

Exploring the use of Multi-Sensory Stimulation Therapy with Palliative Care

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Background

Multi-sensory stimulation (MSS) therapy, most commonly known as Snoezelen, has been shown to improve the quality of life of people with dementia. Residents with dementia benefit from palliative care for symptom management in the last year of life. Results of the five year project entitled “Improving the Quality of Life of People Dying in Long Term Care” showed that the MSS therapy equipment and room was an under-utilized resource. This sub-study aims to develop best practices, provide education and create procedures for optimizing its use at the end-of-life.



Methods

Interviews and focus groups were held with Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW) and support service staff (Life Enrichment and Spiritual Care). They discussed how MSS therapy has the potential for creating and enhancing staff-resident relationships.

Results

From the findings, four themes emerged which are supported with quotes and ideas.

Understanding Current Knowledge About MSS Therapy:

Participants had general knowledge about the background and purpose; however most were unaware of the potential benefits at the end-of-life and associated it solely as taking place in a “Snoezelen room.”

Connecting with Residents: Benefits of MSS therapy were perceived primarily by Life Enrichment staff as they used the therapy regularly and had access to proper training. “Connecting” to residents was recognized as one of the primary benefits of using the therapy. Therefore, it was agreed that MSS therapy could potentially benefit everyone including residents, staff, family, and volunteers.

Challenges: Participants acknowledged that MSS therapy was not being used to its full potential. Work load, scope of practice, lack of training and inaccessibility of the MSS equipment were seen as barriers. Lack of interprofessional referrals targeting residents who would benefit from the MSS therapy limited its use to recreational purposes.

Recommendations – Participants felt that everyone should be trained, though it was noted that life enrichment, volunteers, and family had the most time to use MSS therapy. Clear procedures that include an interprofessional referral process would help identify residents that would benefit from the therapeutic program. Access could be improved by incorporating aspects of MSS therapy at the bedside.

“It is used to relax or stimulate... it can be used for people who are agitated or people who are withdrawn.”

“...[it can be beneficial for] family members, if they are having problems connecting with the resident ... this could provide an avenue for the two of them to bond again if they are feeling like that bond is lost”

“...the Snoezelen room is here, available to use but I can't think specifically about policies and practices that support the use of it, other than the fact that there's one here to use.”

“...they [volunteers] have more time to spend with the residents; we [PSWs] are pretty tight on time.”

Conclusion

Overall, the participants lacked knowledge of MSS therapy’s theory, purpose and benefits, including use at the end of life. Although some participants were trained and had practiced the therapy with residents, this was primarily limited to the Life Enrichment staff. One of the major benefits mentioned was that this therapy helped staff connect with residents. Best practices are currently being developed by an interprofessional team to improve quality of life for residents by increasing access, awareness and identifying appropriate residents for therapeutic purposes.

