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**Positive
 Approach
 to Care®**
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Working Together: A Radical Transformation



Teepa Snow's
Positive Approach to Care®
www.TeepaSnow.com

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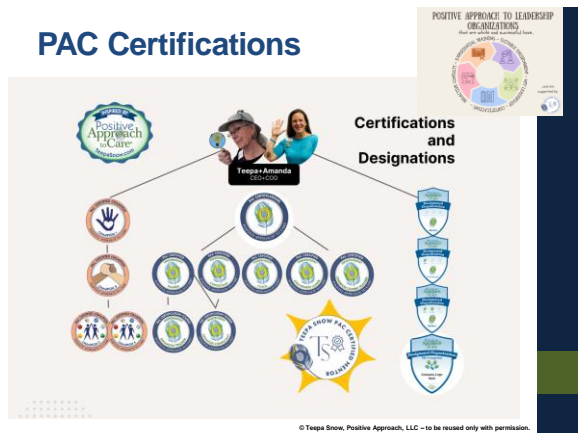
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PAC Certifications



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Typical Progression:

Brain Changes with Dementia

The typical progression of dementia and how to help



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LET'S TALK ABOUT THE DEMENTIA SITUATION IN CARE

We Must Require Skills Training and Demonstration!

ONLY **2 out of 10**

People receive an accurate dementia diagnosis early to mid-state.

Individuals over 65 years old Living with Dementia in the US

7,000,000

*In 2020 According to PRB

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Who is Providing Care Here?

75 Hours

Current Minimum US Federal Certified Nursing Assistant Requirements.

300 Hours

Current Average for US Certified Nail Technician Requirements.

0

Dementia Specific Clinical Hours Required

Videos accepted as training

Yes, Even in Dementia Specific Living (often called Memory Care)

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How much dementia training and education do staff get?

The Gerontologist, Volume 57, Issue 3, 1 June 2017, Pages 501–508, <https://doi.org/10.1093/geront/gnw049>

Published: 08 April 2016

Ratio of Clinical to Didactic Hours

The ratio of clinical hours divided by didactic hours had a significant negative association with the QIs, especially among all NHs for rates of depression. In other words, **as clinical hours as a proportion of total training hours increased, there was a significant decrease in odds of NHs having residents with depression, regardless of NH size. Pain, antipsychotic medication use, and weight loss were similarly related.** especially in smaller NHs: pain (<50 beds: OR = 0.59, 95% CI = 0.39, 0.90; 50–99 beds: OR = 0.82, 95% CI = 0.68, 0.98), antipsychotic medication use (<50 beds: OR = 0.81, 95% CI = 0.66, 0.99), and weight loss (50–99 beds: OR = 0.81, 95% CI = 0.67, 0.98).

In-service Training

NHs located in states with additional in-service training hours were less likely to have residents with higher QI rates compared with states requiring the federal minimums. **Increased in-service hours were associated with lower odds of falls with injury and depression regardless of facility size.** Associations between higher in-service training requirements and lower rates of pain, antipsychotic use, and weight loss were significant for smaller NHs. Pressure ulcers showed a mixed association with in-service training hours, depending on facility size (Table 3).

Total Initial Training Hours

After adjustment for case mix, ownership status, percentage of Medicaid-certified beds, and urban-rural status, **in general, NHs in states requiring more training had better rates of QIs than NHs in states requiring only federal minimums** (Table 3).

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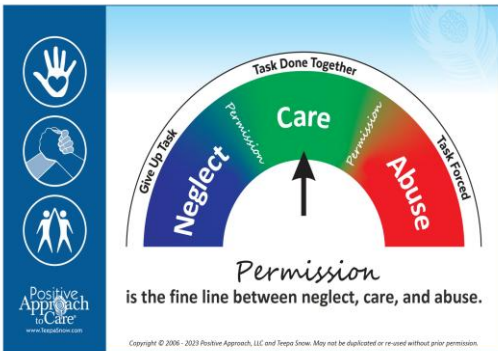
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How Many Organizations Do This?



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Moving into Person Centered Care with Brain Change

| Neglect | Care | Abuse |
|---|--|---|
| <p>Focused on:</p> <ul style="list-style-type: none"> You Rule following Right to refuse Not having time or knowing how to negotiate Unaware of language changes, only using words to communicate Assuming the person understands what I say Company/supervisor said not to do it if the person refuses <p>Success = Document the refusal and move on to the next task/person</p> <p>Failure = Families or regulators are not satisfied</p> | <p>Focused on:</p> <ul style="list-style-type: none"> Us Person living with brain change's comfort Using time to connect and determine what will work and what is not okay Using multi-modal cues to connect and communicate Right to informed consent Guiding/supporting to see what is possible at the time Only doing what is within the boundaries of what the person can tolerate <p>Success = We are both okay with what we do</p> <p>Failure = I could not figure out how to connect or communicate - no relationship and no care</p> | <p>Focused on:</p> <ul style="list-style-type: none"> Me Task completion Not negotiating Unaware of language changes, only using words to communicate Believing the person doesn't understand what I believe needs to be done based on my training and experience Company/supervisor said to get the task done <p>Success = Document completed tasks, behaviors, or injuries</p> <p>Failure = I couldn't get the task done or I had to go back later</p> |

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What would help?

- Teepa Snow's Positive Approach to Care® Training: <https://teepasnow.com/resources/research-and-policy/>

Results Description of Participants

- The patient population was 47 patients living with dementia in Hale Kū'ike's long-term care facilities. Patient agitation levels were measured, using the short version of the Cohen-Mansfield Agitation Inventory (CMAI-S), pre-and post-implementation of a staff training program aimed at reducing levels of dementia-related agitation. Staff members included in the training program consisted of three registered nurses and 49 certified nursing assistants. Staff participation was measured as complete or incomplete based on the completion of all training modules. Staff engagement was also measured pre-and post-implementation using the Utrecht Work Engagement Scale(UWES-9).

Data Analyses Findings

- The facilities pre-implementation mean CMAI-S was 28.28; the combined post-implementation mean CMAI-S was 22.21, a **mean decrease in patient agitation levels of 6.07 points**.
- Staff participation in the training program was 92.45%.
- The facilities pre-implementation 4 mean UWES-9 score was 44.53; the combined post-implementation mean UWES-9 score was 47.29, a **mean increase of 2.76 points**.

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Comparing Teepa's Snow Approach to Rexulti for decreased agitation

Cohen-Mansfield Agitation Inventory (CMAI-S)

Data Analyses Findings:

- PAC Trainings for 92.7% staff = a mean decrease in patient agitation levels of **6.07 points**

Change in MADRS from Baseline at Week 6 in Adult Patients for Adjunctive Treatment of MDD (Study 1 and Study 2)¹

| Study | Treatment Group | N | Mean Baseline Score (SD) | LS Mean Change from Baseline (SE) | Placebo-subtracted Difference* (95% CI) |
|-------|--------------------------|-----|--------------------------|-----------------------------------|---|
| 1 | REXULTI (1 mg/day) + ADT | 175 | 26.9 (5.7) | -8.4 (0.6) | -3.2 (-4.8, -1.5) |
| | Placebo + ADT | 178 | 27.3 (5.6) | -5.2 (0.6) | — |
| 2 | REXULTI (1 mg/day) + ADT | 211 | 26.5 (5.6) | -7.6 (0.5) | -1.6 (-2.3, 0.1) |
| | Placebo + ADT | 203 | 26.5 (5.2) | -6.3 (0.5) | -2.6 (-3.4, -0.9) |

SD: standard deviation; SE: standard error; LS: Least Squares; mean: CI: unrounded confidence interval
 *Difference (drug minus placebo) in least squares mean change from baseline.
 †Drugs statistically significantly superior to placebo.
 ‡An examination of population subgroups did not suggest differential response based on age, gender, race, or choice of prospective antidepressant.
 1. <https://www.rexultihcp.com/mdd/efficacy/post-hoc-analysis>

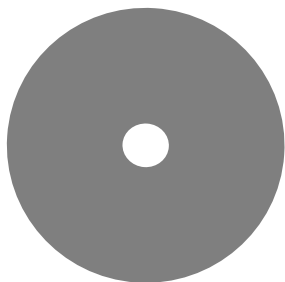
Important Warning and Precaution for Cerebrovascular Adverse Events, Including Stroke

In clinical trials, elderly patients with dementia randomized to risperidone, aripiprazole, and olanzapine had a higher incidence of stroke and transient ischemic attack, including fatal stroke. REXULTI is not approved for the treatment of patients with dementia-related psychosis without agitation associated with dementia due to Alzheimer's disease.

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Describe This Object to Your Partner without Naming It



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Describe The Change to Your Partner without Naming it



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Describe This Object to Your Partner without Naming It



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Now describe this, without naming the items or using specific numbers



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Who in these pictures has dementia?



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Use Your PIPES

Step 1: Prepare – Anticipate and Prepare
• Decide what will be done • Determine the schedule or agenda
• Consider who is involved • Gather needed supplies
• Set up the room or space

Step 2: Initiate – Approach and Gain Permission
• PPA • PPC • PAS

Step 3: Participate – Involve the Other Person/People
• Collaboration • Huh • Parallel
• Partnered • Visual, Verbal, Touch

Step 4: Evaluate – Determine what You Notice.
What is working and what do you want to celebrate, modify, or change? • Coaching or Consulting Cycle

Step 5: Sustain or Switch – Sustain to reinforce the value of what is being done, or **Switch** to something that might work differently.

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Use Your PIPES Around the 5Ps

- 1. Place - What is the physical space involved?**
 - What in the setting or environment needs to change? • What is working well?
 - What is missing? • What is not working well?
- 2. People - Who are the people involved?**
 - What do we know about them?
 - What do they need to be aware of?
 - What do they need to know how to do?
 - Have they ever seen better interactions or outcomes?
- 3. Props - What are the physical and visual objects involved?**
 - What are the objects and items around, and do they meet expectations?
 - Are there substitutions or alternatives available to better match interests and abilities?
- 4. Programming - What is the planned use of time involved?**
 - How is time being used and how long do people have to wait for support?
 - How much time does staff have to offer support for each person?
 - What do the rhythms of each day look like for the various people involved?
 - Is there balance for all involved of:
 - Purposeful engagement - Reasonable enjoyment
 - Personal care completion - Rest and restoration periods
- 5. Possibilities - What are the possible changes involved?**
 - What could we try, or what is a new pathway or synaptic pattern we want to attempt?
 - How will we know if we are making any meaningful progress?
 - Which of the other Ps could/should we vary?

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Quiz time

- What do we know?
- What do we think we know?
- What don't we know?
- What surprised us most?
- What can we do about it?

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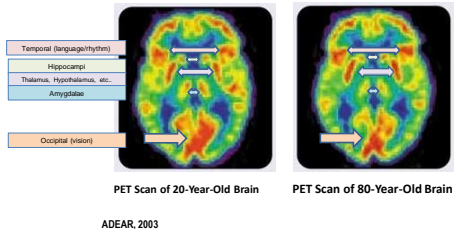
1. What change happens for all of us as we age?

- We lose ability to learn new things
- We all eventually develop some form of dementia
- Our intake, processing, and output speed slows over time
- We all get hard of hearing
- I don't know

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PET and Aging



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2. What is dementia?

- a. Problems with memory
- b. Another word for Alzheimers
- c. Something all older people get
- d. Another word for a failing brain
- e. I don't know

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Dementia ○ Alzheimers ○ Memory Problems

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About 90-95% of the general public think

Dementia = Alzheimers = Memory Problems

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BETTER ANSWER

Dementia + Alzheimers + Memory Problems

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BEST ANSWER

Dementia > Alzheimers > Memory Problems

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3. How long do people live when they get dementia?

- a. Not long, 1-3 years
- b. About 3-5 years
- c. Anywhere from 6 months to 30 years
- d. About 10-15 years
- e. I have no idea

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4. What is the first change with dementia?

- a. The brain begins to shrink
- b. The chemistry of the brain changes
- c. The person's personality changes
- d. The person's behavior changes
- e. I don't know

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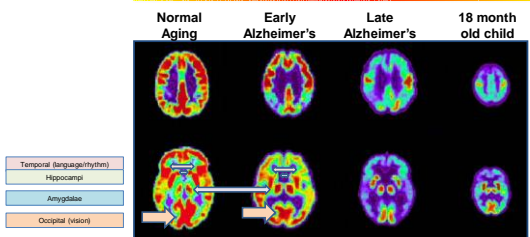
5. What parts of your brain will change if you get dementia?

- a. Memory and language centers die
- b. Thinking and behavior centers die
- c. All areas have some changes at about the same time
- d. All areas have some changes at different times
- e. I really don't know

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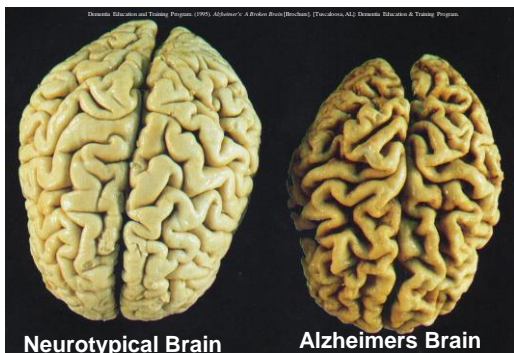
Positron Emission Tomography (PET)
 Alzheimer's Disease Progression vs. Normal Brains



G. Small, UCLA School of Medicine

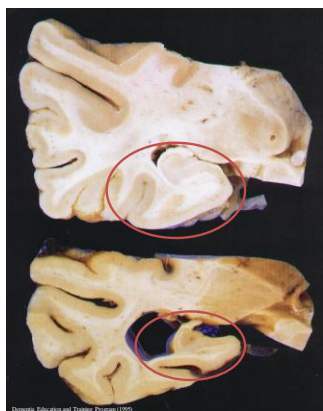
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Hippocampus Big Changes:

- Learn and remember
- Way-finding
- Passage of time

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Vision Changes

With each new level of vision change, there is a decrease in safety awareness.



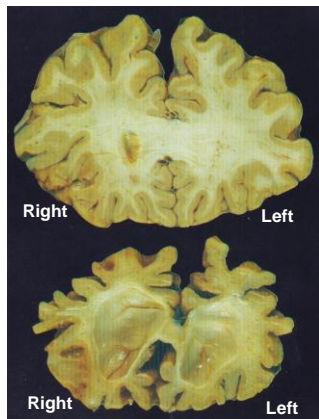
Dementia Education and Training Program. (1995). Alzheimer's: A Broken Brain [Brochure]. Tuscaloosa, AL: Dementia Education & Training Program.

BIG VISION CHANGES

1. Loss of Peripheral Awareness
2. Tunnel Vision
3. Binocular Vision
4. Binocular + Object Confusion
5. Monocular Vision
6. Loss of Visual Regard

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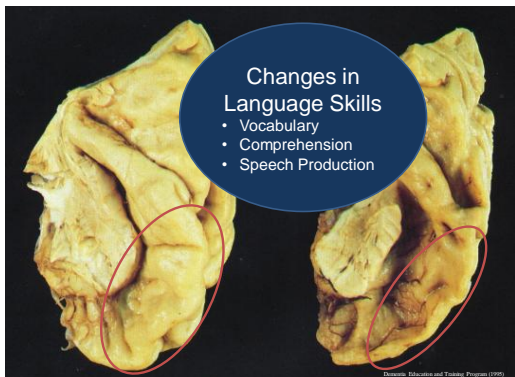


Executive Control Center

- Impulse Control
- Be Logical
- Make Choices
- Start-Sequence-Complete-Move On
- Self Awareness
- See Others' Point of View

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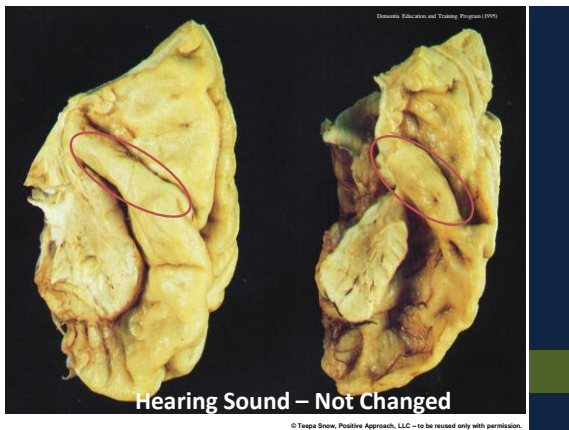
Changes in Language Skills

- Vocabulary
- Comprehension
- Speech Production

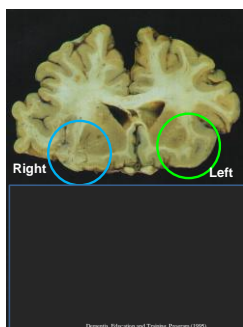
Understanding Language – Big Change

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The language related abilities in our brain:
Left temporal lobe and
Right temporal lobe

Formal Speech & Language:

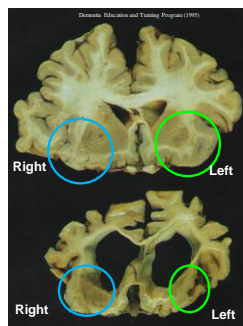
- Vocabulary
- Comprehension
- Speech production

Automatic & Rhythmic:

- Forbidden words and auto chat phrases
- Back and Forth: turn-taking and arguing
- Rhythm in speech: ?, tone, frequency, intensity, volume
- Rhythmic learned and comfort: music, poetry, prayer, counting
- Automatic motions: dancing, rocking, clapping

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Has happened to the language related abilities in our brain?

Left temporal lobe and
Right temporal lobe

Formal Speech & Language:

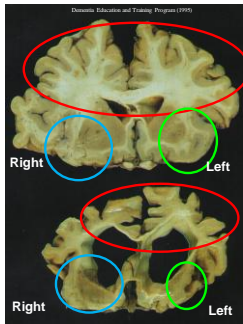
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**Sensory Strip
Motor Strip
White Matter
Connections:
Big Changes**

**Automatic Speech
Rhythm, Music,
Expletives:
Preserved**

**Formal Speech
and Language
Center:
Huge Changes**

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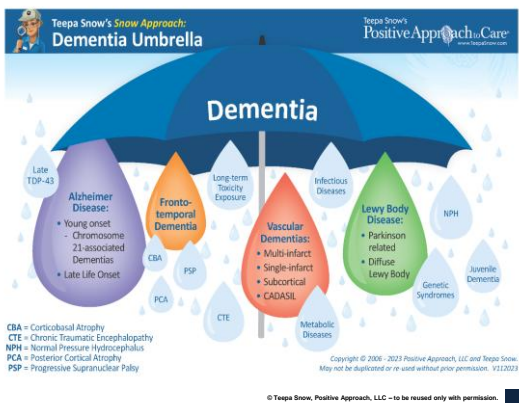
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6. About how many types, forms, or causes of dementia are there?

- a. 2-3
- b. 5-10
- c. 20-40
- d. Over 100
- e. I have no idea

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Four Truths of Dementia with Teepa Snow's Snow Approach

- Your brain and body will not work the way they used to; abilities are changing, but you will still have abilities.
- It is a new normal, we can't go back to how it was before, but we can adapt.
- It's not going to stay stable and we; changes can be dealt with - with the right support.
- Getting support that works is essential, especially as things continue to change.

| Alzheimer | Lewy Body | Vascular | Frontotemporal |
|---|---|---|---|
| <ul style="list-style-type: none"> New details lost first Recent memory worse Some language problems, mispeaks More impulsive or indecisive Gets lost – time/place Several forms and patterns Young onset can vary from late life onset Down Syndrome is high risk Notice changes over time Related to beta-amyloid plaques and tau pathologies | <ul style="list-style-type: none"> Movement problems and falls Visual disturbances Delusional thinking Fine motor problems – hands and swallowing Episodes of rigidity and syncope Insomnia – sleep disturbances Nightmares that seem real Fluctuations in abilities Drug responses can be extreme and strange Related to synuclein protein malformations | <ul style="list-style-type: none"> Sudden changes in ability – some recovery Symptom combinations are highly variable Can have bounce back and bad days Judgment and behavior not the same Spotty losses Emotional and energy shifts Least predictable Caused by problems with blood flow, oxygen, nourishment of brain cells | <ul style="list-style-type: none"> Many types Frontal: impulse and behavior control changes <ul style="list-style-type: none"> Says unexpected, rude, mean, odd things Apathy – not caring Problems with initiation or sequencing Disinhibited: sex, food, drink, emotions, actions Temporal: language change <ul style="list-style-type: none"> Difficulty with speaking – missing/changing words Rhythmic; content missing Not getting messages Related to tau pathologies |

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Vision Changes

With each new level of vision change, there is a decrease in safety awareness.



1. Loss of Peripheral Awareness
2. Tunnel Vision
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5. Monocular Vision
6. Loss of Visual Regard

BIG VISION CHANGES

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Mixed picture

- Can have multiples
- can start with one and add another
- Can have some symptoms – not all
- Also can have other life-long issues and then develop dementia (Down, Mental illness, personality disturbances, substance abuse)

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7. About what % of people over 85 have some form or degree of active symptoms of dementia?

- a. About 40-50%
- b. About 75-80%
- c. About 10-15%
- d. Less than 10%
- e. I don't know

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8. About what % of people under age 70 have some form or degree of active symptoms of dementia?

- a. 1% - it is very rare
- b. About 5-10%
- c. About 25%
- d. I don't know

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How Common is Dementia?

- Estimates: over 70% of people in care facilities have some degree of dementia
- The rates go up dramatically between ages 65-85 – from 5% to 50%
- Early on you can 'miss' the signs
- There are over 120 different types and causes of dementia

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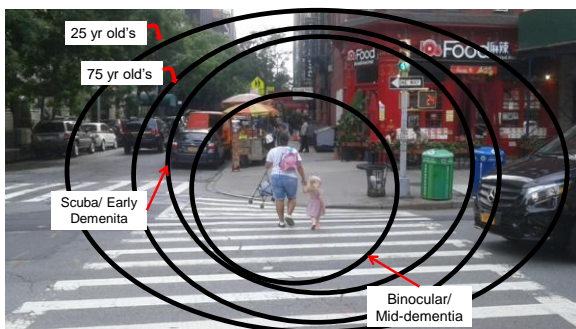
9. What is an effective treatment for dementia?

- a. How we respond to people, the settings we create, and opportunities to continue to live with support
- b. There are pills people can take to slow the disease down
- c. There is nothing that really helps
- d. Exercise and eating right can keep it from getting worse
- e. I don't know

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Visual Fields by Age and then by State of Brain Change



e.g., Armstrong, R. A. (2009). Alzheimer's disease and the eye. *Journal of Optometry*, 2(3), 103-111.
 Trick, G.L., Trick, L.R., Morris, P., & Wolf, M. (1995). Visual field loss in senile dementia of the Alzheimer's type. *Neurology*, 45, 68-74.
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The GEMS® States of Brain Change:



Sapphire State: Typical Aging

Diamond State: Clear, Sharp, Faceted, Highly Structured

Emerald State: On the Go with Repeating Patterns

Amber State: Caution Light, Caught in a Moment of Time

Ruby State: Red Light on Skills, Hidden Depths

Pearl State: Hidden within a Shell, Quiet Beauty

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GEMS® Dementia Abilities

Based on Allen Cognitive Levels

- A Cognitive Disability Theory – OT based
 - Focus on abilities, rather than just disabilities
- Creates a common language and approach to providing:
 - ✓ Environmental support
 - ✓ Caregiver skill, support, and cueing strategies
 - ✓ Expectations for retained ability and lost skill
 - ✓ Promotes graded task modification
- Each Gem state requires a special ‘setting’ and ‘just right’ care
 - ✓ Visual, verbal, touch communication cues
- Each can shine
- Encourages in the moment assessment of ability and need
 - ✓ Accounts for chemistry as well as structure change

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Progression of the Condition

To the tune of *This Old Man*



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SAPPHIRE true, with change, we're ki

The choice is ours, and we are free

To change our habits,
to read, and think and do

We're flexible, we think it through!

DIAMOND bright, share with me

Right before, where I can be
I need routine *and* some different things to
do

Don't forget, **I** get to **choose!**



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EMERALD – go, I like to do



I make mistakes, I may be through!
Show me only one - step - at – a - time
Stay a friend, and I'll be fine

AMBER – HEY!, I touch and feel



I seek sensations- I'm rarely still
I can do things, if I copy you
What I **need** is what I do!

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RUBY – skill – it just won't go



Changing something must go slooooooow
Use your body to show me what you mean
Guide, don't force me. Don't use speed!

Now a **PEARL**, I'm deep within



But I still feel things through my skin
Keep your offers always clear and slow
Use your voice to calm my soul.

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Sapphire State:



- Typical aging brain
- Able to be flexible and adaptable
- Able to consider the perspectives of others
- Able to support the other GEMS® States

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Diamond State:



- Sharp, hard, rigid, inflexible, can cut
- Many facets, still often clear, can really shine
- Are usually either *joiners* or *loners*
- Can complete personal care in familiar place
- Usually can follow simple, prompted schedules
- Misplaces things and can't find them
- Resents takeover or bossiness
- Notices other people's misbehavior and mistakes
- Varies in self-awareness
- Uses old routines and habits
- Controls important roles and territories, uses refusals

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Emerald State:



- Changing color
- Not as clear or sharp, more vague
- On the go, need to *do*
- Flaws may be hidden
- Time traveling is common
- Are usually *doers* or *supervisors*
- Do what is seen, but miss what is not seen
- Must be in control, but not able to do it correctly
- Do tasks over and over, or not at all

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Amber State:



- Amber Alert - Caution!
- Caught in a moment
- All about sensation and sensory tolerance, easily over or under-stimulated
- May be private and quiet, or public and noisy
- Limited safety awareness
- Often focused on their own needs and wants
- Lots of touching, handling, tasting, mouthing, manipulating
- Explorers, get into things, invade space of others

Do what they like and avoid what they do not like

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Ruby State:



- Big, repetitive, strong movements are possible
- Rhythm: can sing, hum, pray, sway, or dance
- Notices exaggerated facial expressions
- Can react to emotion in tone of voice
- Limited skill in mouth, eyes, fingers, and feet
- Can mimic or copy big actions and motions
- Monocular vision – loss of depth perception
- Balance and coordination very limited
- Basic needs will require monitoring and support

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Pearl State:



- Hidden in a shell: still, quiet, easily lost
- Beautiful and layered
- Spends much time asleep or unaware
- Unable to move, bed or chairbound, frequently falls forward or to side
- May cry out or mumble often, increases vocalizations with distress
- Can be difficult to calm, hard to connect with
- Knows familiar from unfamiliar
- Primitive reflexes
- The end of the journey is near, multiple systems failing
- Connections between the physical and sensory world are less strong but we are often the bridge

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Positive Approach to Care

GEMS® Brain Change Model.

DAY 1 Date: _____

Type of Day: _____

Modified shifts when... _____

GEMS® STATE TRACKER

S = Sapphire A = Amber
D = Diamond R = Ruby
E = Emerald P = Pearl

| | SA | DA | SP | AP | RP | DA |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Shift within time blocks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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It is time to GET CURIOUS!!



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What are 2 things that are going well and make you feel successful?

What is ONE skill or training that would help you engage more successfully?

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The Importance of Personality Traits:

Relationship Centered Care

How lifelong personality traits impact dementia care.

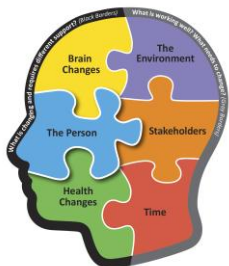
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The Person

**I am who I was,
Yet
I am different**



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I'm Still Me... But I'm Different!

- Help me to be who and how I am
- Don't ask me to do or be what I can't
- Let go, but don't give up!

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Past Info – Life Story

- The life that was lived
- The life that skipped or missed
- The life events that were loved
- The life events that were traumatizing
- The relationships that mattered
- The roles that held
- The roles that were withheld or missed
- The rhythms that mattered
- The places, people, props, programming and possibilities that make a difference

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Present Info – Life Story

- The life that is being lived
- The life that missing
- The life events that are loved
- The life events that are traumatizing
- The relationships that matter
- The roles that are held
- The roles that are withheld or missed
- The rhythms that matter
- The places, people, props, programming and possibilities that make a difference

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Personal Preferences Matter:

- We like what we like!
- With dementia, the 'likes' can change
- Old preferences will need to be revisited
- The challenge is to honor what is important, but change what is needed
- Our willingness to meet the person's changing needs is essential
- Changes are made harder by each episodic senses of loss and grief and memories

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Some Personal Preferences of Note:

- Appearance
- Behaviors
- Language
- Daily routines
- Sleep and restorative patterns
- Food and drink
- Music and rhythms or movement
- Touch, textures, noise, space
- Worship and spiritual practices

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How Does Dementia Affect This?

- Memory
- Language: understanding and production
- Self-care skills
- Sensation
- Emotional control
- Reasoning and thinking
- Vision

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Personality Traits:



Who are you?

- Introvert - Extrovert
- Lots of Details - Big Picture Only
- Logical - Emotional
- Planning Ahead - Being in the Moment

Who is the other person?

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First, How You Do You:

- Come to decisions?
- Get re-energized?
- Feel about boundaries and space?

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Introvert - Extrovert

Introvert

Likes to be alone
 Likes to think it out
 Likes personal space
 Needs alone time
 Private
 Shares little
 Decides on own after thinking it through

Extrovert

Thinks out loud
 Talks it out
 Seeks out people
 Shares a lot
 Not good with boundaries
 Gets opinions before 'deciding'

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Second, How Do You:

- Like to get information?
- Like to do things?
- Decide whether to do something?
- Approach an unfamiliar task?

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Details – Big Picture

Details

Needs to know how
 Specifics of what to do
 Wants detailed info: to do it 'right'
 Likes doing the familiar and routine
 Likes a check list and follows it
 Likes to do it

Big Picture

Needs to know why
 Likes to 'fly by the seat of their pants'
 Likes to hear the big plan
 Likes to try out new and different ways of doing things
 Likes to experiment
 Likes to talk it out first

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Third, What Makes 'Sense'?

- How do you judge things?
- How do you decide if things are okay?
- What matters most to you?
- What drives your behavior and actions?

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Logical - Emotional

Logical:

Head first
 Fair
 Reasonable
 Rational
 Likes to discuss differences of opinion
 How other people 'behave'

Emotional:

Heart first
 Nice
 Kind
 Empathetic
 Prefers to avoid disagreements
 How other people 'feel'

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Fourth, How You:

- Use time
- Feel about time: the future versus now
- Plan ahead versus like surprises
- Feel about knowing what is expected
- Feel about 'deadlines'
- Feel about making decisions

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Planning Ahead – In the Moment

Planning Ahead

Aware of the future
 Sets priorities - plans
 Likes routines
 Likes a schedule
 Likes to do things as planned
 Decide and move on!
 Needs to be in control

In the Moment

Being flexible
 Go with 'now' issues
 Not forward thinking
 Running late
 Putting 'other' things off
 Considers options
 Go with the flow

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WHAT IF...
Some *stuff* we think or feel
people do on purpose

is really just who they are

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What About People Living with Dementia?

Lifelong Patterns:

- Introvert versus Extrovert
- Detail versus Big Picture
- Thinker versus Feeler
- Plan versus Go With The Flow

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More Variables of Note

Lifelong Amygdalae Patterns:

- Risk Taker or Safety Seeker
- Hider or Seeker
- Flight-er or Fight-er
- Glass ½ Empty or Glass ½ Full
- Worrier or a Go with the Flow-er

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With Dementia All Senses Are Affected:

- Miss information
- Misunderstand information
- Overreact to information
- Underreact to information
- Get stuck on a sensation
- Can't stand a sensation
- Variable abilities
- Just can't adjust or adapt to sensation or situation

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How Can We Become Better Care Partners?

- Be willing to try something new
- Be willing to learn something different
- Be willing to see it through another's eyes
- Be willing to fail and try again
- Use your PIPES and Five Ps with PAC Skill

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Believe:
People living with dementia are doing the best they can!

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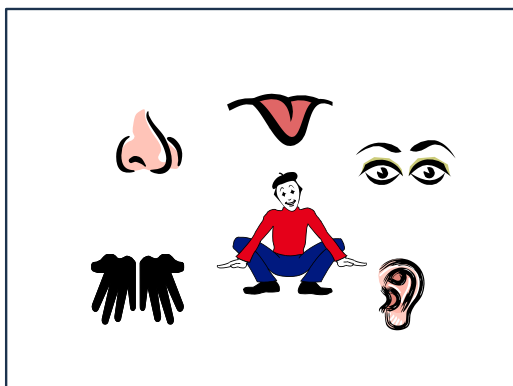
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Extra Info: Sensory Processing and Dementia

**With Dementia or
Brain Changes, it
Matters!**

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Humans have at least five ways of getting information from the world around them:

What we:

- See
- Hear
- Feel
- Smell
- Taste

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Two Major Categories: Protective Discriminatory

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Two Categories:

Protective

Discriminatory

| | |
|-------------------------------|--|
| Fast | Slower |
| Reflexive | Brain driven |
| Try to keep you safe | Exploring and figuring out |
| Autonomic – reflexive | Details and differences |
| Big! | Focused |
| Strong Emotions!!! | Ignore big world to experience immediate |
| Spinal and Primitive | |
| Flight-Fight-Flight-Hide-Seek | Want more or want less |

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With Dementia:

Protective

Discriminatory

| | |
|--|--|
| Less able to pick up on danger signals/cues | Either hyper-focused or not observant |
| More likely to overreact to 'normal' range | From multi-modal awareness to single characteristic attention |
| To those with typical brains, seems 'unpredictable' but it's the new predictable – set point | Shortened task attention span |
| May move toward dangerous things instead of away from them | Variable sensory attention |
| | Atypical focus on a characteristic – edges of the frame versus the picture |

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With Dementia, It's All About Finding the Balance!

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Balance:

- Like - Good for you
- Want - Tolerate
- Pleasant - Unpleasant
- Comforting - Annoying
- Stimulating - Frightening
- Calming - Boring
- Nothing - Too much
- Familiar - Novel/New

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It is time to GET CURIOUS!!



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What is ONE skill or training that would help you engage more successfully?

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What To Say: Relationship Focused Outcomes *Communication and Dementia.*

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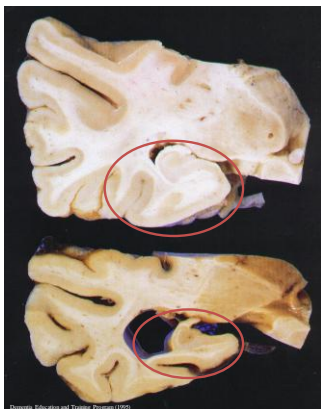
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It's not **WHAT** you say... It's **HOW** you say it:

- Always use this sequence to cue: V-V-T
 1. Visual
 2. Verbal
 3. Touch
- Make cues bigger and slower as the brain change progresses, and pause longer
- Give feedback cues that are positive!

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Hippocampus Big Changes:

- Learn and remember
- Way-finding
- Passage of time

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Vision Changes

With each new level of vision change, there is a decrease in safety awareness.



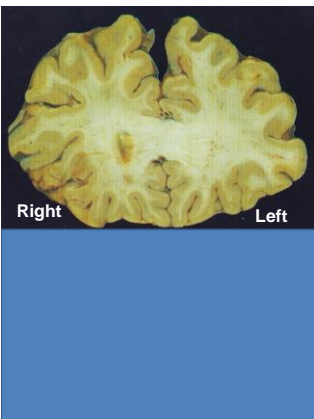
1. Loss of Peripheral Awareness
2. Tunnel Vision
3. Binocular Vision
4. Binocular + Object Confusion
5. Monocular Vision
6. Loss of Visual Regard

BIG VISION CHANGES

Dementia Education and Training Program. (1995). Alzheimer's: A Broken Brain [Brochure]. Tuscaloosa, AL: Dementia Education & Training Program.

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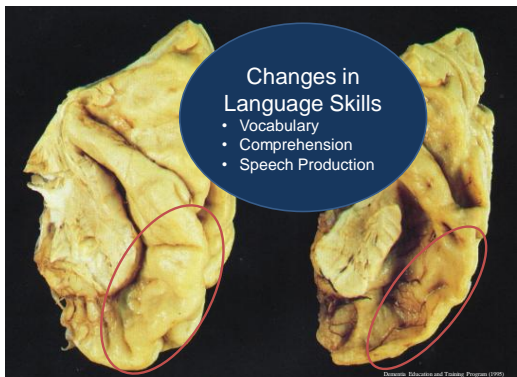


Executive Control Center

- Impulse Control
- Be Logical
- Make Choices
- Start-Sequence-Complete-Move On
- Self Awareness
- See Others' Point of View

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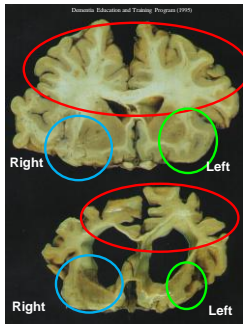


- Changes in Language Skills
- Vocabulary
 - Comprehension
 - Speech Production

Understanding Language – Big Change

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Sensory Strip
 Motor Strip
 White Matter
 Connections:
 Big Changes

Automatic Speech
 Rhythm, Music,
 Expletives:
 Preserved

Formal Speech
 and Language
 Center:
 Huge Changes

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| 3 Zones of Human Awareness | 3 Ways to We take in Data |
|--|---|
| 1. Public Space • 6 ft or more away -for awareness  | 1. Visual What we see |
| 2. Personal Space • 6 ft to arm's length -for conversations  | 2. Verbal What we hear |
| 3. Intimate Space • Arm's length or closer -for intense closeness  | 3. Touch What we touch & feel |

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Positive Physical Approach™

1. **Stop** moving 6 ft out
2. **Greet:** *Hi* sign (open by face), say name
3. Move hand into a **handshake** position
4. **SLOWLY** come in from the front
 -within visual range (or starts there)
5. Move into **Supportive Stance**
6. Hand shake—move into '**Hand-under-Hand®**'
7. Move to side; **Get low**—sits or kneels
8. Make **connection** (wait for their response!)
9. Deliver a message – using V-V-T cues



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Positive Physical Approach™

To the tune of Amazing Grace



Come to the front, go slow
 Get to the side, get low
 Offer your hand, call out their name
 Then wait.....
 If you will try, then you will see
 How different life can be
 For those you're caring for.



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Positive Personal Connections (PPC)



- 1. Greet or Meet:** introduce yourself and use their preferred name: "Hi ___ I am ___" or "I am ___ and you are?"
- 2. Say Something Nice:** indicate something about them of value
- 3. Be Friendly:** share about you, then leave a blank
- 4. Notice Something:** point out something in the environment
- 5. Be Curious:** explore a possible unmet like, want, or need

Tab 1
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Positive Action Starters (PAS)

- 1. Help** – Be sure to compliment their skill in this area, then ask for help.
- 2. Try** – Hold up or point to the item you would like to use, possibly sharing in the dislike of the item or task, "Well, let's try this."
- 3. Choice** – Try using visual cues to offer two possibilities or one choice with something else as the other option.
- 4. Short and Simple** – Give only the first piece of information, "It's about time to (first task)."
- 5. Step by Step** – Only give a small part of the task at first, "Lean forward."

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The GEMS® States of Brain Change:



Sapphire State: True Blue – Slower but Fine

Diamond State: Repeats and Routines, Cutting

Emerald State: Going – When? What? Where?

Amber State: In the Moment – Sensations

Ruby State: Stop and Go – Big Movements

Pearl State: Hidden in a Shell - Immobile

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Phrases to Change:

- “She just doesn’t listen”
- “She doesn’t get what I am saying”
- “I am not getting my message across”
- ?other ideas?

- “He asks me the same thing over and over”
- “He is not holding on to what I am saying”
- “I have a hard time offering a substitution”
- -?other ideas?

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“What time is my appointment?”

- Connect – “Hey (name)” *come along side*
- Seek with a reflection- “You want to know when you have an appointment...” *(eye contact)*
- Offer info- “It’s at 2 o’clock” *(show 2 fingers)*
- *(Check – pause timing, intake, and response)*
- Offer an interjection- “Oh!” *(show it’s a new idea)*
- Make and offer- “Could you do me a favor?”
- **Pause**
- Get going- “Come here, let me show you...” *(make a come along gesture)*

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Practice

Pausing... 1 sec, 3 sec,
6 sec

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Inserting Pauses (P)

“Knock, knock” **note connect time**

“Hi ____ (their name)(**pause**), I’m

____ (give your name)(**P**)” **note**

response time

(acknowledge their response)

“I love ____ (favorite drink)(**P**) and

you love...?” **note response time**

& response

(acknowledge their response)

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Top Five Human Needs and Emotional Indicators of Distress



Five Expressions of Emotional Distress

Angry

irritated – angry – furious

Sad

dissatisfied – sad – hopeless

Lonely

solitary – lonely – abandoned/trapped

Scared

anxious – scared – terrified

Lacking Purpose

disengaged – bored – useless



Five Human Needs

Intake

Hydration, nourishment, meds

Energy Flow

tired or revved up
directed inward or outward

Output

Urine, feces, sweat, saliva, tears

Comfort

4 Fs and 4 Ss

PAIN Free!!!

Physical, emotional, spiritual

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Amygdalae (3 jobs)

Threat Perceiver – Needs Meeter – Pleasure Seeker



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It is time to GET CURIOUS!!



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