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CASE STUDIES - POLAND



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CASE STUDY 1

Krystyna K.

Age: 66.

Education: incomplete primary.

Marital status: divorced.

Place of residence: an orphanage, followed by independent living, then two psychiatric hospitals, and finally, a nursing home for the chronically mentally ill and mentally disabled.

Contact with family: she does not keep in contact, except for the occasional exchange of postcards with a cousin.

Legal status: has full rights.

Source of income: pension.

Stimulants: none used.

Barthel Scale: The patient is independent when eating, moving around, maintaining personal hygiene, using the toilet, washing and bathing, climbing and descending stairs, dressing and undressing, and controlling stool/urine.

IADL – The patient can, with some assistance: use the phone, reach places beyond walking distance, go shopping for groceries, and prepare meals on her own; and without assistance: do household chores, and wash her clothes. She cannot manage money on her own.

Medical diagnosis: Recurrent dermatitis, recurrent depressive disorder, mild mental retardation.

Psychological diagnosis: Mild mental retardation, decreased visual-motor functions. Acquired cognitive decline. Disturbances in spatial orientation and decrease in mental performance, and reduced ability to plan and think regarding visual-spatial material. Her direct auditory memory capacity is very low. Slow pace of visual-motor learning. Slow pace of work. Attention processes in terms of persistence, metastasis, and selectivity are disturbed.

There are disorders of memory functions, concentration, attention depletion, memory gaps, and perseveration. Mood swings, with a tendency to focus on herself and her own needs and emotions.

Pedagogical diagnosis: The patient has low self-esteem. She considers herself wronged. She is reconciled with her situation regarding her stay in the facility, and lives according to a simplified scheme. She is not aware of her strengths – instead focusing on possible ailments and diseases. She is resistant to proposed changes, and at the same time seeks

contact in order to attract attention (fixed schematic behavior). She has a great need for acceptance and intimacy – without personal reference. Suggestions for work: balancing of duties and rest (preferably associated with moderate movement in a small group); proposal of a variety of activities (according to the selection one-out-of-two method), one-on-one conversations – supporting the development of autonomy; entrusting of tasks to be performed in a pair, in a small group (with support in the organization and selection of people) – learning to cooperate; recognizing needs, focusing on the possibility of achieving goals; developing of interests around music, singing and dancing (people, the world); guided conversations (to get out of the pattern of thinking about people).

Physiotherapeutic diagnosis: The patient is physically fit, performs all activities of everyday life herself, and does not require rehabilitation exercises. Longer walks and hikes are recommended.

Before the introduction of Snoezelen sessions to the weekly program

Ms. Krystyna is hyperactive, always looking for something to do until she exhausts her strength (e.g., she demands that she be allowed to shake carpets, wash floors, sweep the entire building). Screaming, tearful, demanding constant attention from the staff. In order to draw attention to herself, she carries out self-mutilation (she scratches herself, e.g., at injection sites; hits the wall with her hand or leg; falls over), tears at her clothes while wearing them, reports pain (after taking a placebo, the symptoms disappear). Aggressive towards fellow residents (verbal aggression and fights).

After introducing the Snoezelen sessions to the weekly program

Session 1– She enters the room shyly, is not very talkative, asks if she can sit on a pouf in an armchair.

Session 2 and Session 3 – She tries out various pieces of equipment, looks for a place for herself, intrigued, observes her surroundings in silence.

Session 4 - She wants to come to the Snoezelen room on her own initiative, hugs the columns.

From Session 5 onwards – Sessions are run according to the schedule defined by Ms. Krystyna herself. She develops a sense of security, comfort, and peace. Ms. Krystyna gradually opens up to contact with the therapist, says that sessions in the Snoezelen room calm her down and make her feel happy. She discloses stories from her past and feels very comfortable in the Snoezelen room.

The sessions are usually 1:1, but sometimes, besides Ms. Krystyna, there are other participants in the Snoezelen room. Unusually, Ms. Krystyna behaves in a calm, even polite manner towards other participants in the room, to the extent that she gives up a more comfortable place to other participants.

COMMENT - based on the author's interview with occupational therapists conducting Snoezelen sessions (Renata Bartnik MA and Urszula Żmudzińska PhD)

Ms. Krystyna came to the Snoezelen room as if she were going to church: calm, peaceful, quiet, relaxed facial features, calm voice – as if she were a different person, not Krystyna! She spoke very little, but she needed the therapist's presence. Favorite equipment: a waterbed and the island of columns. Lying on the waterbed, she did not fall asleep, but maintained eye contact with the therapist. Then, with a gesture, she invited the therapist to lie down next to her. Usually, they held hands. Often, Krystyna would then begin to speak, but her statements also did not resemble her typical loud style of speaking. The therapist perceived these statements to be reflective, sometimes even philosophical. They concerned general matters, e.g., the passage of time, but also Ms. Krystyna's personal memories (about her family, husband, child). These memories were sometimes difficult, but Krystyna gave the impression that this was why she needed to express them. Her statements were not accompanied by low mood or negative emotions. Krystyna spoke calmly, with a relaxed face. She often stated that she felt good in the Snoezelen room.

Her second favorite place, after the waterbed, was the island of water columns. Ms. Krystyna sat there often and for a long time. She looked at herself in the mirror and also touched and stroked the water columns, feeling their vibrations.

She expressed specific preferences: e.g., regarding the choice of music or the color of optic fibers or water column. To the therapist's surprise, she often chose red, but contrary to what might be expected, the color did not stimulate her, but calmed her down and relaxed her.

After the session ended, Ms. Krystyna remained calm and silent for some time, did not become hyperactive, did not commit self-mutilation, and did not start arguments. She never had to be persuaded to come to the Snoezelen room – on the contrary, she made sure not to miss any of the scheduled sessions.

Sessions were held once a week and lasted one hour. They were always free sessions, but after some time Ms. Krystyna herself worked out a certain pattern of session, which she always adhered to. During the first sessions, Ms. Krystyna was uncertain and intimidated. She asked if she could sit, for example, on a pouf or the rocking seat. As time passed, during the following sessions, she explored the Snoezelen room more boldly and became familiar with the equipment. Clearly intrigued, she carefully observed her surroundings. Finally, came the stage in which she had gotten used to the Snoezelen room completely and accepted it as a familiar place that gave her a sense of security. The following pattern then became established: 1. she used the waterbed, as described above – often in the company of the

therapist, often while reflecting and recalling the past; 2. she used the island of water columns – looking at herself in the mirror, feeling the vibrations, not only with her hands but with her whole body, choosing a color; 3. she selected music and listened.

CASE STUDY 2

Krystian R.

Age: 60 years.

Length of residence: in the facility since 2005.

Contact with family: none.

Source of income: pension.

Stimulants: none used.

Diagnosis: Severe intellectual disability, blind.

Motor development: The patient moves with the help of others. He is not very active, most often remaining in a sitting position. Low manual dexterity.

Emotional development: Unstable, has mood swings, screams in stressful situations. When he hears loud sounds, he covers his ears. When agitated, his body tenses, stiffens, he stretches out his hands, clenches his teeth, changes facial expression.

Independence and self-care: The patient eats meals and goes to and uses the bathroom with the help of others. Being blind, he needs help with basic activities of everyday life.

Perception: Touch, taste, hearing – normal; balance – imperfect; sight – blind.

Cognitive sphere: The patient does not make contact with others and sometimes behaves aggressively. He is not mobile, is not active, does not read or write, and has never attended school.

Contact and communication: The patient understands certain commands (e.g., to go to the toilet). He does not speak but makes inarticulate sounds.

Preferences: The patient will not part with a rabbit mascot. He feels safe with it. His significant people are Mr. Krzysztof, a roommate, who leads the patients for meals and walks (the patient feels safe and at peace with Mr. Krzysztof); Ms. Ania, with whom the patient sits at the table in the dining room and who helps him with meals.

Unusual behavior: waving hands, clapping when excited.

Before the introduction of Snoezelen classes to the weekly program

Contact with Mr. Krystian was very difficult. He did not want to cooperate, and his participation in any activity offered to him was passive. Mr. Krystian was often aggressive, he isolated himself from the environment, admitting only his significant people. His lack of sense of security resulted in frequent screaming, aggression, and self-aggression. Mr. Krystian did not communicate verbally. He was very resistant and unresponsive to the repeated efforts of various therapists.

After introducing the Snoezelen sessions to the weekly program

Mr. Krystian participated in individual sessions in the Snoezelen room once or twice a week (his health condition allowing). A very important factor contributing to the fulfillment of expectations was the fact that the Snoezelen room is located at a distance from the residential part of the facility (which can be quite noisy during the day), the floor of the room is lined with thick carpeting, pleasant to the feet; the furniture is of appropriate size, comfortable, and upholstered with imitation leather, pleasant to touch. All such aspects of the Snoezelen room were accepted and welcomed by the participant.

For Mr. Krystian, touch was of great importance. In addition, isolation from everyday noises facilitated his concentration, which continued to improve with subsequent sessions. The pleasant to touch surfaces and appropriately selected music favored relaxation, reduced tension, and calmed him.

A large heavy (and thus safe) rocking chair (rocked by the therapist while the patient sat receiving gentle vestibular stimulation) became his favorite piece of equipment. A hand massage with a soft brush was used if Mr. Krystian accepted it and did not withdraw his hand. After each session, positive effects were noticeable – his facial features softened, and Mr. Krystian seemed to be calmer and more satisfied. The therapist who conducted the sessions with the participant was known to him, and Mr. Krystian showed positive animation when the therapist came for him and took him to the session.

In the opinion of the other caregivers, the sessions in the Snoezelen room always had a positive impact on the functioning of Mr. Krystian outside the Snoezelen room. He was clearly calmer and happier. Aggressive behaviors subsided; self-stimulation behaviors decreased. There were also moments of greater concentration and more frequent communication attempts, as well as calm and anxiety-free reactions to the touch of the caregiver. Everyday noise provoked less acute reaction than before. These were very significant changes that were important both for the Mr. Krystian and the staff, who were happy with the improvement in the patient's functioning. The most important aspect of the Snoezelen sessions was the increased quality of life of the participant.

COMMENT based on the author's interview with occupational therapists conducting Snoezelen sessions (Renata Bartnik MA and Urszula Żmudzińska PhD)

Mr. Krystian agreed to come to the first session only when he was brought by a significant person who stayed in the Snoezelen room with him during the session. Krystian brought a rabbit mascot, which he always carried, and which gave him a sense of security. He was afraid of the waterbed. The first session finished after ten minutes. However, even in the first session there were no self-stimulating and self-aggressive actions, which occurred very often outside the Snoezelen room. Gradually, the sessions extended to 30 minutes.

Mr. Krystian felt very comfortable sitting on the island of water columns in a stable position. He enjoyed the vibrations. In addition, despite his lack of sight, he maintained a sense of light, which he made use of when approaching the columns. In subsequent sessions, he began to put aside his rabbit mascot, and instead focused on manipulating the optic fibers. He listened to the music. He began to vocalize and at the same time his intonation

changed so that it seemed as if he were asking questions or expressing joy. After some time in the session, he began to form articulated words, like "Mama".

After a certain point, a significant person no longer needed to accompany Mr. Krystian for the whole session in the Snoezelen room, only bringing him to the room. Soon, even that was unnecessary – Mr. Krystian would go to the room alone with the therapist.

During the session, a clear easing of muscle tension, relaxation of stiff posture, and softening of facial expression were observed.

Over time, Mr. Krystian began to explore the room on his own and try various pieces of equipment. One day he lay down on the waterbed on his own initiative.

Regular visits to the Snoezelen room also produced benefits in other areas – Mr. Krystian was more active during other therapies, he signaled his needs not by shouting, but verbally (e.g., by saying "bread" when he felt hungry). He stopped isolating himself, started seeking contact with others (previously he stayed in his room all the time and allowed only his roommate to contact him). The Snoezelen room was also used in interventions, e.g., when Krystian became restless and agitated as a result of a change in weather, the Snoezelen room leveled his mood.

The sessions were initially based on listening to music, then tactile stimulation was added (using optical fibers, balls, crushing balls). Mr. Krystian began to react better to being touched, allowing such contact from others. While listening to music, he began to clap, he became interested in his own hands, and then also in the hands of the therapist. Then he directed his interest and explorations to his feet – first his own, then the therapist's. Even a form of joking/sense of humor was evident in Mr. Krystian's behavior – grabbing the therapist's legs/arms with a playful smile before releasing them.

No session was interrupted or disturbed by shouting etc.