being more attentive to activities were observed while residents were in the Snoezelen Room.

“Resident loved the bubble tube. Every time it turned green he kept pointing out I love the Christmas tree!”

“Liked bubble tube and stars on the ceiling.”

“Loves the recliner. She loved looking at the video clip of all the wild life. Loved the horses and birds, very expressive in her likes and dislikes.”

Relaxation

An increase in relaxed feeling was observed, both while in the Snoezelen Room and to varying degrees, after leaving the room. Some of the comments offered by survey respondents included:

“Calm environment helped resident relax.”

“...breathing very calm.”

“Dozed off several times, but when the scene changed on the projector she woke easily and very happy. Calm. Relaxed.”

Conclusions

While the participation in the Snoezelen Room Evaluation Project for the Parkside Care Center LLC d/b/a Atrium Post Acute Care of Little Chute was modest in size (nineteen participants), the project nonetheless identified and reinforced the many positive impacts that Snoezelen Rooms have been affording in applications across this country and around the world for years.

Snoezelen Room intervention is among the recommended non-pharmacological interventions effectively used in caring for those living with dementia. Its positive effect on those living with moderate to severe dementia has been well demonstrated in extensive research.

The results of the Snoezelen Room Evaluation Project for the Parkside Care Center LLC d/b/a Atrium Post Acute Care of Little Chute support the positive findings of previous research. The project produced real life examples of how integration of Snoezelen Room intervention into the 24-hour care can support improved quality of life in the midst of cognitive decline and can benefit residents and those who interact with them.

UW Oshkosh

Center for Career Development (CCDET)

8

June 30, 2016

<http://www.uwosh.edu/ccdet/>

The commitment from Parkside Care Center LLC d/b/a Atrium Post Acute Care of Little Chute Management, staff, volunteers and family and friends to encourage an appropriate experience using the Snoezelen Room was very apparent in the survey results. All those who participated in making this project a success deserve recognition and appreciation. That kind of commitment is the basis for positive results in any sensory room application and much more important than a specific formula or list of sensory resources.

Project Contact

Reneé Rickert
Interim Co-Director,
UW Oshkosh CCDET
(920) 424-1486
rickertr@uwosh.edu

Appendices

Appendix 1 - Snoezelen Room Staff/Volunteer Survey Results

Initial Report

Last Modified: 06/17/2016

1. Please leave this space blank

Text Response

Statistic	Value
Total Responses	0

2. Date

Text Response

1.15.2016
1.15.2016
1.15.2016
1.20.2016
3/1/2016
2/2016
2/26/2016
3/18/2016
April 5, 2016
April 5, 2016
March 4, 2016
March 30, 2016
April 5, 2016
February 18, 2016
February 22, 2016

Statistic	Value
Total Responses	15

3. Position of person completing survey (please check all that apply)

#	Answer	Response	%
1	Administrator	0	0%
2	CNA	1	7%
3	Nurse	0	0%
4	Therapist	0	0%
5	Activity Staff	5	33%
6	Volunteer	8	53%
7	Other	1	7%
	Total	15	100%

4. How long have you worked/volunteered with this facility?

#	Answer	Response	%
1	Less than a year	10	67%
2	1 - 3 years	5	33%
3	More than 3 years	0	0%
	Total	15	100%

5. Please indicate the shift when resident spent time in the Snoezelen Room

#	Answer	Response	%
1	Day 6 a.m. - 2 p.m.	10	67%
2	Evening 2 p.m - 10 p.m.	5	33%
3	Night 10 p.m. - 6 a.m.	0	0%
	Total	15	100%

6. Please indicate any changes in condition

#	Answer	Response	%
2	Increase behaviors	2	17%
3	Respiratory infection	0	0%
4	Confirmed UTI (Urinary tract infection)	1	8%
5	Gastroenteritis (Vomiting/diarrhea)	0	0%
6	Other	0	0%
7	Does not apply	9	75%
	Total	12	100%

Comments:

Increase behaviors	Respiratory infection	Confirmed UTI (Urinary tract infection)	Gastroenteritis (Vomiting/diarrhea)	Other
exit seeking		Possible		
Crying/laughing				

7. Breathing

#	Question	Agitated/Rapid	Moderate	Calm/Slow	Other	Total Responses	Mean
1	Prior to entering the Snoezelen Room	4	4	4	3	15	2.40
2	While in the Snoezelen Room	3	6	6	0	15	2.20
3	After leaving the Snoezelen Room	1	5	5	2	13	2.62

8. Clapping hands/waving arms

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	8	1	3	0	3	15	2.27
2	While in the Snoezelen Room	10	4	1	0	0	15	1.40
3	After leaving the Snoezelen Room	9	2	0	0	3	14	2.00

9. Undressing

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	10	0	0	0	5	15	2.33
2	While in the Snoezelen Room	14	0	0	0	1	15	1.27
3	After leaving the Snoezelen Room	10	0	0	0	5	15	2.33

10. Exit Seeking

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	6	1	1	3	4	15	2.87
2	While in the Snoezelen Room	12	2	1	0	0	15	1.27
3	After leaving the Snoezelen Room	7	1	2	0	4	14	2.50

11. Rocking or swaying body

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	6	3	2	0	4	15	2.53
2	While in the Snoezelen Room	12	2	1	0	0	15	1.27
3	After leaving the Snoezelen Room	7	1	0	0	5	13	2.62

12. Throwing objects/aggressive behavior

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	10	1	0	0	4	15	2.13
2	While in the Snoezelen Room	14	1	0	0	0	15	1.07
3	After leaving the Snoezelen Room	11	1	0	0	3	15	1.87

13. Yelling/calling out

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	5	3	1	3	2	14	2.57
2	While in the Snoezelen Room	9	4	0	1	0	14	1.50
3	After leaving the Snoezelen Room	5	1	0	1	4	11	2.82

14. Smiling or laughing

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	3	5	1	1	5	15	3.00
2	While in the Snoezelen Room	4	3	5	3	0	15	2.47
3	After leaving the Snoezelen Room	1	3	1	1	5	11	3.55

15. Engaging in eye contact

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	4	5	1	0	5	15	2.80
2	While in the Snoezelen Room	3	5	5	2	0	15	2.40
3	After leaving the Snoezelen Room	2	3	1	1	5	12	3.33

16. Relating well to others

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	1	3	2	0	7	13	3.69
2	While in the Snoezelen Room	0	5	5	1	2	13	3.00
3	After leaving the Snoezelen Room	0	2	3	1	6	12	3.92

17. Talking spontaneously, speaking clearly and sensibly

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	2	3	3	0	7	15	3.47
2	While in the Snoezelen Room	0	5	7	2	1	15	2.93
3	After leaving the Snoezelen Room	0	3	2	1	7	13	3.92

18. Relating to environment, tracking stimuli such as sound, texture, smell (such as the sensory mat or bubble tube)

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	3	3	2	0	6	14	3.21
2	While in the Snoezelen Room	2	5	3	3	0	13	2.54
3	After leaving the Snoezelen Room	3	1	2	1	5	12	3.33

19. Appearing restless

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	2	2	1	4	5	14	3.57
2	While in the Snoezelen Room	7	6	0	1	0	14	1.64
3	After leaving the Snoezelen Room	2	1	2	0	6	11	3.64

20. Appearing tearful/sad

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	3	2	3	1	5	14	3.21
2	While in the Snoezelen Room	8	4	2	0	0	14	1.57
3	After leaving the Snoezelen Room	3	2	0	0	6	11	3.36

21. Appearing fearful or anxious

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	3	4	2	1	5	15	3.07
2	While in the Snoezelen Room	11	3	0	1	0	15	1.40
3	After leaving the Snoezelen Room	3	2	0	0	6	11	3.36

22. Appearing bored/inactive

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	7	2	0	0	5	14	2.57
2	While in the Snoezelen Room	13	2	0	0	0	15	1.13
3	After leaving the Snoezelen Room	6	1	0	0	6	13	2.92

23. Appearing angry, verbalizing anger

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	5	2	2	1	5	15	2.93
2	While in the Snoezelen Room	12	3	0	0	0	15	1.20
3	After leaving the Snoezelen Room	5	1	0	0	6	12	3.08

24. Appearing aggressive

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	5	2	2	1	5	15	2.93
2	While in the Snoezelen Room	15	0	0	0	0	15	1.00
3	After leaving the Snoezelen Room	5	1	0	0	6	12	3.08

25. Appearing reluctant

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	5	2	1	0	6	14	3.00
2	While in the Snoezelen Room	11	2	0	0	1	14	1.43
3	After leaving the Snoezelen Room	5	1	0	0	6	12	3.08

26. Engaging in repetitive movements/vocalizations

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	4	1	1	2	6	14	3.36
2	While in the Snoezelen Room	4	5	2	3	0	14	2.29
3	After leaving the Snoezelen Room	4	1	1	0	7	13	3.38

27. Appearing depressed/withdrawn

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	6	1	0	0	6	13	2.92
2	While in the Snoezelen Room	10	1	1	0	1	13	1.54
3	After leaving the Snoezelen Room	6	1	0	0	6	13	2.92

28. Appearing happy, content

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	2	3	3	1	5	14	3.29
2	While in the Snoezelen Room	1	6	5	2	0	14	2.57
3	After leaving the Snoezelen Room	0	3	2	1	6	12	3.83

29. Appearing to be enjoying self, expressing pleasure

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	3	1	2	1	5	12	3.33
2	While in the Snoezelen Room	3	4	6	2	0	15	2.47
3	After leaving the Snoezelen Room	0	4	1	1	6	12	3.75

30. How long was the resident in the Snoezelen Room? (please indicate answer as "from 1:00 p.m until 1:09 p.m".)

Text Response
9:05am to 9:45am
1520-1525
2:30pm to 3:00pm
1:45 pm- 3 pm
1:15 pm to 2 pm
1:15 pm until 1:30 pm
11:00-11:40
9:30 am- 9:35 am
1:30 pm- 2 pm
2:00 pm - 2:30 pm
1:45 pm to 3 pm

Statistic	Value
Total Responses	11

31. Please indicate duration of response to stimuli (interest) to each item

#	Question	Not at all	Under 1 minute	1 - 3 minutes	Over 3 minutes	Does not apply	Total Responses	Mean
1	Infinity Panel	6	1	0	1	5	13	2.85
2	Projector	1	2	1	6	3	13	3.62
3	Sensory Mat	5	0	1	2	4	12	3.00
4	Bubble Tube	3	2	0	6	0	11	2.82
5	Fiber Bundle Strand	4	0	0	3	4	11	3.27
6	Rocker Glider Chair	5	0	0	0	6	11	3.18
7	Vibromusic Recliner	2	0	0	3	7	12	4.08
8	Magic Glow Board	4	0	2	0	6	12	3.33
9	Learning Wall	5	0	0	0	6	11	3.18
10	Tactile Sensory Kit	5	0	0	2	4	11	3.00
11	Other	3	1	0	2	4	10	3.30

32. Indicate the number of responses to caregiver/caregiver while in the Snoezelen Room

#	Answer	Response	%
1	None	0	0%
2	1 - 3 times	3	21%
3	More than 3 times	11	79%
4	Does not apply	0	0%
	Total	14	100%

33. Indicate the overall response to stimuli - meaning how long the resident interacted or stayed engaged - while in the Snoezelen Room

#	Answer		Response	%
1	Less than 5 minutes		4	31%
2	at least 5 minutes but less than 10 minutes		4	31%
3	at least 10 minutes but less than 15 minutes		2	15%
4	15 minutes or more		3	23%
5	Other		0	0%
	Total		13	100%

Other

34. Please add any additional comments/observations that you feel are important/informative

Text Response

Resident was calm prior to entering- was very unsettled last 4 days. Today's she was able to identify objects and colors on projector saying " Oh the sun is coming up. It's beautiful." Dozed off several times, but when scene changed on projector she awoke easily and very happy. Calm. Relaxed.

Resident loved the bubble tube. Every time it turned green he kept pointing out I love the Christmas tree!

Resident did not seem to understand projector but really enjoyed bubble tube. Watched bubbles and was touching and explaining magic glow board. Seemed to be more vocal and was able to smile and see all her of beautiful teeth. Was confused about mirrors behind infinity panel and saw hers and mine reflection asking if it was her mom.

Whenever the bubbles would turn colors she became startled and pushed a color/button on color wheel disc.

Resident had pain in her back, restless, moaning/grimacing. Nurse gave PRN. 2 staff assisted resident into vibro chair with E2 stand. Resident was asleep in less than 4 min. Leaned her back, feet elevated, hasn't moved a finger and breathing very calm.

Loves the bubble machine and fiber bundle strand. Kept saying how beautiful it all is. Was very sleepy. Talked with wife and myself a few times about projected pictures otherwise slept. Talked about bubble tube colors a few times.

Commented on colors with projector and bubble machine. Doesn't like yellow or green pictures. If she wasn't up commenting she was sleeping. Loves the recliner. She loved looking at the video clip of all the wild life. Loved the horses and birds, very expressive in her likes and dislikes.

Seemed kind of sad or worried. Had another resident in here at same time who was singing and she loved it. Kept asking to have me hold her hand. Total sweetheart!

Played Johnny Cash for him and he was singing right along. Would ask for me to play certain songs. Asked about his other favorite music artists. He brought up Hank Williams but said any Cash masters. Got very excited over Ring of Fire.

Resident extremely combative with staff today. Possible worse I've seen her. Exit seeking multiple times not sure what resident is exit seeking for. Took her outside several times, redirected her inside within 10 minutes. She was exit seeking outside again. We were able to assist her into the vibromusic chair- she calmed down a bit and would close her eyes for a few minutes but would awake suddenly saying "ok, let's go!" Sat with resident to calm, she would drift in and out of sleeping/resting. Liked bubble tube and stars on ceiling. Calm environment helped resident relax. Lavender aromatherapy applied to cotton ball and placed on residents chest.

Didn't say much other than he wanted quiet. Asked him a few questions about being in the Navy and he seemed okay to tell about that experience but wouldn't talk about anything else.

Would fall asleep, wake up, commented on pretty nature pictures, was cold, smiled when making eye contact.

Constantly talking about going to Hawaii and never coming back. Loves changing colors on bubble machine and fiber bundle machine. Played with sensory toys. No interest in learning walls whatsoever.

Total Responses

13

Appendix 2 - Snoezelen Room Family/Friend Survey Results

Initial Report

Last Modified: 06/17/2016

1. Please leave this space blank

Text Response

Statistic	Value
Total Responses	0

2. Date

Text Response

1.27.2016

11.28.2015

11.28.2015

2/26/2016

Statistic	Value
Total Responses	4

3. Your relationship to the resident

#	Answer	Response	%
1	Family	2	50%
2	Friend	0	0%
3	Other	2	50%
	Total	4	100%

Other

RN TC

RN

4. Please indicate the timeframe when the resident spent time in the Snoezelen Room

#	Answer	Response	%
1	Day 6 a.m. - 2 p.m.	2	50%
2	Evening 2 p.m. - 10 p.m.	2	50%
3	Night 10 p.m. - 6 a.m.	0	0%
	Total	4	100%

5. Please indicate any changes that you are aware of in the resident's condition

#	Answer	Response	%
2	Increase behaviors	4	100%
3	Respiratory infection	0	0%
4	Confirmed UTI (Urinary tract infection)	0	0%
5	Gastroenteritis (Vomiting/diarrhea)	0	0%
6	Other	0	0%
7	Does not apply	0	0%
	Total	4	100%

Comments:

Increase behaviors	Respiratory infection	Confirmed UTI (Urinary tract infection)	Gastroenteritis (Vomiting/diarrhea)	Other
Sleeping a lot- not eating yesterday.				
More whimpering/crying r/t family.				
More crying, hitting, swatting				
Better in the last week				

6. Breathing

#	Question	Agitated/Rapid	Moderate	Calm/Slow	Other	Total Responses	Mean
1	Prior to entering the Snoezelen Room	2	0	0	1	3	2.00
2	While in the Snoezelen Room	1	0	2	0	3	2.33
3	After leaving the Snoezelen Room	0	0	3	0	3	3.00

7. Clapping hands/waving arms

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	1	0	0	0	2	3	3.67
2	While in the Snoezelen Room	1	0	0	0	2	3	3.67
3	After leaving the Snoezelen Room	1	0	0	0	2	3	3.67

8. Undressing

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	1	0	0	0	2	3	3.67
2	While in the Snoezelen Room	1	0	0	0	2	3	3.67
3	After leaving the Snoezelen Room	1	0	0	0	2	3	3.67

9. Exit Seeking

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	1	0	0	0	2	3	3.67
2	While in the Snoezelen Room	1	0	0	0	2	3	3.67
3	After leaving the Snoezelen Room	1	0	0	0	2	3	3.67

10. Rocking or swaying body

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	1	1	0	0	2	4	3.25
2	While in the Snoezelen Room	1	0	0	0	2	3	3.67
3	After leaving the Snoezelen Room	1	1	0	0	2	4	3.25

11. Throwing objects/aggressive behavior

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	2	0	0	0	1	3	2.33
2	While in the Snoezelen Room	2	0	0	0	1	3	2.33
3	After leaving the Snoezelen Room	2	0	0	0	1	3	2.33

12. Yelling/calling out

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	2	0	0	0	1	3	2.33
2	While in the Snoezelen Room	2	0	0	0	1	3	2.33
3	After leaving the Snoezelen Room	2	0	0	0	1	3	2.33

13. Smiling or laughing

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	1	1	1	0	1	4	2.75
2	While in the Snoezelen Room	1	1	1	0	1	4	2.75
3	After leaving the Snoezelen Room	1	0	2	0	1	4	3.00

14. Engaging in eye contact

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	1	3	0	0	0	4	1.75
2	While in the Snoezelen Room	1	2	1	0	0	4	2.00
3	After leaving the Snoezelen Room	1	1	2	0	0	4	2.25

15. Relating well to others

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	0	3	0	0	1	4	2.75
2	While in the Snoezelen Room	0	0	1	1	1	3	4.00
3	After leaving the Snoezelen Room	0	3	0	0	1	4	2.75

16. Talking spontaneously, speaking clearly and sensibly

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	1	3	0	0	0	4	1.75
2	While in the Snoezelen Room	0	0	4	0	0	4	3.00
3	After leaving the Snoezelen Room	1	2	1	0	0	4	2.00

17. Relating to environment, tracking stimuli such as sound, texture, smell (such as sensory mat or bubble tube)

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	3	1	0	0	0	4	1.25
2	While in the Snoezelen Room	1	1	2	0	0	4	2.25
3	After leaving the Snoezelen Room	2	2	0	0	0	4	1.50

18. Appearing restless

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	1	1	2	0	0	4	2.25
2	While in the Snoezelen Room	1	1	1	0	0	3	2.00
3	After leaving the Snoezelen Room	1	2	0	0	0	3	1.67

19. Appearing tearful/sad

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	2	0	2	0	0	4	2.00
2	While in the Snoezelen Room	1	2	0	0	0	3	1.67
3	After leaving the Snoezelen Room	2	1	0	0	0	3	1.33

20. Appearing fearful or anxious

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	1	0	2	0	0	3	2.33
2	While in the Snoezelen Room	2	1	0	0	0	3	1.33
3	After leaving the Snoezelen Room	2	1	0	0	0	3	1.33

21. Appearing bored/inactive

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	1	1	0	0	2	4	3.25
2	While in the Snoezelen Room	2	0	0	0	2	4	3.00
3	After leaving the Snoezelen Room	1	0	0	0	2	3	3.67

22. Appearing angry, verbalizing anger

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	1	0	0	0	2	3	3.67
2	while in the Snoezelen Room	1	0	0	0	2	3	3.67
3	After leaving the Snoezelen Room	1	0	0	0	2	3	3.67

23. Appearing aggressive

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	2	0	0	0	2	4	3.00
2	While in the Snoezelen Room	2	0	0	0	2	4	3.00
3	After leaving the Snoezelen Room	2	0	0	0	2	4	3.00

24. Appearing reluctant

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	1	1	0	0	2	4	3.25
2	While in the Snoezelen Room	1	0	1	0	2	4	3.50
3	After leaving the Snoezelen Room	1	0	0	0	2	3	3.67

25. Engaging in repetitive movements/vocalizations

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	1	0	0	0	2	3	3.67
2	While in the Snoezelen Room	0	1	0	0	2	3	4.00
3	After leaving the Snoezelen Room	1	0	0	0	2	3	3.67

26. Appearing depressed/withdrawn

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	1	0	0	0	2	3	3.67
2	While in the Snoezelen Room	1	0	0	0	2	3	3.67
3	After leaving the Snoezelen Room	0	1	0	0	2	3	4.00

27. Appearing happy, content

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	1	1	1	0	1	4	2.75
2	While in the Snoezelen Room	1	0	1	1	1	4	3.25
3	After leaving the Snoezelen Room	1	1	0	0	1	3	2.67

28. Appearing to be enjoying self, expressing pleasure

#	Question	Not at all	Occasionally	Frequently	Constantly	Does not apply	Total Responses	Mean
1	Prior to entering the Snoezelen Room	1	2	0	0	1	4	2.50
2	While in the Snoezelen Room	0	2	1	0	1	4	3.00
3	After leaving the Snoezelen Room	1	0	2	0	1	4	3.00

29. How long was the resident in the Snoezelen Room? (please indicate answer as "from 1:00 p.m until 1:09 p.m".)

Text Response	
Thinks he is afraid of doing something wrong.	
11:35-11:50	
11:30-11:50am	
Statistic	Value
Total Responses	3

30. Please indicate duration of response to stimuli (interest) to each item

#	Question	Not at all	Under 1 minute	1 - 3 minutes	Over 3 minutes	Does not apply	Total Responses	Mean
1	Infinity Panel	1	0	0	0	1	2	3.00
2	Projector	3	0	0	0	0	3	1.00
3	Sensory Mat	1	0	2	0	0	3	2.33
4	Bubble Tube	1	0	0	1	0	2	2.50
5	Fiber Bundle Strand	1	0	0	0	1	2	3.00
6	Rocker Glider Chair	1	0	0	0	1	2	3.00
7	Vibromusic Recliner	1	0	0	0	1	2	3.00
8	Magic Glow Board	1	0	0	0	0	1	1.00
9	Learning Wall	1	0	0	0	0	1	1.00
10	Tactile Sensory Kit	2	0	0	0	0	2	1.00
11	Other	1	0	0	1	0	2	2.50

31. Please indicate the number of interactions with the family member or other observer while in the Snoezelen Room

#	Answer	Response	%
1	None	1	25%
2	1 - 3 times	1	25%
3	More than 3 times	2	50%
4	Does not apply	0	0%
	Total	4	100%

32. Indicate the overall response to stimuli - meaning how long the resident interacted or stayed engaged - while in the Snoezelen Room

#	Answer		Response	%
1	Less than 5 minutes		1	25%
2	at least 5 minutes but less than 10 minutes		1	25%
3	at least 10 minutes but less than 15 minutes		0	0%
4	15 minutes or more		1	25%
5	Other		1	25%
	Total		4	100%

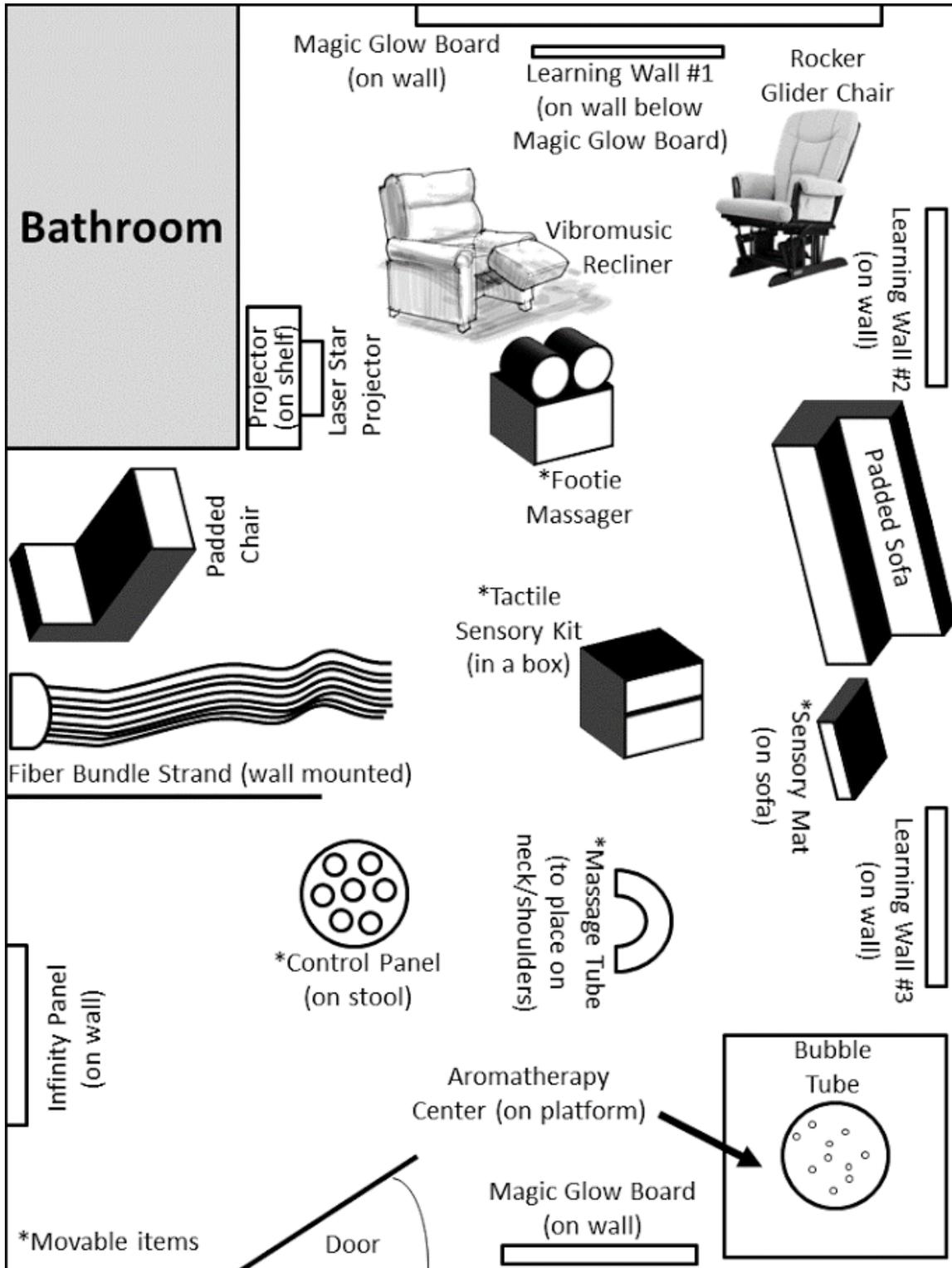
Other
30 minutes

33. Please add any additional comments/observations that you feel are important/informative

Text Response
Calls out numbers on lamp control. Does not notice light changes. 1st time in Snoezelen Room. Best with Magic glow board. Talkative today. Busy with lava like control.
Was crying quite a bit before, but the bubble tube and classical music were effective.

Statistic	Value
Total Responses	2

Appendix 3 - Snoezelen Room Diagram



Atrium welcomes the new Snoezelen Therapy room

What is Snoezelen Therapy and is it Helpful in Alzheimer's Disease?

Snoezelen is a type of therapy that was developed in the Netherlands in the 1970s by institutions caring for severely disabled people. Using light, sound, scents, and music to initiate sensual sensations, the idea of snoezelen is to have both relaxing and interacting effects that promote well-being. Snoezelen is used for people with autism and other developmental disabilities, dementia, and brain injuries.

The word "snoezelen" (pronounced SNOO-zeh-lehn) is a contraction for the Dutch words for sniffing out (snuffelen) and dozing (doezelen). Sometimes called multi-sensory stimulation rooms, snoezelen rooms are felt to be calming and soothing for people with Alzheimer's disease and other dementias, especially those with late-stage dementia who wander, experience sundowning, and are agitated.

All snoezelen rooms are structured environments. They may contain a panel of colorful lights, bubble tubes or walls, and a projector and color wheel, which throws images, usually, pictures, across the ceiling and walls of the room.

The time a patient spends in a snoezelen room can vary. Some facilities allow patients to visit a snoezelen room as they wish; or one-on-one for sessions lasting 15 to 30 minutes, has been found to be effective in decreasing Alzheimer's patients' tendency to wander for up to four hours afterward.

While not a cure for Alzheimer's by any means, snoezelen promotes well-being without resorting to medications. The evidence base for snoezelen therapy for dementia-related agitation is actually fairly good. We at Atrium are very fortunate to have a Snoezelen room.

The newly installed room is located on Ocean Lane across from Medical Records. Staff is currently being trained and is excited to put the room to use. Atrium Post Acute Care of Little Chute is currently working with UW Oshkosh in studying the effects of the Snoezelen room and patients with Alzheimers. On the next page is a consent form for the families of our Patients to read and sign in agreement of our study with UW Oshkosh and the Snoezelen room.

If you have any questions, or would like to know more about the snoezelen room please contact Katie- Activity Director at 920-788-5806.



Snoezelen Room Training Phase 2 – Staff/Family Training & Survey Completion

We are looking for any staff and/or family member that will be open to learn and use the Snoezelen Room with our residents. CNAs, Nurses, Housekeepers and of course Activity Staff.

Sign up for any time listed below either before or after your floor shift. Night Shift, please make arrangements with Katie if these times do not work.

UW-Oshkosh will be collecting surveys completed by staff/family members that utilize the Snoezelen Room with a resident. We have a core list of residents that are in the “Study Group.” These are the residents we should focus on for now.

Complete a survey and leave it in the Snoezelen Room for collection. UW Oshkosh is responsible for data entry and results. We only have 3 months to provide enough surveys to show real outcomes of the room.

Join in and participate for the best outcomes for our residents and center!

Snoezelen Room Training w/Katie

Tues 11/17

1:30pm

2:00pm

Wed 11/18

1:30pm

2:00pm

Thurs 11/19

1:30pm

2:00pm

Fri 11/20

1:30pm

2:00pm

Mon 11/23

1:30pm

2:00pm

Tues 11/24

1:30pm

2:00pm

Wed 11/25

1:30pm

2:00pm

Other appointments can be made individually
with Katie!

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Information Package



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- **The Newest Technology** – Flaghouse is a leader in Multi-Sensory technology. We offer a wide range of immersive and interactive innovations, including our groundbreaking Sensory Magic™ room control system.
- **Installation** – The Flaghouse professional installation service team puts all the finishing touches on your Snoezelen[®] Multi-Sensory Room. This means you are left with a safe and ready-to-use Snoezelen Room.
- **Onsite Training** – Our certified Snoezelen[®] on-site trainers will ensure that your staff has a good working knowledge of Snoezelen equipment use and activities.

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Multi-Sensory Environments

Our Senses

The primary function of our senses is to help us understand, experience and react to our surroundings. Our senses let us experience the world around us by seeing, feeling, smelling, hearing and tasting. We respond to sensory stimulation throughout our day, continually adapting our circumstances and adjusting our responses so that we can feel comfortable in our individual worlds.



The senses with which we are most familiar are:

- ◆ **VISION (Visual)** —The visual sense provides us with details about what we see and helps us to define boundaries as our brain processes color, contrast, shape, and movement.
- ◆ **TOUCH (Tactile)** —The sense of touch keeps us in contact with our surroundings. Touch is vital to our survival and one of our nodes of communication. From head to toe, our skin helps us feel temperature, light touch, deep pressure, vibration, pain, and so much more.
- ◆ **SMELL (Olfactory)** —The sense of smell is very powerful. We use the sense of smell all the time. Flowery, pungent, musty, acrid, putrid — we identify many things by their smells. We also develop strong memories associated with smells.
- ◆ **HEARING (Auditory)** —The hearing sense provides us with details about sounds we hear such as volume, pitch, rhythm, tone, and sequence.
- ◆ **TASTE (Gustatory)** — The sense of taste is located in our mouths and gives us feedback on the different types of taste. Is it sweet or sour, spicy, salty, bitter?

- ◆ **VESTIBULAR** — This sense put balance into our lives. It provides information about movement, gravity, and changing head positions. It tells whether we're moving or we're still, as well as the direction and speed of our movement. We can even tell if we are vertical or horizontal—even with our eyes closed.
- ◆ **PROPRIOCEPTION** — This sense processes information from our muscles, joints, and other body parts to provide us with an unconscious awareness of the position of our body parts in relation to each other—and their relation to other people and objects.

These seven senses work together to help us understand our environments

For example, to get into a car we:

- ◆ Look at the door (visual)
- ◆ Place our hand on the door handle (visual and tactile)
- ◆ Squeeze the handle using the proper pressure (tactile and proprioception)
- ◆ Pull the door open with the right amount of strength (proprioception, visual, and tactile)
- ◆ Hear the door opening (auditory)
- ◆ Step into the car, stepping over the floor (visual, vestibular, and proprioception)



The role of sensation in our lives

We take in information constantly through our senses.

What we see, hear, feel, smell, and taste gives us information about ourselves and our environments. Our brains organize and interpret that information, and we respond with an appropriate action (regard, disregard, seek out, or avoid). For most of us, the process occurs automatically without cognitive awareness of what is taking place. For example, someone calls your name. You turn to face the person. Your brain tells you that that person is a friend and the voice is non-threatening. Your response is to smile and respond in a similar tone of voice. All the while, your brain is receiving input and processing the information.



The brains of individuals with Sensory Processing Disorder (SPD), and those with cognitive and learning disabilities or with sensory loss, may not register, orient interpret, and organize information in the same way. Therefore, their responses may be very different. They tend to over-react or under-react to stimulation, or fall somewhere in the middle. As they try to deal with the sensory information being received, their sensory issues limit their ability to cope. This interferes with and often inhibits daily functioning, learning, and social and family relationships. The result is often behavioral challenges, lack of response, difficulty in regulating emotions, and self-esteem issues.

Specifically, SPD consists of the following subtypes:

I. Sensory Modulation Disorder

(Difficulty regulating response to sensory)

- ◆ **Sensory Over-Responsiveness** — Hypersensitivity to sensory stimuli.
- ◆ **Sensory Under-Responsiveness** — Less sensitive to, and less aware of, sensory stimuli than most people.
- ◆ **Sensory Seeking/Craving** — Require much more stimuli than most people

II. Sensory-Based Motor Disorder

- ◆ **Dyspraxia** — Characterized by difficulty with motor planning (clumsy, awkward); difficulty keeping organized; difficulty with motor activities.
- ◆ **Postural Disorders** — Characterized by poor mobility, balance, bilateral coordination, and muscle tone. Person appears weak.

III. Sensory Discrimination Disorder

(Difficulty interpreting stimuli)

This can occur in any combination of the following visual, auditory, tactile, olfactory/gustatory, body position/movement.

For instance, a child who doesn't like to be touched (tactile over-responsivity) will respond by avoiding activities that involve physical contact. This will hinder him from making friends who doesn't understand why he is reacting this way and further isolate him socially. Emotionally, he may become hostile and act out inappropriately. The same child may also be very choosy about what type of clothing he wears. He may try to block unpleasant stimulation by choosing softer fabrics like sweat pants to denim jeans, or the feel of the seams on the socks inside of his shoes might drive him to tears. On the other hand, a child who is tactile under-responsive is constantly seeking sensory stimulation. This child may be a foot-tapper, a fidgeter, can't stay still, can't concentrate, likes his music loud, his lights bright, and may engage in high-risk "thrill" behaviors. He may have a high pain tolerance, and this inability to "feel" pain can lead to serious injury.

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In studies examining the effects of sensory deprivation, participants who do not have SPD or other challenges were left for short period of time in surroundings with no stimuli. They experienced hallucinations, self-stimulating behavior, disorientation, and many other profound feelings that did not subside automatically after the experience. For example, an advertisement for disinfectant noted that the average person touches 300 surfaces every 30 minutes. Those of us without sensory processing disorders barely perceive this extraordinary amount of stimulation we take in and integrate automatically. In contrast, consider how many surfaces a person who is wheel-chair bound, severely involved, or who has SPD touches in the same timeframe and the consequences of such limitation. This kind of example can be played out for each of our senses.



Sensory Challenges & SNOEZELEN MSEs

People with sensory challenges require different learning strategies. If you can uncover how an individual receives or absorbs and processes information, you can develop an approach and a program that meets their particular sensory needs. and will help them to relax and learn.

A SNOEZELEN MSE can be used to educate, stimulate, relax, calm, or energize, as a multi-sensory experience or single sensory focus, simply by adapting the lighting, atmosphere, sounds, and texture to the needs of the client at the time of use. SNOEZELEN MSEs transcend populations with their extraordinary flexibility, wide application, and positive outcomes. A SNOEZELEN MSE offers highly motivating environment for users to enjoy sensory activities that are meaningful and appropriate, facilitated and shared by a therapist, teacher, or caregiver.





SNOEZELEN History

The concept of Snoezelen was defined in the late 1970's by two Dutch therapists, Jan Hulsegge and Ad Verheul, while working at the De Hartenberg Institute in Holland, a centre for people with intellectual disabilities. Hulsegge and Verheul set up an experimental sensory tent at the Institute's annual summer fair. This sensory tent was filled with simple effects such as a fan blowing shards of paper, ink mixed with water and projected onto a screen, musical instruments, tactile objects, scents bottles , soaps, and flavorful foods. It was a tremendous success, especially with low-functioning clients who demonstrated positive verbal and non-verbal feedback and importantly, ceased self-abusive behaviors. The therapists called this multi-sensory experience Snoezelen, a contraction of the Dutch verbs "snuffelen" (to seek out or explore) and "doezelen" (to relax).

Whittington Hall

In the early days, the selection of commercially available products for use with Snoezelen was limited and adapted mostly from other purposes. This changed when ROMPA® International, a U.K.-based company and current owners of SNOEZELEN® trademark, created a full range of products specifically designed to interact with clients and elicit sensory response.

Joe Kewin, a senior manager at Whittington Hall, (a large institution for adults with intellectual disabilities located North Derbyshire, U.K.) and his team had been the following the experience of Hulsegge and Verheul with great interest. After an intensive fund-raising effort, Kewin and Team work with ROMPA to design a multi-faced SNOEZELEN Centre at Whittington Hall in 1987. Whittington hall became the premier SNOEZELEN installation in the U.K. and the pioneer in early research.

Growth and Acceptance

Since then, Snoezelen has grown into a worldwide movement in over 30 countries with thousands of installations. From the first U.S. and Canadian installations in 1992 at Lifespire™ in New York City and the Bloorview Kids Rehab in Toronto, to state-of-the art stand-alone facilities like the Lacy A. Collier SNOEZELEN Complex and the SNOEZELEN Centre at ORANGE Grove, momentum continues to build as we better understand the responses of people with disabilities to these fascinating multi-sensory environments.

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The Lacey A. Collier SNOEZELN Complex was dedicated on November 29, 2005. Located on the Escambia Westgate School campus in Pensacola, Florida, this extraordinary 14,600 square-foot facility features a large atrium, sensory hallway, four 1,100-square-foot themed rooms (Jungle, Space, Magic, and Snow), and utility spaces. The themed areas encourage sensory activities, movement, learning, adventure, relaxation along with opportunities for children with the most profound needs to interact with multiple products and experiences. Research from the Snoezelen Center at Escambia Westgate was published in 2011 in the International Journal for Special Education which showed remarkable improvements in attention to task and decreases in self-abusive behaviors.



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Also in 2005, The SNOEZELEN Centre at Orange Grove, a community provider of comprehensive services for children and adults with intellectual and physical disabilities and developmental delays based in Chattanooga, Tennessee, opened its doors. Orange Grove has teamed with the Research Consortium at the University of Tennessee to gather essential data that moves beyond anecdotal research towards hard-core data that solidifies and substantiates the therapy benefits of SNOEZELEN Multi-Sensory Environments.

While originally developed as a separate environment, SNOEZELEN has also been developed in other settings. In nursing homes, schools, and facilities where space is at a premium, some users have installed SNOEZELEN MSE corners or purchased mobile SNOEZELEN MSE options such as the SNOEZELEN À La Carte, SNOEZELEN Sensory Satchel and personal Snoezelen.

Most recently we announced Sensory Magic, the next generation of multisensory environments. Sensory Magic allows users to easily theme their Snoezelen rooms at the touch of a remote switch button or computer touch screen, combining images, video, colors and sounds to create a harmonious, immersive effect.



SNOEZELLEN Philosophy

Twenty years ago, the Snoezelen approach was a radical departure from traditional therapeutic modalities. “We do not declare aims beforehand”, stated Hulsegge and Verheul. The idea of a non-directive approach was central to their philosophy of Snoezelen. They reasoned that, this way, they could see their clients as they really were, free to make their own choices. If their clients entered the room “blank”, every possibility would be open for them. Free from the pressures to perform or achieve, liberated from control, liberated from direction and routine, detached from medical diagnosis and known limitations, clients could react and respond to this new sensory world in their own special way.



Snoezelen is not bound by a specific professional discipline, therapy, facility, or client profile. Rather, Snoezelen is a philosophy and a concept to be utilized as a resource to improve the quality of life for people with disabilities and other limiting conditions.

What is a SNOEZELEN[®] MSE

Multi-Sensory Environments (MSEs)

A SNOEZELEN MSE incorporates a specialized selection of sensory equipment and materials that can help clients adapt their responses to sensory stimulation and to advance education and therapy goals. Each SNOEZELEN MSE is tailored to meet the needs of specific populations according to age and ability. The blends of sights, sounds, textures, aromas, and motion provide stimulation of the primary sensory systems and can be modified to meet each participant's sensory needs.



A typical SNOEZELEN MSE is designed to offer individuals with special needs and challenging conditions the opportunity to exercise choice through action. These safe, non-threatening environments bridge cognitive, perceptual, behavioral, and physical impairments, as well as other limiting conditions, to provide a sense of empowerment. It allows clients to enjoy a wide range of sensory experiences—either passively or actively— that enhance therapy, learning, and relaxation.



In a SNOEZELEN MSE, clients choose the experience that gives them the most pleasure. Participants interact freely with the different component to create positive environments, control the level of sensory stimuli, adapt responses to sensory stimulation, experience easier transition to task, and perform and behave in a more functional manner.

A typical SNOEZELEN MSE contains:

- ◆ Items to stimulate the visual systems such as Bubble tubes, Fiber Optics, and Solar Range Projectors with Effect wheels/Cassettes.
- ◆ A variety of mats, cushions, and textures that stimulate the tactile system, many providing vibratory input or deep pressure.
- ◆ Different sounds and smells to stimulate the auditory, olfactory, and gustatory systems, including relaxing music and aromatherapy centers.
- ◆ Products for the master systems and fundamental targets in Sensory Integration Therapy—proprioception and vestibular motion— such as ballpools, weighted items, rockers, and swings.
- ◆ Soft furnishings and wall padding doo positioning, safety, and comfort.

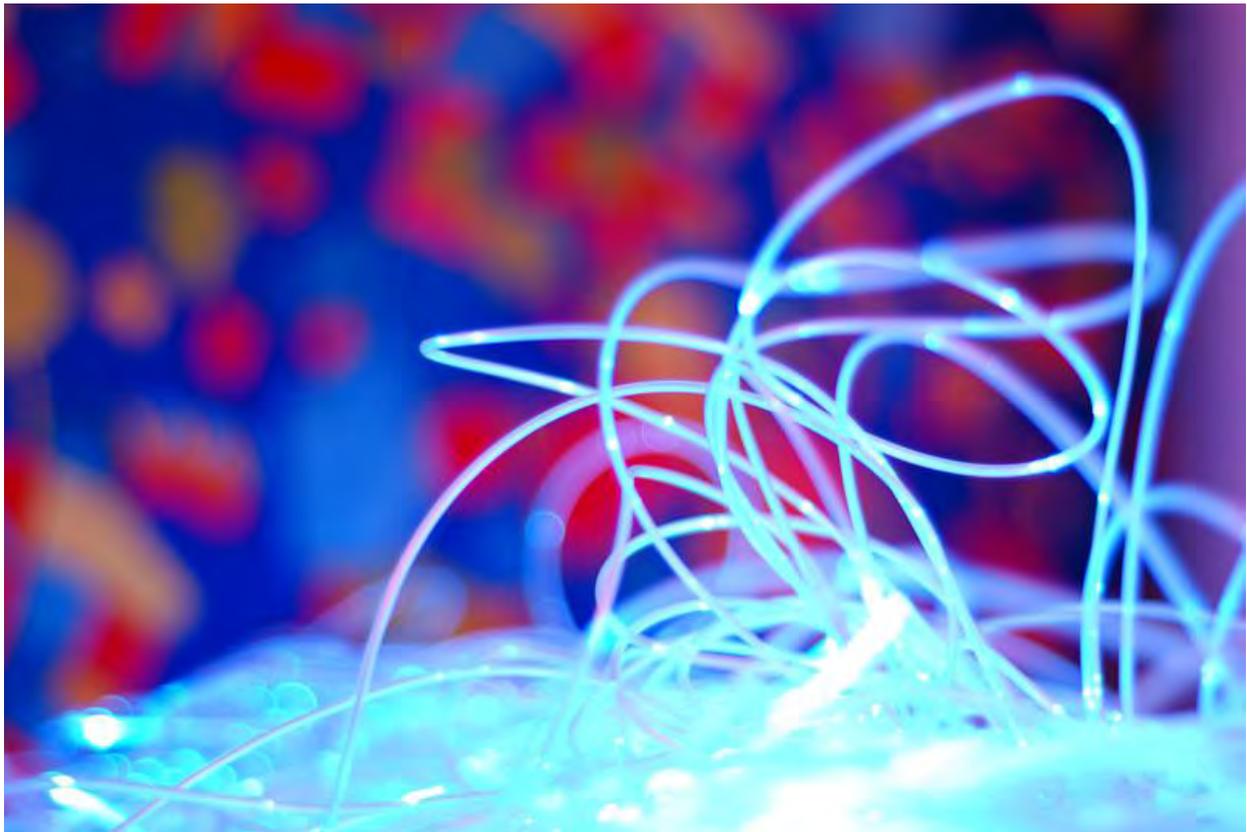
In addition, a SNOEZELEN MSE often affords an opportunity for the participant and caregiver to improve communication, enhance their understanding of each other, and build trust in their relationship.

Space Considerations

There are no space considerations for a SNOEZELEN MSE. From a corner or other dedicated space, to a room or rooms, or an entire stand-alone facility, a SNOEZELEN MSE can be designed to meet your space requirements.



How a SNOEZELEN[®] MSE stimulates our senses



- ◆ **VISION (Visual)** — The most common use of the SNOEZELEN MSE is for visual stimulation. The SNOEZELEN MSE can be used to encourage awareness of light, tracking, and other visual skills. Bubble Tubes can be used for tracking and Fiber Optics to increase light awareness.
- ◆ **TOUCH (Tactile)** — The SNOEZELEN MSE provides multiple tactile experiences. Different textures on panels, touchy feely products like balls, sponges, and brushes, as well as vibrating mats and massagers offer head-to-toe tactile stimulation opportunities.
- ◆ **SMELL (Olfactory)** — The SNOEZELEN MSE is an excellent place to experience smell. Use the tranquil environment to set the mood and use smells from aromatherapy kits or real objects like oranges, apples, or fresh flowers.

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- ◆ **HEARING (Auditory)** — In a SNOEZELEN MSE, you can use music, instruments, or even movies playing through a data projector to experience sound. Whether using a CD player, stereo, radio, or data projector, remember to move it around the room to let all participants experience the differences in volumes as a result of the change in proximity.
- ◆ **TASTE (Gustatory)** — Our sense of smell is closely tied to our sense of taste. Although there is no specific equipment in a SNOEZELEN MSE to stimulate this sense, you can present participants with simple-to-eat foods that they can enjoy once they have achieved a state of relaxation. Be sure to check for food allergies before introducing any new activity.
- ◆ **VESTIBULAR & PROPRIOCEPTION** — Walking across a floor covered with mats in a SNOEZELEN MSE incorporates both the vestibular and proprioception senses. Use the furniture in the SNOEZELEN MSE to help participants experience these senses. Beanbags chairs and the Leaf Chair are great for providing vestibular and proprioceptive stimulation.

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601 Flaghouse Drive
Hasbrouck Hts., NJ 07604-3116

235 Yorkland Blvd., Suite 105
North York, ON M2J 4Y8
phone: 800-265-6900
fax: 800-265-6922
www.flaghouse.com
www.snoezeleninfo.com

SNOEZELEN® PROJECT STAGES

When completing the checklist, please be as detailed as possible. It is combined with the layout/blueprint and photographs of the room's interior to provide us with the details for our design program. The information you provide on the checklist will help us to recommend products that are best suited to your population and the available space. We draw the room to scale according to each measurement provided and then position the equipment in the optimal location.

The average lead time for providing our customers with a preliminary room design and itemized price quotation is **10 business days**. However, if you have a specific deadline for receiving the first draft, please advise us of that date.

To better assist you with calculating the overall Snoezelen project timeframe we have outlined the design-to-installation process in the following steps. Please note that times are approximate and are subject to change.

1. **Design/Quotation** – within 2 weeks from the day we receive the checklist, photos and layout/blueprint. We would like your input and product wish list and welcome any comments or suggestions. We will send a design and quotation for your approval or request for revisions.
2. **Design/Measurement Authorization** – within 2 business days once you have accepted the final draft of the room design and equipment selection, we send an authorization sheet for completion and return. It is critical that we have accurate measurements to ensure the fitting of custom products such as wall and floor cushioning, mirrors and any other items that are affixed within the room.
3. **Electrical Plan** –within 5 business days after receiving the design/measurement authorization, we provide a detailed electrical plan to assist your electricians with the recommended locations of electrical outlets to ensure the utmost safety. If any other construction or maintenance details need to be addressed, they will be sent at this time.
4. **Order Processing** - Orders are processed within 24 hours of receipt at our office. It is important to include the quotation number with your purchase order.
5. **Delivery Verification** - Once the order begins to ship, you may see products arriving at your site within 1 week and the complete delivery can take up to approximately 8 weeks. We will send you an inventory verification sheet to help you confirm and organize the shipments as they arrive. Once all items are received at your site and the inventory verification is completed and returned to us, we will schedule the appointment for installation.

IMPORTANT: You must inspect each delivery as it arrives and report any shipping damage to Flaghouse immediately. Shipping damage claims will only be accepted within 48 hours of receipt by the customer.

6. **Installation** - If installation is included in your order, our installer will contact you to schedule his appointment. The installation is only scheduled once we have delivery confirmation for the entire order. The installation is normally scheduled within 2 weeks. The installation process will take 1 to 3 days depending on the equipment.
7. **Training** - If training is included in your order, the trainer will contact you to book the session, upon completion of the installation. We normally schedule the training within 1 to 2 weeks after the installation is complete. The training takes place in 1 day.

If you have any questions or concerns, please contact us at: 1 800 265.6900 ext. 8052. We will look forward to working with you on the creation of your Snoezelen project.

Thank you
Snoezelen® Sales

Information **Check List** for Snoezelen Room Design

This check list is to help you provide us with the details we require so we can design and create your ultimate Snoezelen room. Please contact us if you have any questions.

We do require a hand drawn sketch or a blueprint.

Check When Complete

****Photographs**** Very Important

- Please provide photographs of each wall, the floor and the ceiling, and anything questionable that may cause an issue in the design of the room. _____

Room Usage

- Population and any details on who will be using the room: ie. ages, wheelchair accessibility, etc. _____

Measurements

Walls

Please provide all the following measurements and details by indicating them on your diagram

- The length of each wall. _____
- Are they drywall, concrete block or brick? _____
- Ceiling height from floor to ceiling. If there are various ceiling heights due to bulkheads and so on, please indicate them as well. _____
- Any irregular juts or obstacles in the wall: ie. Bulkheads, heating panels, fuse boxes, call boxes, etc. _____

Doors

Please provide information for each door in the room

- Open into the room, out of the room. Out____ In____
- From the right or from the left. R____ L ____
- Doors are sliding, pocket, folding or an irregular style. _____
- Height and width of each door. (Outside frame dimensions) _____
- If there is more than one door, please indicate which will be the main door and if the other doors will be used or can be blocked. _____
- The position of the doors on the wall measured from the closest corner. _____

**Check When
Complete**

Windows

- Height, width and distance from the floor of each window. _____
- Position of the windows measured from the closest corner. _____
- If the windows can be blocked by plywood or drywall. _____
- Will the windows be opened? _____

Heating

- Height, width and position of heating units. _____
- Please measure the distance from the closest corner. _____
- Are the heating units warm or hot to the touch? Yes _____ No _____
- Can the heating units be shut down completely or removed? Yes _____ No _____
- Are the heating devices on the floor, ceiling or walls. _____
- Indicate the type of heater, dimensions and position? _____

Electrical

- Will your electrician install electrical outlets as per instructions provided by Flaghouse after final room design is approved. Yes _____ No _____
- Will you only be able to use existing outlets? Yes _____ No _____
- Position of any electrical sockets and light switches measured from the closest corner and the height from floor or ceiling. _____

Miscellaneous

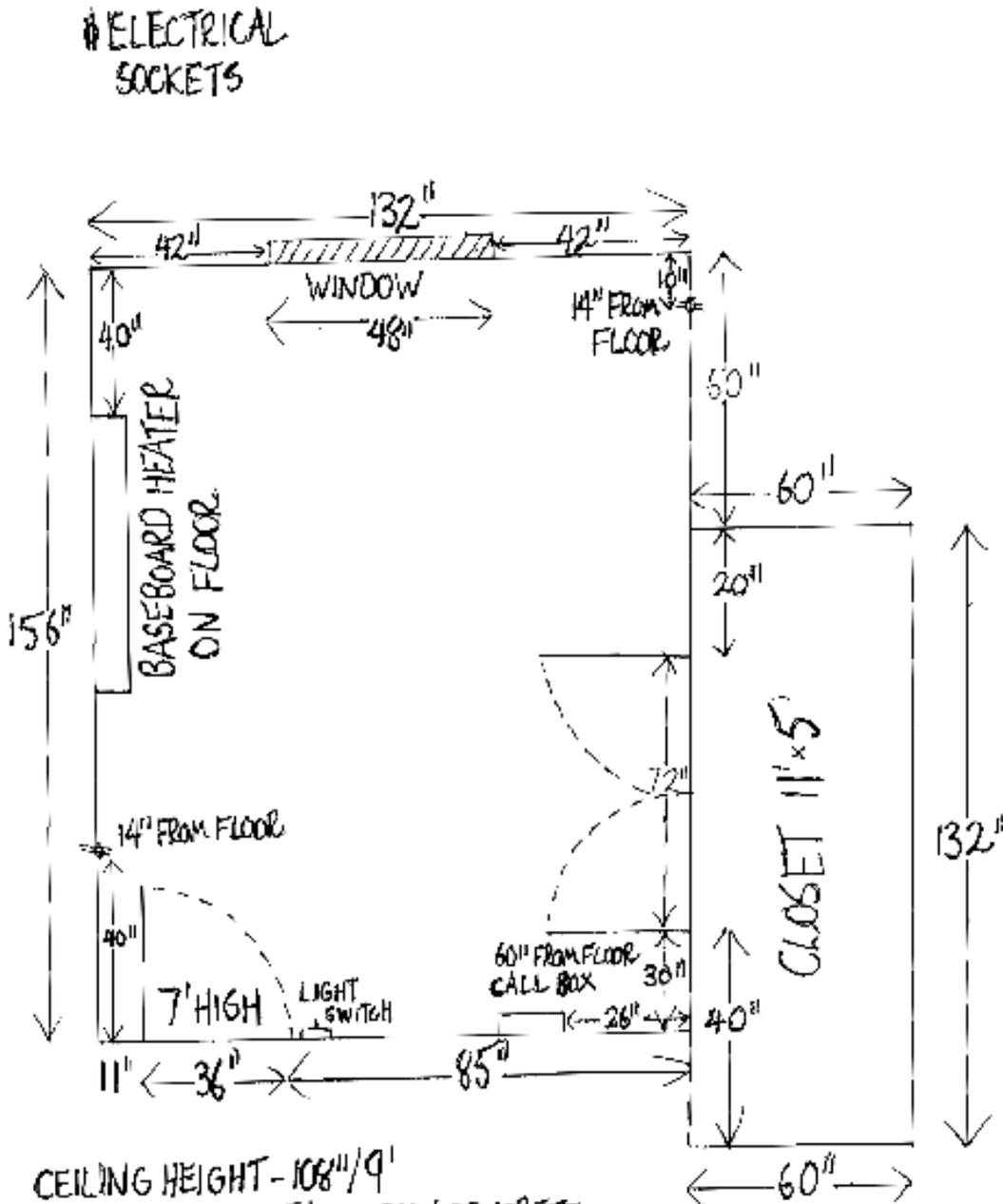
- Is their existing furniture or Snoezelen equipment that you will use in the room? Yes _____ No _____

If yes, please list here: _____

- Is there an existing ceiling track system or other type of lifts in the room? Yes _____ No _____
- Are you planning to install ceiling track or use any other type of lifting system? Yes _____ No _____
- Any other irregularities in the room? Please specify and provide photos. _____

Thank you and we look forward to designing your room.

Example of a Hand Drawn Room Design and a Blue Print



CEILING HEIGHT - 108"/9'

WALLS: WALL WITH WINDOW CONCRETE,

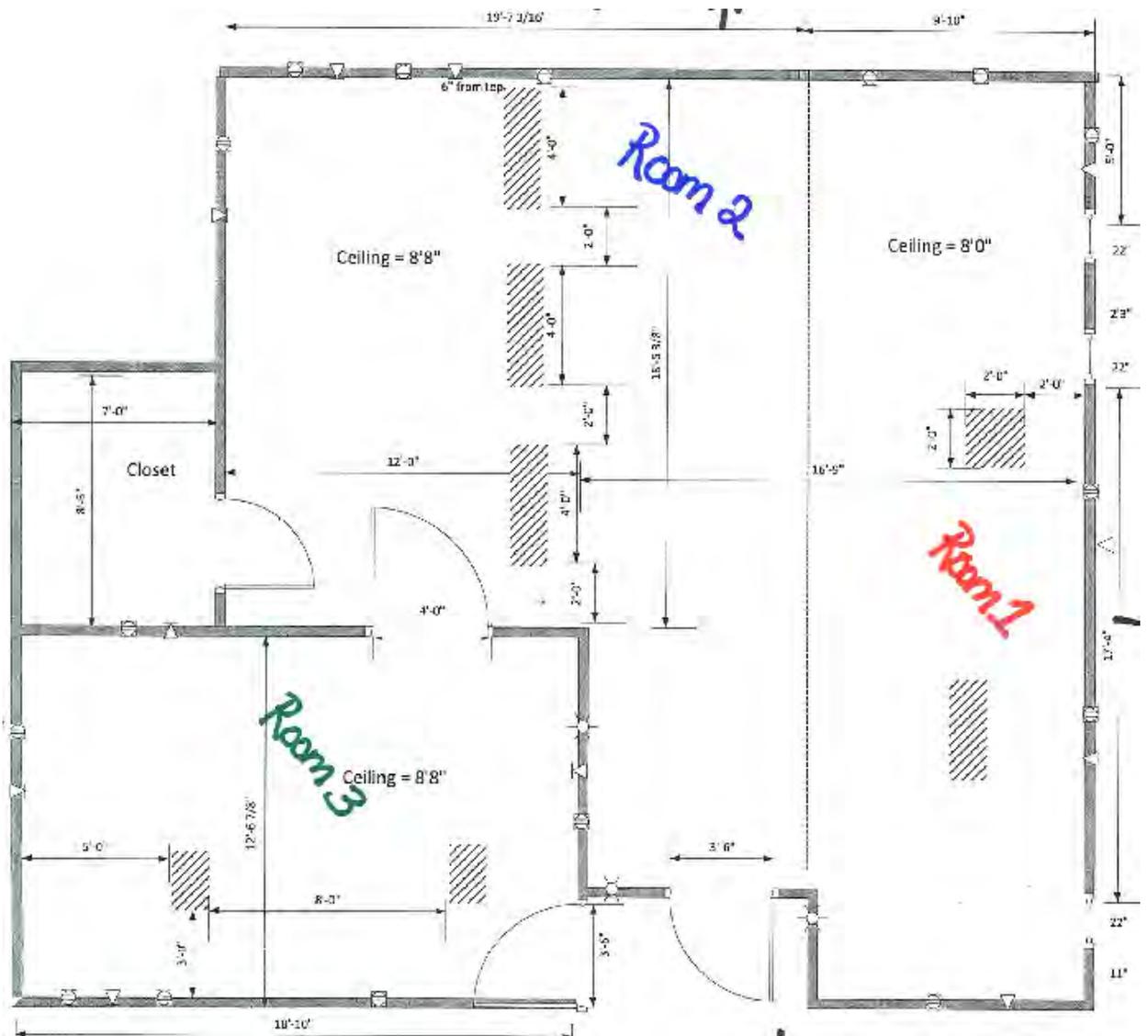
ALL OTHERS DRYWALL

WINDOW: 48" x 24" WITH FRAME. 60" FROM FLOOR

FLOORING ROOM - BLUE CARPET CLOSET - LAMINATE

BASEBOARD HEATER - 6" H x 4" W x 96" L

LIGHT SWITCH - 5" FROM DOOR FRAME / 60" FROM FLOOR



South ↓

- All Doors are 7'1"
- Heating/Ventilation is in ceiling
- All walls are drywall
- ⊞ = electrical outlets
- ⊞ = phone/data port outlets
- ⊞ = light switches

