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CASE STUDIES - CATALONIA

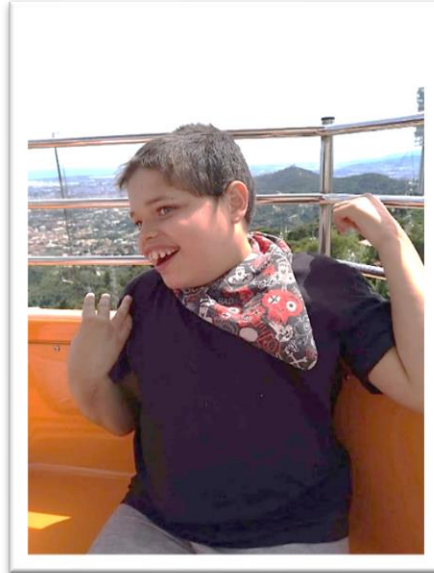


Universitat
de Lleida

CASE STUDIES

Sensory stimulation in Snoezelen room with Victor

Ribes, R., Galitó, A. and Cid, M.J.



1. Description of Victor

Victor is a 14-year-old boy who lives in a village with his mother and stepfather, his sister and his stepfather's mother. The relationship with his family is good. The sister is very attentive to her brother; Victor has a very special relationship with his maternal grandfather.

He has been attending a special education school since he was a child. The school is 20 km from his house, so he stays to eat at the school. In the afternoons he arrives home at 5:30 p.m., has a snack and plays in the park (especially on the swing). On weekends they go for a walk and play in the park or pool.

He likes water activities. He loves to play with water, he would spend the whole day playing. At school, he often tries to escape from the classroom to go to the toilet to play with the water. From school we try to limit the moments when you can get wet. He is also interested in ball games, tablets and TV entertainment programs such as Pepa Pig or the House of Mickey Mouse.

Victor presents from birth, a deficiency of the nervous and muscular system with a degree of intellectual disability of 85% and need for generalized help. The cause is tuberous sclerosis of congenital origin. Tuberous sclerosis is a genetic disorder, which causes along with intellectual disability, the formation of non-carcinogenic tumors in vital organs. He also has diagnosed West syndrome and heart disease. Take medication for tumor control (Votubia), blood pressure (Atenolol), epilepsy (Fycompa) and control

anxiety and psychosis (Noiafren, Abilify i Haloperidol). Some medication may not be given periodically because of your mother's beliefs about it.



According to the ophthalmologist, Victor presents visual difficulties, that is, myopia and astigmatism. He has prescribed glasses that he tolerates at specific times. Sometimes he takes them off. It is not known if the reason may be the lack of adequacy of the glasses to the visual problem.

At the level of personal autonomy, you need generalized help in everyday life tasks such as dressing, hygiene and food. He has difficulty using cutlery and when he can, he takes the food with his hands. Normally he moves autonomously but on specific occasions, probably due to medication, Victor has coordination problems and drags his feet. In these cases, wheelchairs are used at school. His family explains that he has difficulty sleeping both to initiate sleep and to maintain it.

At the communicative level, he verbalizes some words such as "shut up", "here" or "hello" but without contextualizing regarding the situation he lives. The emission of sounds is related to pleasant situations for him. In the school we work on the use of pictograms in a very early phase, to communicate and to anticipate situations. His face is very expressive in situations that he likes or dislikes. Your muscle tone is also in relation to liking or disliking. There is no interest in interacting with classmates at school. It does not initiate interaction with them but if anyone interacts with an object that he likes, he responds positively. For example, if the ball is thrown at him, he follows the game of playing pass the ball. Regarding the adult, he shows a preference for some teachers and activities. He only accepts those indications of the adult that he likes. If not, he shows his anger.

Over the last two or three years, Victor shows a decrease in his attention span and interests. It presents self-stimulating movements of repetition such as moving the fingers in front of their eyes or rotating their head from one side to the other and movement of objects such as opening and closing doors, latches ... etc. On some specific occasion, when he is very irritable and angry, he can pick up with force or bite classmates or teachers and may present self-injurious and aggressive behaviors with objects. We think that these behaviors are an expression of personal and/or physical discomfort that cannot be explained verbally.

2.Sensory profile analysis

Visual assessment	Fixation and monitoring: fixes the gaze for a few seconds on the stimulus and continues with the gaze accompanied by rotation of head and trunk when it is interested in taking the stimulus that is presented. Otherwise, it does not follow the object. He is visually impaired but has trouble accepting glasses.
Auditory assessment	Location: it is able to locate the sound source looking for it with the look, but it does little head rotation. It has good orientation and auditory acuity. The voice of high tone is not unpleasant but shows rejection of a loud sound such as a bell. The bass sounds of engines, firecrackers... Likes.
Touch rating	It prefers cold temperature stimuli such as water and rough and strong touch. He dislikes the hot temperature and touch stimuli of sharp objects. He likes vibration. You may feel displeasure with shoes and socks.
Proprioceptive assessment	He likes pressure and massage all over the body equally. He stays very relaxed, decreasing his muscle tone and closing his eyes. Occasionally, you may fall asleep.
Vestibular assessment	Linear and angular motion does not like it. On the sagittal and investment level, he takes it as a game and laughs.
Olfactory and gustatory valuation	Contract the musculature of the face to the salty and sweet taste and open the mouth in response to the bitter taste. He does not like crushed although he has difficulty chewing. He dislikes the smells of dairy products.

In summary, Victor has good visual ability to fix and follow an object, although he has visual acuity difficulties. He has preserved hearing abilities and is interested in touching objects that produce sounds when they are pleasant to him. At the tactile level, it prefers stimuli of hot temperature and rough texture. He loves proprioceptive stimulation and does not like angular vestibular movements, rotation on himself, or in the frontal plane. He likes to swing in the sagittal plane and place his body with his head down. On a gustatory and olfactory level, it perfectly discriminates against their preferences.

3.General objectives of sensory intervention

1. Enhance the cognitive development of attention and concentration towards sensory stimulation.
2. Develop their communicative capacity from the fixation and monitoring of sensory stimuli.
3. Strengthen their initiative and autonomy in decision-making, respecting their interests.

As recommendations Snoezelen 24 hours, the orientations are:

1. Try to sleep with weight blankets to provide greater proprioceptive stimulation and with it, relaxation that helps you start and maintain sleep.

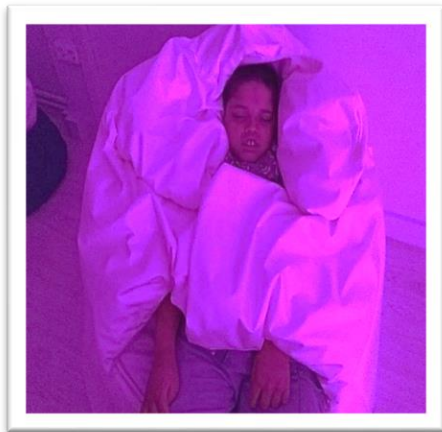
2. Avoid hot food and drink.
3. In frontal swings such as, for example, the swing or a rocking chair, always be accompanied since you do not have a sense of danger and can lead to risky situations.

4.Programming in the Snoezelen room

Learning objectives:

- Prevent and regulate emotions of discomfort, based on sensory stimulation.
- Promote communication through the expression of their preferences.

Resources and materials:



hug pouf, bubble column, ambient music

Materials used:

Moisturizer

Anticipation, ritual of beginning and end of the sessions

Frequently, entering a Snoezelen room is a leap in the level of environmental stimulation important with respect to the previous situation where the student was, generally, in a class group. We must observe their previous emotional and physical state to adapt the work in the room. In Victor's case, if he is nervous, we play games of gross motor skills and movement to connect with him, such as playing to unbalance him, swinging on the crane or pressing his body with a medicine ball. Normally, after a few minutes of proprioceptive and vestibular stimulation you are already in a predisposition to enjoy a space of calm in the room.

If Victor is calm, we go to look for him in his class, we show him the pictogram of the Snoezelen room that appears in his schedule and is verbalized in front of him: are we going to the room?

At first he enters the room illuminated and with soft music. He sits in a chair so that the educator disalces him -Victor does not participate in the action of putting on or removing shoes- and we are placing ourselves in the chosen element. We climb jersey sleeves if we are going to do tactile stimulation. For the end-of-session ritual, we lowered the sleeves of the sweater and/or the leg of the trousers, raised the intensity of the light, decreased the music, asked for collaboration to close switches and sat in the chair to put on.

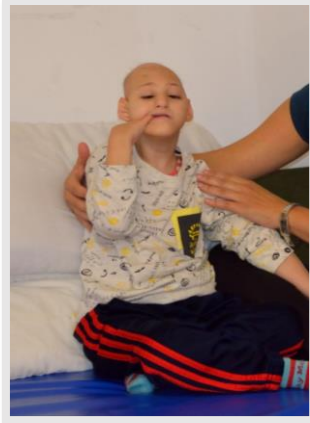
As accompaniment guidelines, the elements to ensure and communicate that work for us are:

- Anticipate what we are going to do by verbalizing it with short sentences.
- Use the look, smile and facial mimicry.
- Move at the level of spatial physical location, depending on the level of acceptance of the situation.
- Avoid the physical situation of the face to face, better to stand on the side.
- Bow your head as a gesture of respect and waiting.
- Respect your living space.

Second case

IZAN CASE.

Teacher: Laura Cárdenas.



1. Description of Izan

Izan is 9 years old (date 20/07/09) when the case is presented by his therapist. She has been attending school since September 2012 (at the age of 3) She previously received early care. It makes use of school transportation.

His medical prognosis is developmental delay in polymalformative condition coinciding with Hartsfield Syndrome. The implications of the syndrome: holoprosencephaly (with absence of frontal lobe) and microcephaly, severe mental retardation, growth deficit and epilepsy, among other affectations. Its evolution in the different areas is described below.

○ *Biological and health:*

The parents report that at 7 months of pregnancy they were informed of certain malformations in the hands and feet (lack of some fingers) and after several reviews nothing more relevant was detected, so they continued with the pregnancy, although with anguish and fear. The birth was to term. He remained hospitalized in neonates for 3 months and another 4 months at the request of the family.

He had a colostomy and gastrostomy after birth. Over the years he has had various hospital admissions for fever, crisis, respiratory problems, urine infections, etc. In addition, the probe and the gastrostomy button have given problems on numerous occasions (the food came out) so it has gone through several interventions to try to solve it. In the last one, a few weeks ago, they have performed a new gastrostomy in another area. He still has the temporary tube and is in the process of finishing the healing, so he may feel itching in the area (you can tell that he tries to touch, scratch ...).

Sometimes he has problems with gas after eating (he protests, it hurts, he can't calm down) so he stays caught for a while and does not lie down until at least half an hour after eating (he stays in his chair).

Take, on a regular basis, a large amount of medication (antiepileptics, relaxant-anxiolytic, hydrocortisone ...) This is one of the reasons that may be influencing the state in which he sometimes comes to school, deeply asleep, not being able to wake up sometimes until after a few hours.

- *Auditory development:* severe unspecified hearing efficiency, without diagnosis. Perceive certain loud and shrill sounds.
- *Visual development:* severe visual efficiency not specified, without diagnosis. It improves your attention and visual perception in an environment without reflections or direct light and with brightly colored objects. You can perform a small visual tracking of very close object. He usually keeps his eyes very closed, but before something that can catch his attention enough he opens them a little.
- *Psychomotor development:* se moves in a wheelchair. You can put yourself in a crawling position for a few seconds but you don't keep it or move around. It is very active, it does not stop moving when it is lying down (it turns and turns, it is incorporated supporting the arms when it is upside down ...), so it can move by turning, for the pleasure of moving, without specific direction or clear objective. In the moments when it is so active on the mat it moves excessively and completely loses attention on the activity or the object. He tries to take what is within his reach (what he can touch) or what he can see (something very close) He takes his feet, especially when he is barefoot.
- *Stereotypies:* various behaviors that express the need for sensory self-stimulation.
- *Personal autonomy:* dependent on everything related to personal care (dress-undressed, hygiene, food, hydration, etc.)
- *Perceptual-cognitive development:* there is no permanence of object or cause-effect relationship. Severe sensory deficits (auditory and visual) and difficulties with mobility and manipulation have a negative impact on their attention and openness to the environment (perception and understanding of the environment and situations)
- *Language and communication:* responds to pleasant situations, and only protest or complain about physical discomfort. Makes sounds and noises without communicative intention. Enjoys physical contact, although it does not seem to differentiate between known and unknown people (at least in the school)
- *Behavior, socialization and affectivity:* he is a very affectionate child, he loves to be caught, tickled, etc. In arms he surrounds the neck of the adult, can take the hair, touch the face of the person, etc. It does not present resistance to changes, accepts all activities, environments and people. Very rarely complains, protests or cries and it is usually for an organic cause (pain, gas ...)

2. Sensory Profile Analysis

Place: Stimulation Room. Date of assessment of the sensory profile: September 2018	
SYSTEM	ASSESSMENT
VISUAL	<p><i>Visual reaction:</i> with maximum light it does not react to the person or the object or the luminous point. He does not cease in his stereotypes, he barely opens his eyes. With dim light and in darkness before the luminous point closes his eyes (he is bothered by the light) and pushes his face away.</p> <p><i>Visual fixation:</i> with dim light before the person (located very close) he opens his eyes somewhat and seems to fix his gaze. With the same object and also try to pick and / or touch. Both in dim light and in darkness it improves the attention and perception of the luminous object and also makes changes of gaze before the change of position of the same (fixation of the gaze and change of fixation)</p> <p><i>Visual tracking:</i> It makes a small track of the object (if the movement is slow) in dim light, although it costs you. Something better with the luminous object. In darkness with the luminous object it performs visual tracking, better horizontally than vertically and from the midline down.</p>
	<p><u>Comments:</u> During the assessment the luminous point (flashlight) is replaced by a luminous object (with more blurred light) since it tends to avoid direct light (completely closes the eyes and turns the head)</p> <p>Performs the gesture of raising the head as to be able to see better in the lower plane, it is not entirely clear if it is due to a problem in the upper visual field or it is due to the telecanto (which does not allow you to open your eyes properly)</p>
AUDITORY	<p><i>Auditory reaction to:</i></p> <ul style="list-style-type: none"> - Voice: there is no reaction to the soft voice, stereotypes continue. Before the loud voice he stands still, attentive, but as long as it is not very distant. - High Sound: before the weak sound, very close to the ear and of long duration stays still ("listening") keeping the head turned to the opposite side of the sound. If the sound is also loud, the smile appears. - Bass Sound: Less reaction than in high-pitched sounds. When the sound is weak it continues with its stereotypes. If the sound is very loud and very close to the ear the smile appears (if the distance is normal there is no reaction)
	<p><u>Observations:</u> Although a clear <i>auditory location</i> is not perceived, the behavior of keeping the head turned to the opposite side of the sound* could be considered as such, taking into account, in addition, their visual difficulties.</p> <p>* in those sounds to which it reacts the most, such as a close sound, high volume and especially high pitched.</p>

TACTILE	<p>Tactile response to:</p> <p><i>Temperature:</i> reaction and differentiation to sensations appears.</p> <ul style="list-style-type: none"> - Cold: Avoidance, withdrawal and changes in facial expression in all parts evaluated, with a greater reaction in feet and face, also appearing facial expression (grimace) of displeasure. In the legs the reaction time is longer. - Hot: modification of muscle tone, is more relaxed, expectant. <p><i>Pressure:</i> in the palms of the hand there is an immediate withdrawal along with sneezing, grimacing and sound of displeasure. However, in the arms, legs and feet it stays quieter, practically does not remove the limb, it is allowed to be done.</p> <p><i>Aversion:</i> in the upper extremities try to catch the object (sandpaper), there is immediate reaction, although without apparent signs of discomfort. On the legs it stays quieter, barely moves them. In the feet it seems to have a much more marked sensitivity because an immediate withdrawal appears.</p> <p><i>Pleasure:</i> before the stimulation with feather the stereotypies continue, it has less sensitivity, apparently there is no clear reaction although after a while it tries to pick up or touch the object.</p> <p><u>Observations:</u> it seems that it perceives better strong tactile sensations, such as sandpaper, cold or pressure, but with differences in the parts of the body evaluated. The reactions of discomfort (withdrawal) in pressure and aversion do not appear in the case of arms and legs, although it does react to a more superficial stimulation of the feet (sandpaper)</p>
OLFACTORY-GUSTATORY	<p><i>Gustatory Response:</i> reacts to contrasted flavors in a differentiated way, especially to salty and sour to which it responds negatively with facial expression, sound of displeasure and modification of muscle tone. There is no apparent reaction of disgust in the case of bitter taste. With the sweet perform more mouth movements, there are no signs of discomfort.</p> <p><i>Olfactory Response:</i> Avoid the strong smell (coffee) by turning your face, but stay more still and "attentive" to spices. In the case of floral smell, an interest in the stimulus appears trying to get closer to it.</p> <p><u>Observations:</u> he does not eat or drink anything by mouth (gastrostomy) so a simple assessment has been made and the section corresponding to the Pagliano scales is not completed. It has been done by leaving a small amount (a few drops or a few grains in case of sugar and salt) on the tip of the tongue and the mouth closure is helped so that it can perceive. Likewise, it is intended to perform oral closure for olfactory stimulation.</p>

PROPRIOCEPTIVE	<p><i>Proprioceptive response (vibration):</i></p> <p>An avoidance and withdrawal reaction appears in the legs and feet. In the upper extremities it remains calmer and more standing, "looks", it is allowed to be done... On the face also appears the smile.</p>
	<p><u>Observations:</u> although the assessment has been carried out with vibration it is important to bear in mind that in proprioceptive massage activities (manual pressure) it reacts somewhat differently. Normally it is easier for them to relax in lower extremities and for the upper ones to keep them more active, it costs more to decrease stereotypies and lower muscle tone.</p>
VESTIBULAR	<p><i>Response to linear acceleration:</i> Reacts by ceasing stereotypies and sounds, opens its eyes wider (whenever the light is adequate) and smiles at repetition (both frontal and sagittal)</p> <p><i>Response to angular acceleration:</i> Same reaction in angular acceleration, although in this case laughter appears at the end of the turn (when we stop)</p> <p><i>Response to vertical acceleration:</i> sitting on a Bobath ball (and adult support) at the end of the movement he stays stiller, without stereotypes, "waiting", and in repetition the smile appears.</p> <p><i>Response to the inversion:</i> Modifies the muscle tone by tensing the back somewhat and raising the head a little, however reactions of fun and enjoyment appear from the beginning (laughter and laughter) In the third repetition appears intention to look for or catch the adult.</p>
	<p><u>Observations:</u> Some equilibrium reactions appear in vertical acceleration and inversion although without danger awareness.</p>

CONCLUSIONS TO THE ASSESSMENT, PRECAUTIONS AND NEEDS

He can feel and perceive everything he can experience bodily and everything that at a visual and auditory level is very close and colorful (suitable environment) so direct contact with the adult and the way in which we relate to him becomes fundamental.

The priority in working with Izan is the development (within their possibilities) of different basic perceptual-motor skills through Multisensory Stimulation for their own body knowledge and construction of their identity, as well as the promotion of a more intentional attention and interaction with the environment. In addition, and due to the serious affectation of the main exteroceptor senses (sight, hearing and touch), we must take special care in the anticipation of situations.

Special attention to his postural control and the fastenings he needs in the chair (mold, straps, breastplate and footrest) as well as the vigilance when he is lying down to avoid falls, since he can be very still or very moved and get to move, not being aware of the danger of blows. A good (comfortable) position and good postural control (even if it is by external elements) provide you with greater comfort and help you to manipulate, experiment and "attend" better to the environment.

3. General terms of the intervention

- Achieve the best possible conditions of physical and emotional well-being.
- Improve the effectiveness of the sense organs (sight, hearing and touch), enhance their use and increase their motivation to explore the surrounding environment.
- Experience the body through different postures and perceive different proprioceptive sensations related to body movements.
- Promote different tactile perceptions and discover one's own body through its entire surface.
- Progress in the development of gross (increase postural control, trunk balance, and general cephalic control) and fine (coordination of upper limbs for exploration) motor skills
- Evoke and anticipate moments and activities helped by objects, sounds, repeated actions...
- Increase their motivation and focused attention.
- Decrease stereotyped and isolated behaviors.
- Increase and improve their social and interactive response in relaxing and body contact situations.

OBJECTIVES BY SENSORIOS	
VISUAL	<p>Promote visual attention, the fixation of the gaze on the object and / or person and enhance follow-up. Improve the visual environment to encourage this attention and motivation for the use of vision.</p> <p>Facilitate the improvement of oculo-manual coordination.</p>
AUDITORY	<p>Improve reaction and auditory attention to different sounds.</p> <p>Use the sounds you can perceive as instruments of work, anticipation of activities and enjoyment of the environment.</p> <p>Encourage the emission of pleasure/displeasure sounds.</p> <p>Encourage the search for sound (at the tactile-body and/or visual level)</p>
TACTILE	<p>Desensitize the less reactive parts of the body to tactile stimulation (arms and legs) and improve the perception of one's own body (and body limits) contributing to the construction of the body schema.</p>
PROPRIOCEPTIVE	<p>Help you perceive the body in its entirety and awareness of body limits through proprioceptive and / or vibratory massages, paying special attention to upper extremities.</p> <p>Facilitate relaxation at a general level and body "attention".</p>
OLFACTORY - GUSTATORY	<p>Use olfactory stimulation as another anticipator of activities and situations.</p>

VESTIBULAR / DES. ENGINE	<p>Experience different positions and movements of the body in space and improve balance. Provide reference points about one's own body.</p> <p>Reinforce balance reactions from the sensation of movement and vestibular stimuli.</p> <p>Improve the function of the upper limbs (use the hands and arms as a source of intentional exploration of nearby objects) to the extent of their possibilities. Improve bimanual coordination.</p> <p>Use your possibilities of movement to respond to your interests.</p>
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RECOMMENDATIONS FOR THE DAILY LIFE OF THE PERSON (Snoezelen 24 hours)

Being a school without a residence service, the hours of permanence of the students in it is from Monday to Friday from 9:00 a.m. to 4:30 p.m. Therefore, a 24-hour Snoezelen intervention is not specified, but a series of recommendations to take into account in the different environments of the center that can also be transferred to the family.

- **RESPECT** at all times the **LATENCY PERIOD** in the student's response, giving him time to process and react to the stimuli always maintaining an adequate personal interaction and anticipating the activities to be carried out.
- **ANTICIPATION of activities, actions, environments and people:**
 - Anticipatory objects set by the center will be used for the anticipation of activities such as music class, physiotherapy, speech therapy, physical education, diaper change, etc. (with different textures, volumes, lights and / or sounds)
 - The way in which each person addresses him (taking into account these recommendations and the accompanying guidelines), the smell itself (always use the same perfume) and the voice (close) can give you keys to recognition and differentiation between people.
 - Take care of the anticipation of movements, sensations or actions that we are going to perform with it:
 - Help him touch the mat to indicate that we are going to knock him down. When putting it back in the chair, sit it first on the mat (or stretcher), do not lift it directly from a lying position.
 - Help you touch the material we are going to work with.
 - Tap your feet to indicate that we are going to put on-remove your shoes. In the same way, touch the part of the body that we are going to dress-undress and do it with soft and comfortable movements for the child. Also help you to touch a piece of clothing beforehand.
- **TAKE CARE OF THE ENVIRONMENT** in terms of:
 - Avoid environments very saturated with noise, people or objects, which can be moments of isolation and increased stereotypes.
 - Objects: offer you the objects with which we are going to work one by one to help focus attention. Simple objects, varied (different textures, for example), to be able to be of a single color and contrasted, with adequate shape and volume that you can take ...
 - Visual environment: You are very bothered by reflections and intense and direct light, so the care of the visual environment is very important.

- In the classrooms, dining room, etc., whenever possible, use natural light but without placing it directly in front of the window.
- When lying down, both in the classroom and in the bathroom (stretcher-changing table), keep off the light bulb that you have just above.
- In the courtyard: place him with his back to the sun and raise the hood a little.
- On the bus: take care of your position on the school bus and draw the curtain whenever necessary.
- In visual stimulation activities, or when we want it to visually attend to something: give it enough time to react to the stimulus, put it at a short distance and on a lower plane (previously adapting the visual environment)
- Auditory environment: talking very close and raising the tone of voice a little, or even putting a higher voice and lengthening the sound.
- **Recommendations in DAILY CARE:**
 - Take care of the water temperature in the hygiene of both diaper change and colostomy. With a warmer temperature we can avoid sudden movements and help relax the body.
 - To prevent you from touching (or hitting), grabbing or stretching both the gastrostomy tube and the colostomy bag, at times of hygiene and feeding, there should always be two people. To avoid having to hold his arms, perform a small proprioceptive massage previously, offer something that he can grab and explore (or our hands) and / or encourage auditory attention to the adult who accompanies him.
 - Maximum anticipation in hydration of mouth and lips (he does not like it), do it little by little, trying to desensitize the area, talk to him, massage another area of the body first and then reach the face.
 - Take advantage of the multiple moments of daily care to provide you with well-being and body awareness.

4.Programming in the snoezelen room

INDIVIDUAL PROGRAM INTERVENTION SPACE SNOEZELEN			
Name	IZAN A.F.	Responsible for the session	Laura
Age	9 years	Duration of the session	30 min.
Date	October 18	Timetable	Tuesday / Thursday 11:45-12:15
Anticipation of the session		Room anticipation	Setting of the room
<p>Verbalize that we are going to the multisensory room, teach (offer) the anticipating object of the stimulation activity (make it sound, touch it, pass it through the arms, hands, face ...) 1*</p> 		<p>Upon entering we sound the anticipator of room 2* (very close to the ear, that rubs the face, neck ...) Verbalize where we are, with whom and what we are going to do.</p> 	<p>We will always keep <i>dim light</i> (when entering and leaving too) or penumbra except for the work with Bobath ball, ball pool and vestibule, which we can raise the light a little (although never completely) The <i>black light</i> will also be used for the atmosphere of the room, although it is not going to work with the own material, since it is quite comfortable. Sometimes we will use the <i>star projector</i> as another element of atmosphere and relaxation, not so much for specific objectives of visual stimulation because it does not perceive it well.</p> <p><i>Music:</i> depending on the objective to be worked on (relaxation or activation with the vibration complement) we will use quiet music or something more instrumental and / or rhythmic.</p>
Session initiation ritual			
<p>After experiencing the anticipator of the room (2*), accommodating the child in the place we have chosen according to the objective to work (mat, bed, puff ...) and remove the shoes (not before getting off your chair) Small body massages to activate the body and sensations, dedicate a moment for the encounter with the child, let it touch our face, hair...</p>			
Session end ritual			
<p>It is verbalized that we finish the session, lower the volume of the music until it stops and raise the light a little (always keeping dim) and the light device that we have put on is turned off. Small massages-caresses, put on the shoes and sit next to us on the edge of the bed or mat before returning to your chair. Before leaving the classroom we sound the anticipator 2* again and verbalize that we return to class with your tutor and her classmates.</p>			

General objective	General methodology of work during the session	
<p>Decrease stereotypes and increase attention, interaction-communication and body awareness.</p> <p>Provide a pleasant and fun time.</p> <p>Enhance the use of vision, hearing and touch as well as their motivation to explore the surrounding environment.</p> <p>Experience the body through different postures and movements and the perception of tactile and proprioceptive sensations.</p>	<p><i>We will anticipate</i> the movements to be made, our actions and previously present the material with which we are going to work (that touches it, perceives it ...)</p> <p><i>Methodological principles</i> to always take into account in the presentation of stimuli: Structure, Contrast, Latency, Symmetry, Rhythm and Balance. Always seek interaction with the child.</p> <p>We will attend at first the possible need for <i>vestibular and / or proprioceptive stimulation</i> (depending on how it is) and then expand the activity towards visual and / or auditory stimuli (from the closest and most proprioceptive to the most distal)</p> <p><i>Position</i> the child in the most comfortable way possible according to the objective we want to work. For visual stimulation and visuomotor coordination and manipulation better in sedation with supports.</p> <p>seek responses adapted to the activity, voluntary movements (respond to those intentional behaviors) Do not try to avoid self-stimulation by forcing the movements but stimulating other parts of the body (and / or senses)</p> <p><i>We end the session</i> always with a moment of relaxation, either on the mat (with proprioceptive massage) or on the waterbed with very gentle movements.</p> <p>Use during the session <i>one or two devices</i> according to the set objective, avoiding the saturation of activities and stimuli.</p>	
Specific objective	Methodology	Apparatus used
<p>VISUAL STIMULATION</p> <p>Encourage attention, fixation and visual follow-up.</p> <p>Motivate for exploration and facilitate visuomotor coordination and physical relaxation.</p>	<p><i>Bubble column</i>: Sitting on the adult near the spine we will encourage visual attention, gaze fixation and possible voluntary movements of approach (motivation for the stimulus) Bring your hands closer to the spine to feel the vibration.</p> <p><i>Optical fibers / Black light</i>: you can lie down but preferably sitting on a puff or on a mat with supports (improves your attention) Vary the distance of presentation to favor eye movement and the search for light / object. Let it trap the fibers/object and handle. In the case of black light present you with only one object at a time.</p>	<p>OPTICAL FIBERS</p> <p>BUBBLE COLUMN</p> <p>BLACK LIGHT (with material)</p>
<p>AUDITORY STIMULATION</p> <p>Attention and search for sound. Feel the vibrations of sound elements</p>	<p>Preferably in a sitting position (puff or mat with supports) present the auditory stimulus by varying the distance, volume and tone to provoke a positive response: laughter, voluntary movements, etc. Give sufficient latency time.</p>	<p>Different sound material / musical instruments</p> <p>PUFF VIBROACOUSTIC.</p>

<p>TACTILE AND PROPRIOCEPTIVE STIMULATION</p> <p>Perception and reaction to tactile and proprioceptive sensations.</p> <p>Work on body awareness.</p> <p>General relaxation and personal well-being.</p>	<p><i>Ball pool:</i> leave free movements and combine them with activities of wrapping with the balls, passing a ball all over the body ...</p> <p><i>Optical fibers:</i> passing all or part of the mallet through the different parts of the body.</p> <p><i>Puff, vibrating mat and vibroacoustic waterbed:</i> Position correctly and leave a moment of body experience (maintaining some body contact) and finish with proprioceptive massage.</p> <p><i>Tactile material:</i> working the body scheme and reaction to tactile stimulation using varied material (different textures, soft balls ...)</p> <p>Observations: in proprioceptive massage sometimes start with the legs if you have a lot of arm movement. Do not exceed the intensity of the vibration.</p>	<p>Tactile material, small balls...</p> <p>OPTICAL FIBERS</p> <p>PROPRIOCEPTIVE PUFF / VIBRATING MAT</p> <p>BALL POOL</p> <p>VIBROACOUSTIC WATERBED</p>
<p>VESTIBULAR STIMULATION</p> <p>Seek enjoyment and well-being.</p> <p>Encourage balance reactions and postural control.</p>	<p>We will seek well-being and the increase of voluntary motor behaviors adapted to the activity (balance reactions, laughter, vocalizations ...)</p> <p><i>Ball pool:</i> leave free movements. Sitting on us help him catch a ball with both hands, play with it...</p> <p><i>Vestibule:</i> turns and swings in net and seat with straps.</p> <p><i>Bobath type balls:</i> sitting or lying down perform small swings, boats ... Hit the ball so that it also feels the body at the vibrational level.</p> <p><i>Waterbed:</i> balances and imbalances in a sitting position. Lying down to perform slower and rhythmic movements.</p>	<p>BALL POOL</p> <p>DRESSING ROOM</p> <p>BOBATH TYPE BALLS</p> <p>WATERBED</p>
<p>COGNITIVE STIMULATION / COMMUNICATION</p>	<p>esperar a response (protest, voluntary movement, body contact, grimace ...) that indicates that it wants to continue (if we stop a movement, if we stop the sound or vibration, if we move away from an object ...)</p>	<p>Column of bubbles, optical fibers, luminous objects and uv objects (black light)Vibrating material</p> <p>Sound objects</p> <p>Vestibular stimulation materials</p>

Accompaniment guidelines in the Snoezelen session

SPECIAL APPROACH

The look is more affected, so it would be good to use the ear first, approach from the side to talk very close, that he can hear us (talk to him with prolonged sound ...) while we touch a shoulder to warn him that we are there. Touching his arms, hands, face a little... All to be able to get their attention (and that they can recognize us) without invading them, and expect a positive response. Once we have managed to connect with him, we can place ourselves in his field of vision so that he can detect us and let him touch our face (if he wishes). Due to its sensory deficits it needs a lot of physical proximity, so we will take into account:

- Provide him, whenever he "asks" us, a moment of body contact, hug-swing... Do it with respect, do not invade him, wait for him to initiate the contact or the "request" (let him be the one who touches us or looks for us)
- Do not leave him alone (do not abandon him), who always has a reference of where we are, that we have not left (put for example a hand on a part of his body)

POSTURE

Our posture: approach from the sides to hear us, or from the front and more crouched than him, at a close distance so that he can perceive us visually.

Ensure good alignment and *postural hygiene in your chair:* seating mold, pelvic support, breastplate, footrest. Your posture outside the chair:

- Seating: on puff molded to your posture or on mat providing comfortable backing and reference points and support (with a person next to you holding your shoulder a little to help you in postural control and attention to stimuli) Ensure your comfort always. If there is no element of support use our own body to give stability in that posture.
- Lying down: in this posture (mat or bed) provide moments of free movement and exploration, always ensuring your safety.

SPEED: Make slow movements, especially visual and body, so that you can "follow" us in the activity. Always wait for an answer or at least give it time.

ANTICIPATION: we must be as cautious as possible and anticipate both environments and movements and activities. In the specific case of the session in the room:

- Environment-room: make use of the early morning of the beginning and end of the session (2*) The stimulation room will always have the same perfume.
- Actions: touch the part of the body that we are going to stimulate first (ear-sound, feet-remove shoes ...) That he touches the material in which we are going to position him (bed) or we are going to use (fibers ...)
- Movements: make the movement incomplete several times and then perform it completely (turns), hit the ball or swing several times before the swing (so that it feels body or auditory)...

FREEDOM OF CHOICE: Regardless of the specific objective that we have set, respond to the interests and intentions of the child and be able to change the course of the session towards those activities and sensations to which he is more "open" at all times.