

# PAC Workshop B Script

## Workshop B: Using A Positive Physical Approach™ Video Part 2, Chapters 5 & 6; Chapter 3

- **NOTE for CEUs:** Only those who attend all content sessions from an Independent PAC Certified Trainer will be eligible to submit their time for CEU approval (guidelines provided on [www.teepasnow.com](http://www.teepasnow.com)). The contact time will be 2 to 3 hours.
- **Video Use:** As you master the content, use the video as needed. It is never acceptable to have people watch the video without an Independent PAC Certified Trainer facilitating.

**Workshop Objectives:** By the completion of these workshops, learners will be able to:

1. Changing habits as a result of understanding vision changes and space awareness
2. Describe changes in visual processing that impact a person's ability to initiate interactions and respond to efforts to communicate and interact that are initiated by others, when dementia is present
3. Compare and contrast unintentional and traditional social greeting and communication efforts with PPA™ structured interactions as it relates to reactions and responses from the person living with dementia
4. Discuss the rationale that supports each step of the PPA™ process
5. Demonstrate PPA™ in simulated situations, using at least 75% of all steps with coaching support
6. Discuss reasons for and steps in modifying PPA™ for specific 'special cases' (blindness, deafness, sleeping, mental health issue, stroke, etc.)
7. Discuss purpose and value of using Hand-under-Hand® technique with people living with dementia
8. Demonstrate Hand-under-Hand® technique in at least four out of seven possible applications (greeting, comforting, attention, mobility, task initiation, tool/utensil use, and participation in tasks & activities)

**Workshop Set Up:** Script contains \_\_\_ ½ hour workshops with \_\_\_ contact hours.

**Trainers:** Each workshop has time set aside for video review and Adult Experiential Learning Cycle (AELC). However, as the Independent PAC Certified Trainer grows in their skill from Novice to Proficient, they will be able to phase out the video content, while still providing their learners' awareness and knowledge growth with the AELC

**Coaches:** Each huddle, following the individual workshops, has a list of objectives on which to coach learners. Communication with the PAC Certified Independent Trainer will be critical to 1) obtain a list of attendees with whom to huddle, and 2) verify that the Trainer was able to cover the material on which the Coach will huddle.

Remember to ask participants to complete a workshop evaluation. A master copy can be found in the PAC Coach/Trainer Manual.

# Workshop B1: Visual Changes, Supportive Stance, and PPA™

**Lesson B1 Objectives: Changing habits as a result of vision changes supportive stance and PPA™**

1. Describe changes in visual processing that impact a person's ability to initiate interactions and respond to efforts to communicate and interact that are initiated by others, when dementia is present
2. Understand the difference between the effect of confrontational stance vs supportive stance in the visual field of a PLWD
3. Discuss the rationale that supports each step of the PPA™ process
4. Demonstrate PPA™ in simulation, with at least 75% of all steps with coaching support

**Note:** This initial workshop runs about 40 min until experience enables the running of lean AELCs.

## Trainer Workshop 1: Visual Changes, Supportive Stance, and PPA™ (Chapter 5)



**Open Chapter 5 titled "Positive Physical Approach™" (40 min)**

**Start video at 0:00 when Teepa demonstrates vision changes and the impact of being in front at arm's length when someone is in early stage dementia with 'scuba vision'**

**Notice the result is confrontation, or trapping with your presence**

**Stop video at 5:00 after "What did you want to do? Help?"**

Ask your group to get into pairs and to sit opposite each other – at this point go ahead and have them spread out as much as possible so there will be room to actually do the entire PPA™ by the time you are finished.

Ask group members to copy the visual fields for:

- a. 25 year olds: full 180 degrees for peripheral with 145 degrees for vision
- b. 75 year olds: no dementia, just slower brain messages (145 of peripheral, with about 120 of active sight)
- c. Early dementia: lose about 10-20 more degrees of peripheral and active visual field, ask them to say "scuba vision" and put on the scuba mask

Ask them to face one another at arm's length. Just like in the video, have the person living with dementia (PLwD) put on scuba vision and the other grin and lean in just a little, then have the PLwD take off their scuba mask. Switch and repeat.



Ask the group:

- "How did it feel with the mask on? How was it different when you took the mask off?"
- "What do you find yourself wanting to do when the other person did this to you?"

**Listen for and repeat answers such as 'look away, lean back, push them away, ask what they want, close my eyes, lean forward at them, tell them to back off, hold my breath, feel nervous, giggle, etc.'**  
**(fight, flight, or fright reactions)**

- "What did Teepa call it when we get in front and lean in like this?"  
**'Confrontational' or 'Trapping the person'**



Ask the group:

- "So what might a person with early stage dementia do if they felt you were 'attacking them' visually? What reaction might you see?"

**Reinforce responses such as 'refusals, anger, frustration, anxiety, confusion, turning away, not listening, asking you to leave, etc.'**



Ask the group:

- “So, is this what we are trying to do? Intimidate people living with dementia?”
- “Are these positive or encouraging for anyone?”
- “Do you think it would be more or less of an issue when someone has dementia? Why?”



Ask the group:

- “So what should you **not** do when you want to communicate with someone you suspect might have early dementia? Now for what we should or at least could try?”



**Start video at 5:00 at “Ok, so this is what you’re gonna do.”**

**Key messages: turn body sideways but keep face forward in a supportive stance to provide a visual ‘escape route’**

**Stop video at 5:37 after “...not in confrontation. Try it.”**

Show the two stances yourself and say: “In front is Confrontation, to the side is Supportive, here to help and support!”

- Ask group members to partner up and have one put on scuba vision and the partner approach and stand to the side with face forward but shoulders back. Switch and repeat.
- Have the pairs try confrontation versus supportive stances.



Ask the group:

- “What feels better? Can you still see the person’s whole face?”
- “Which person would you rather interact with?”



Ask the group:

- “So, if you had dementia, which stance would you like people to use? Why?”
- “Do we always know who has dementia around us?”
- “So, who should we consider using supportive stance with?” **Answer: everyone.**
- “If someone with or without dementia is stressed out or distressed, will a confrontational visual approach tend to make it better or worse? Why?”



Ask the group:

- “So try supportive versus confrontational one more time.”



**Fast forward to 6:24.**

**Start video at 6:24 at “Here’s the next change in vision.”**

**Stop video at 7:10 after “Drop down to the binoculars”**

**Fast forward to 9:57. Teepa covers social vision versus task vision here. Fast forwarding through this section allows your learners to finish learning the PPA™.**

**Start video at 9:57 at “So put your binoculars...”**

**Stop video at 10:19 after “Would you quit with the hand already?”**

Ask learners to do what was just done in the DVD.



Ask the group:

- “When you were in confrontational position and the person had ‘binocular vision’ (mid-stage dementia), what happens when they are looking at your face and you reach and touch them?”
- “What can’t they see coming at all?”
- “What reaction did you feel? What did you want to do? What did you find yourself doing?”



Ask the group:

- “What have you had happen when you have tried to help someone from the front who needs physical help to do things?”
- “What did you call that before?” *Look for answers like ‘stubborn, resistive, uncooperative’*
- “What are you realizing and thinking now?”



Ask the group:

- “So, when people feel ‘trapped’ visually or they think we are just being friendly and then we reach out and touch them when they can’t see it coming, what reaction do you think is the most common?”
- “What might be helpful?” *Supportive stance, can they see your hand?*



Ask the group:

- “Try standing in supportive stance if the person has binocular vision.”



Ask the group:

- “Does that make a difference?”
- “What seems different?”



Have the learners try touching their partner from the supportive stance.



Ask the group:

- “Is this any better?”



Ask the group to turn to their partner and figure out:

- “Why is it still a problem?”
- “If it didn’t bother you, why do you think it didn’t, based on what you know now?”



Ask the group:

- “Why does that still bother you? Is it any better?”
- “With the new limited visual field, you still can’t see the hand coming and it still startles you. It also bothers you that someone is touching you without permission!”



**Start video at 10:19 at “Cause what do you realize now?”**

*Notice: Begin interactions at double arm’s length, so that a person with binocular vision (mid-stage dementia) can see a major portion of you and notice your hand and face. They may not be able to see this if you move in to about one arm’s length.*

**Stop video at 13:14 after “I can talk from here.”**

Have learners partner up and try these activities:

- Ask partners to stand up and move double arm’s length away (where fingertips can touch).
- Have one person put on binocular vision.

Share

Ask the person with binocular vision:

- “How much of the other person can you see?”

Experience

Have the other person move into one arm’s length away

Share

Ask the person with binocular vision:

- “How much of the other person can you see?”

Experience

Have the other person back out, smile, say the name of the person with binocular vision, and keep their hand down near their waist in a handshake position and move forward.

Share

Ask those with the binocular vision:

- “Did you notice the hand?”
- “How are you feeling? What are you thinking?”

Experience

Try it again but have the person put their open palm up near their face, and then slowly move their hand into a handshake position, without stepping forward.

Share

Ask the person with binocular vision:

- “What did you notice?”
- “How did that feel? What were you thinking?”

Process

Ask the group to turn to their partner or table and discuss:

- “Why do you think this is happening?”

Connect

Ask the group:

- “Have you ever noticed people in mid-stage dementia seem to startle or be ‘upset’ with you and your efforts to help?”
- “Do you have a different appreciation for this now?”
- “What do you think might happen if a person was already upset about something else and you approached without getting the ‘OK’ and you put your hands on them to keep them safe or try to help them?”
- “So what do you think all of this might mean for those you are trying to connect to and help?”
- “What is the overall impact of vision changes on social interaction and ability to engage well with others, as the disease progresses?”

Experience

***\*Rewind\* the video to 12:10.***

Ask the learners to watch Teepa do PPA™.

**Start video at 12:10 at “So here we go; I move in.” Teepa demonstrates PPA™**

**Stop video at 12:54 after “...and her distress level to be quite low.”**

Demonstrate all the steps of PPA™ together, with a learner.

Then repeat PPA™ again, using all the steps and saying what you are doing as or right after you do it, step-by-step.

Consider doing what we call a ‘talk thru/walk thru’ where learners are answering questions below and doing the steps as you process one final time, applying all covered so far. Demonstrate and ask as they all do it in pairs:

1. “Stop at 6 feet out, in their visual field. You want to make sure you are within the visual field of the person you are approaching, which is where? From where should you approach?”  
Ask the learners to try with scuba, binocular, and monocular vision (early, middle, and late-stage dementia).  
“When you stop at 6 feet out, you are far enough that the person can see what? Those of you with binoculars on, what do you see when they stop 6 feet away?”  
**Answer: They can see your hand, face, and most of your body, even with binocular vision.**  
**Note: Asking your learners these questions allows them to learn in their own way! See what your learners can come up with, even if their answers may be different from answers provided for you here.**
2. “Look friendly and make eye contact, and use the person’s preferred name if you know it.”
3. “Bring your open flat palm up near your face, so they can see both your face and your hand. When you are working with someone who has limited visual field, you place your open palm up near your face to say hello. Why do we do that?”  
**Answer: It helps to ensure that the person notices your hand and realizes you want to connect to them physically, visually, and verbally.**
4. “When they notice your face, offer your hand out in a handshake position. If they ‘accept’ your hand, then move forward slowly, allowing them to track your movement. Make sure the person accepts your offer before you move forward to make sure of what?”  
**Answer: The person is willing to have you close to them and to touch them.**
5. “You move forward and move your body to the side, although you keep your face turned toward the person, without leaning in while you move into the handshake position. This position is called what?” **Answer: supportive stance.**
6. “Now, move your hand into to Hand-under-Hand® and offer your name. Why do we use this positioning?”  
**Answer: You are within touching distance and want to know where the person’s hands are and that person needs to know where your hands are. It connects and protects you both.**  
“Now you are ready to have an interaction, you are connected in a positive, physical way! Let’s try it and figure out why and how!”



Have the learners get into groups of three (#1 is the PLWD, #2 is the approaching person, and #3 is an observer using the checklist to determine the steps the approacher is doing correctly and also to see what might not be working.) Each person plays one role, then switch! Repeat so each has a chance to play each role.

- Observe and walk around the room. Reinforce skill use, supportive feedback, check in with learners, monitor for errors, offer supportive cues, and use questions like:  
“Try this\_\_\_\_. PLWD--how does that feel?” and “Which do you like better, this or this?”  
**Use the PPA™ Checklist to keep everyone on track.**



Have everyone sit back down, and then ask the group some of these questions:

- “Which steps came automatically for you? What were the steps you needed help with?”
- “Are there any steps that you thought you were doing, but the ‘observer’ noticed you were not?”



Ask the group to turn back to their partner, and think about some of these:

- “So what do you think some of your ‘habits’ of approaching’ might be?”
- “Why do you think you have done it that way?”
- “What feels awkward or odd?” “What seems to go smoothly or make sense?”



Ask the group:

- “Who can you think of that might benefit from this approach? Why?”



Ask the group to consider:

- “So, we have practiced this a little, with a partner and observer. How are you going to continue practicing the use of this approach? Who will you share the outcome with?”
- “Identify one step you know is NOT part of your habit. How will you get feedback?”
- “When will you practice? How much each day?”

*Recommend 1 time a day. ‘Gimme 5!’ During routine work, for 5 minutes, with an observer for feedback!*

## Coach Huddle B1: Visual Changes, Supportive Stance and PPA™ (Chapter 5)

### **Huddle 1:** 10 minutes

**Connect:** Use PPA™ with each person:

- Gain permission to do 3 Huddles throughout day and plan times
- Notice with them: GEMS® state of each person

**Seek:** Review the learning objective and have them identify their first focus:

- “What is one thing about visual field or supportive stance that you would like to be aware of during this first practice today?”
- “Who is one PLwD that you will be working with on this?”

**Reflect:** Reflect back what you heard to check in that it is correct:

- “So it sounds like...”
- “Is that accurate for you?”

**Explore:** “Now that you have this first focus, what are some of the things about vision and supportive stance you will be looking for and or trying?”

**Drill:** Ask each member of the group to identify their drill and how they will try this:

- “How will you notice this today with your residents?”
- “How often will you try this?” Get concrete goals.

*Have the individuals practice the drill they created at least one time. You’ll notice this one practice can make all the difference in the world.*

### **Huddle 2:** 10 minutes

**Connect:** Get permission using PPA™



- Seek:** Ask about their experience:
- “So, how did it go?”
  - “What are two things you noticed?”
- Reflect:** Use reflective language by restating what you heard to check that what you heard is accurate.
- Explore:** Ask:
- “What are two things that went well?”
  - “What happened? Why do you think that happened?” *Get information on body position, Visual Verbal Touch cues, etc. that correspond to the focus and drill*
  - “What is one thing that you would like to try differently?”
- Drill:** “How can you do that?” *Practice the drill*

**Huddle 3:** **5-10 minutes**

**Connect:** Use PPA™ to really connect with your learners for this last Huddle.

- Seek:** Ask about their experience:
- “What are two things that went well?”
  - “What did you learn?”
  - “What felt different?”
- Reflect:** Use reflective language to check that you heard them correctly.
- Explore:** Review learning objective and find out what they learned from their experience:
- “What is one thing you will continue to work on?” *New focus or same focus?*
- Drill:** Ask each learner to identify a ‘drill for skill’ and increased accuracy. Identify concrete goals.
- “Where/When/How are you going to keep practicing?”
  - “How often will you try this?”

## Workshop B2: Space Awareness and PPA™

**Lesson B2 Objectives: Changing habits as a result of understanding space awareness and PPA™**

1. Discuss the rationale that supports each step of the PPA™ process with regard to space awareness
2. Discuss reasons for and steps in modifying PPA™ for specific ‘special cases’ (blindness, deafness, sleeping, mental health issue, stroke, etc.)

### Trainer Workshop 2: Space Awareness and PPA™ (Chapter 5)





Start video at 13:14 at “So what we have here with human beings...”

Stop video at 14:53 after “...and that's not gonna make her happy.”

**Note:** Three Zones of Spatial Awareness – Matched to Sensory Systems

- Three Types of Cues Sensory input: Visual, Verbal, Touch
- Three Zones of Awareness: Public, Personal, Intimate
- We like to look in Public space: greater than 6 feet away (double arm's length)
- We like to talk to people in Personal space: 6 feet to arm's length
- We like to touch people in Intimate space when they are within arm's reach



Ask learners:

- “If a person sees you in their public space and calls or beckons you over, how far away are they usually? Are they at or beyond 6 feet?” **Answer: Not necessarily, they already invited you into their personal space, just not their intimate space.**
- “Do we give a visual cue when trying to get someone's attention across the street?”



Have the learners:

- “Talk with your tablemates and consider how we use space. Why do you think we use space in this way?”
- “Do you show your hand with an open palm near your face before entering personal/intimate space? Why or Why Not?” **Answer: Not necessarily; ‘yes touch’ permission is still needed because all they asked for is your visual attention and to talk to you.**
- “Do you need to start talking to the person by calling their name and sounding friendly once you are at the 6 feet mark, or just offer your hand? Why or Why Not?” **Answer: Yes, you need to verbally greet at 6 feet, since it is the person's personal space and s/he is expecting you be friendly, but you are actually entering their personal space.**



Ask the group to share their answers with the larger group:

- Process and discuss each item, making sure the final result is as indicated above. Only add in information IF they need you to help connect the dots. They will likely be able to do it with little guidance.
- “Now, think of (one of your residents/loved ones living with dementia) that you imagine PPA™ might be a challenge. Anyone with low vision, or who is blind? Anyone have someone who continues to walk and walk? Anyone with a movement disorder or who is unable to move their arms? How would these steps be adapted to PPA™ that person?”



Ask the group:

- “Let's try it with our partners. Use those groups of three from the last class and give it a try (#1 is the PLwD, #2 is the approaching person, and #3 is an observer who uses the checklist to help see the effect of the steps on the PLwD.)”
- “Identify with your group how you will adapt the steps to meet one challenge.”



*In this next AELC, you'll pick one of the challenging situations they identified and see if the learners can work through to a solution to try.*

Ask the group:

- “Does each group have one challenging situation identified?”

*Have the learner who is the PLwD take on the identified challenging situation: they would, for example, close their eyes if the issue identified for the PLwD was blindness, curl up their hands if the issue was contractures, etc.*

- “Whoever is the learner playing the PLwD, just respond as you are inclined to. Approachers: give the modified PPA™ a try. Observers: watch both the approacher and the PLwD and your job is to report what you saw.”



Have everyone sit back down, and then ask the group some of these:

- “So what happened for you as you tried the PPA™?”
- “Observers, what did you notice that was working or not working?”



Ask the learners turn back to their group and discuss:

- “Based on what we know about space awareness and vision changes associated with dementia, why do you think these steps worked? Why might they not have worked?”
- Have the learners report their findings.



Ask the group to share their answers with the larger group:

- “Think back to your own residents: what PPA™ adaptations do you think would or would not work?”



Ask the learners:

- “What is one thing you are going to try out the next time you are with your residents living with dementia? What will you look for to know that it worked?”
- “Ok, let's give your ideas a try. Go ahead and get back into your groups of three, and give your approach a try and see what happens.”

*Have the learners try their modified PPA™ one more time and then run a quick AELC:*



Ask the learners to process then report:

- “Everyone think for 30 seconds how that felt.” **30-second pause**
- “What happened?”



Ask the learners:

- “What is one thing you are going to try out the next time you are with your residents living with dementia? What will you look for to know that it worked?”
- “When do you Huddle with your Coach next? What's one thing you can think through with them in the team Huddle?”

## Coach Huddle B2: Space Awareness and PPA™ (Chapter 5)

### **Huddle 1:**     **10 minutes**

**Connect:**     Use PPA™ with each person:

- Gain permission to do 3 Huddles throughout day and plan times
- Notice with them: GEMS® state of each person

**Seek:**        Review the learning objective and have them identify their first focus:

- “So, what were the three zones of human awareness and space?  
*Hint: Do your hand motions to prompt their answers: public (hold up your thumb), personal (touch your lips with your pointer finger), and intimate (rub the back of your hand with your middle finger)*”
- “What else did you learn about the three zones of human awareness and space?”
- “When trying PPA™, what did you notice about space awareness? What happened?”

**Reflect:**     Reflect back what you heard to check in that it is correct.

**Explore:**     Have them identify their first focus:

- “What is one thing about zones of human awareness that you would like to be aware of during this first practice today?”
- “Who is the PLwD that you’ll try with this first focus?”

**Drill:**        Ask each member of the group to determine their drill goals. Get concrete goals:

- “What will you notice today with your residents?”
  - “When will you try this?”
- Have the individuals practice the drill they created at least one time.*

### **Huddle 2:**     **10 minutes**

**Connect:**     Get permission using PPA™ and notice GEMS® states

**Seek:**        Ask about their experience, have the learner restate their first focus and ask about the experience.

**Reflect:**     Use reflective language by restating what you heard to check that what you heard is correct.

**Explore:**     Ask:

- “What did you notice when you were paying attention to space?”
- “Why do you think that happened?” *Get information on body position, how the resident responded, etc.*
- “What are two things that went well?”

**Drill:**        “What is one thing you would like to try to modify? How can you do that?” *Practice the drill.*

**Huddle 3:** 5-10 minutes

**Connect:** Use PPA™ to make sure you are really connected with your learners for this last Huddle.

**Seek:** Have learner restate their drill and focus  
Ask about their experience, how did it go?

**Reflect:** Use reflective language to check that you heard them correctly:

- “So what I hear you say is...”

**Explore:** Ask:

- “What are two things that went well? Did it feel or seem different? What did you learn about how they were or were not sensitive to the use of space?”  
*Review 3 Zones of Human Awareness learning objective to find out what they learned.*
- “What is one thing you will continue to work on?” *New focus or same focus?*

**Drill:** Ask each learner to identify a ‘drill for skill’ and increased accuracy using concrete goals:

- “How/When/Where are you going to keep practicing this use of space?”
- Thank them for working with you today!

## Workshop B3: Hand-under-Hand® Technique: Substitution, Not Subtraction Concept

**Lesson B3 Objectives: Substitution, Not Subtraction Concept with Hand-under-Hand® Technique**

1. Discuss purpose and value of using HuH® technique with people living with dementia
2. Demonstrate HuH® technique in greeting, comforting, attention, mobility

### Trainer Workshop B3: HuH® Technique: Substitution, Not Subtraction Concept



*Continue Chapter 5 titled “Positive Physical Approach™” (40 min), fast forward to 14:53*  
*Start video at 14:53 at “So what she wants to do is the art of substitution...” Covering wrong object to complete task, use social connection, then substitute better task object.*  
*Stop video at 16:31 after “Duh.”*



Ask the group:

- “What are common mistakes?”
- “What reactions might the person with dementia have, if these mistakes are made?”
- “What were the correct steps?”
- “What responses is the person approaching having to use?”



Ask the group to turn to their partner and figure out:

- “How does this related to situations you have experienced?”
- “What was similar? Different?”
- “Why is this really important with males?”
- “Why is this important for people in later stages of dementia?”

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Ask the group:

- “So what is the pattern?”



Ask the group:

- “Let’s try it with our partners.”



*Fast forward just a bit to 16:51, to allow the learners to stay focused on the use of HuH®*

*Start video at 16:51 at “But because a person has dementia...” (awareness for where hand is once in personal/intimate space)*

*Stop video at 17:40 after “I want to have both of them.”*



Ask the group:

- “So what happens when we keep our hands out of their personal/intimate space? What happens to their stress level?” *Answers: we reduce stress/distress, reduce risk of surprises, helps keep both parties safe and in control.*

*Option: Continue to next section (17:40) to promote mobility use of HuH®, rather than ending workshop here.*

## Using Hand-under-Hand® Technique to Promote Mobility



*Continue Chapter 5 titled “Positive Physical Approach™” (40 min) at 17:40*

*Start video at 17:40 at “Cause I want to know where her hands are.” (arm is a rudder that guides the ship, directs movement, Hand-under-Hand® and supportive stance helps keep the helper on the side of visual field awareness)*

*Stop video at 18:26 after “What you don’t like, is when I do this.”*

*Fast forward to 20:03 to where Teepa covers an AELC that you will do with your learners.*

*However, medical professionals may appreciate the tangent covering physiology.*

*Start video at 20:03 “So what we want you to do...” (support with other arm under the elbow at joint for proprioceptive input versus pressure on the muscle belly)*

*Stop video at 22:04 after “Give it a try, and see what happens to you.”*



Ask the group:

- “Which technique did you prefer? Why?”
- “What felt different? Could you feel the ‘rudder’ effect?”



Ask the group to turn to their partner and figure out:

- “Why do you think people living with dementia pull away, or fight when you hold onto their upper arm?”
- “Why don’t you feel that same way about Hand-under-Hand® rotational guidance?”



Ask the group:

- “How would you guide someone around an obstacle or away from a situation or person using this technique?”
- “How could you combine the visual cue of pointing (from the person outward) with the hand you are not using for Hand-under-Hand® guidance with gentle rotation to the left or right to get the person to move in a specific direction or toward a destination or activity?”



Ask the group:

- “Try out your idea; see how it works for you and for your partner.”

*Note: If you notice learners are waving their hand around by their face or moving forward too quickly or not waiting for ‘permission’ to enter personal space, you might want to have the Approacher switch places with the PLwD and put on their binoculars. See that they Share how it looks, after experiencing the waving. Some extroverts may not be bothered by a fast approach with lots of motion. Have an introvert express how it makes them feel.*

*Note of Caution: New learners using HuH® may struggle with tying the technique in more challenging care situations, such as helping someone eat. We encourage Trainers to support their learners trying out HuH® by just walking with the PLwD using HuH®, first. In Workshop B3, you will dig down to these more exciting HuH® assists with other ADLs.*

## Coach Huddle B3: HuH® Technique: Substitution, Not Subtraction Concept

### **Huddle 1:** 10 minutes

**Connect:** Use PPA™ with each person:

- Gain permission to do 3 huddles throughout day and plan times
- Notice with them: GEMS® state of each person

**Seek:** Review the learning objective and have them identify their first focus:

- “So, what did you figure out about using your PPA™ to substitute not subtract, and get into Hand-under-Hand®?”
- “When you tried this with guiding and walking, what happened?”

**Reflect:** Reflect back what you heard to check in that it is correct:

- “So it sounds like...”
- “Is that accurate for you?”

**Explore:** Have them identify their first focus:

- “Now that you have this 1st focus, what are some things you’ll be looking for with HuH®?”
- “What was one thing about substitution not subtraction using HuH® that you would like to try today?”
- “Who is the PLwD you’re going to try with this first focus today of HuH®?”

**Drill:** Ask each member of the group to identify their drill and get concrete goals:

- “How will you notice this today with your residents?”
- “How often will you try this?”

*Have the individuals practice the drill they created at least one time.*

### **Huddle 2:** 10 minutes

**Connect:** Get permission using PPA™ and notice GEMS® states.

**Seek:** Ask about their experience:

- “What happened when you tried your first focus with HuH® today?”

**Reflect:** Use reflective language, restating what you heard, to check that what you heard is correct.

**Explore:** Ask:

- “What are two things that went well?”

Based on what they said happened, ask:

- “Why do you think that happened?” *Using their first focus, have them show you position, how the PLwD responded, what they saw, heard, felt (Visual, Verbal, Touch cues), etc.*
- “What is one thing that you would want to try differently?”

**Drill:** “How can you do that?” *Practice the drill.*



**Huddle 3:** 5-10 minutes

**Connect:** Use PPA™ to really connect with your learners for this last Huddle.

**Seek:** Ask about their experience:

- “How was it different from other situations using the old way we used to get something from a PLwD?”
- “What did you learn?”

**Reflect:** Use reflective language to check that you heard them correctly:

- “So what I hear you say is...”

**Explore:** Review HuH® substitution, not subtraction, learning objective to find out what they learned:

- “What are two things that went well?”
- “What is one thing you will continue to work on?” *New focus or same focus?*

**Drill:** Ask each learner to identify goals a ‘drill for skill’ and increased accuracy. Get concrete goals:

- “How/When/Where are you going to keep practicing HuH®?”
- Thank the learner for working with you today!

## Workshop B4: Hand-under-Hand® Technique: Simplification and Unwanted Touch

**Lesson B4 Objectives: Challenging behaviors using HuH® to promote mobility and assistance with ADLs**

1. Discuss purpose and value of using HuH® technique with people living with dementia
2. Demonstrate HuH® technique in greeting, comforting, attention, and mobility

### Trainer Workshop B4: Hand-under-Hand® Technique: Simplification and Unwanted Touch



*Continue Chapter 5 titled “Positive Physical Approach™” (40 min)*

**Start video at 22:03 at the group work. This segment focuses on simplifying the hand motion and explains the reason why we do it. - How we can use Hand-under-Hand® to avoid unwanted touching and provide stability to prevent loss of balance.**

**Stop video at 26:00 after “Thank you very much, you did well.”**

Ask learners to practice the technique with their partners.



Ask the group:

- “What do you think?”
- “Can you tell/feel a difference?”



Ask the group to turn to their partner and figure out:

- “What are characteristics of clients/residents/people you might want to use this technique with?”
- “Do you feel safer and more in control when you use this technique?”



Ask the group:

- “Can you identify some care situations when this technique might be helpful?”
- “Can you identify some ‘close’ quarters (settings) where this technique might make a difference?”

*Answers: toileting, dressing, bathing, getting in/out of cars, going up/down ramps or stairs, moving in bathrooms, bedrooms, common areas that are crowded, etc.*



Ask the group:

- “Identify at least one situation or person you will try this Hand-under-Hand® guiding technique with after you leave training.”

## OPTIONAL SECTION: Left-Right Dominance Activity



**Start video at 26:00 at “When you come in...”**

*Ask learners to do the activity as we do it on the DVD.*

**Stop video at 32:30 after “...not by the end of the day, you’re not.”**



Ask the group:

- “How is dominance important in knowing which side to approach on?” *Confirm that learners understood the concepts of dominance and its importance in knowing which side to approach and engage with, especially for fine motor and mobility tasks*



Ask the group to silently think:

- “So, how do you currently identify and use the person’s preferred or dominant eye/ear/chewing surface/hand/ and foot?”
- “What are you thinking about the importance of knowing and using motor memories and dominance in the interaction and work you do?”



Ask the group:

- “What does this mean about developing your own ability to use BOTH sides of your body as a care provider?”

*Note: Switching task performance side to side has been shown to ‘build’ new pathways and improve skills in the brain (in other words, it’s good for you!)*

- “How can you use your movement cues to trigger movement in later stages of dementia?”



**Start video at 32:30 “So, we come in...”**

*(notice the weight shift: moving the person’s weight from balanced to the non-dominant leg, so that stepping with the dominant foot is easier and smoother)*

**Stop video at 36:11 after “Nobody trained you on this.”**

- “Practice this with your partner: approach, connect, shift, walk.”



Ask the group:

- “How did it feel?”
- “What was hard? Easy?”
- “What was different when you were on the dominant versus non-dominant sides?”



Ask the group to think:

- “Why is ‘unweighting’ the dominant foot/leg so important?”
- “What happens, if you don’t unweight it?”
- “Can you imagine how it feels to have someone pull or tug on you when you don’t feel stable?”



Ask the group:

- “How often do you think we might cause people living with dementia to think or believe we are trying to ‘knock’ them down or make them fall when we are simply trying to help them move?”
- “What do you think you might do if someone seemed to be trying to pull you or make you fall?”
- “How did Hand-under-Hand® change your ability to feel what the person was feeling?”



Ask the group:

- “Can you identify anyone with whom you might try this technique?”
- “How much more practice might you need before you feel comfortable trying this out with someone who has more involved movement problems?”
- “Who can you practice with, once you leave here?”

## Coach Huddle B4: Hand-under-Hand® Technique: Simplification and Unwanted Touch

### **Huddle 1:** 10 minutes

**Connect:** Use PPA™ with each person:

- Gain permission to do 3 Huddles throughout day and plan times
- Notice with them: GEMS® state of each person

**Seek:** Review the learning objective and have them identify their first focus:

- “The workshop was about how avoiding unwanted touch, balance, and right/left sided, so tell me a little about what you saw?”

**Reflect:** Reflect back what you heard to check in that it is correct:

- “So it sounds like...”
- “Is that accurate for you?”

**Explore:** Have them identify their first focus:

- “What was one thing about avoiding unwanted touch, balance, and right/left sided that you would like to try to with HuH® today?”
- “Who is one PLwD you’re going to try HuH® with?”
- “Now that you have this first focus, what are some things you’ll be looking for with HuH®?”

**Drill:** Ask each member of the group to identify their drill and get concrete goals:

- “How will you notice this today with your residents?”
- “How often will you try this?”

*Have the individuals practice the drill they created at least one time.*

**Huddle 2: 10 minutes**

**Connect:** Get permission using PPA™ and notice GEMS® states

**Seek:** Ask about their experience:

- “What happened when you tried your first focus with HuH® today?”
- “What are two things that went well?”

**Reflect:** Use reflective language, restating what you heard, to check that what you heard is correct.

**Explore:** Based on what they experienced, ask:

- “Why do you think that happened?” *Find out unwanted touch, how the resident responded, what they saw, heard, felt, etc.*

*Note: you may need to have them show you!*

- “What is one thing you would like to try to modify?”

**Drill:** “How can you do that?” *Practice the drill.*

**Huddle 3: 5-10 minutes**

**Connect:** Use PPA™ to really connect with your learners for this last huddle.

**Seek:** Ask about their experience and review the learning objective to find out what they learned.

**Reflect:** Use reflective language to check that you heard them correctly:

- “So what I hear you say is...”

**Explore:** Ask:

- “What are two things that went well?”
- “If you have been using HuH®, what’s happening with your skill?”
- “What did you notice with dominant side for your residents?”
- “What is one thing you will continue to work on?” *New focus or same focus.*

**Drill:** Ask each learner to identify goals a ‘drill for skill’ and increased accuracy. Get concrete goals:

- “How/When/Where are you going to keep practicing HuH®?”

## **Workshop B5: Hand-under-Hand® Technique: Mobility and Substitution**

**Lesson B5 Objectives: Challenging behaviors using HuH® to promote mobility and assistance with ADLs**

- 1. Discuss purpose and value of using HuH® technique with people living with dementia**
- 2. Demonstrate HuH® technique attention, mobility, and participation in tasks & activities**

**Trainer Workshop B5: Hand-under-Hand® Technique: Mobility and Substitution, Practicing Other Mobility Activities with Hand-under-Hand® Support**



Start video at 36:11 at “Now he’s doing an excellent job of backing up.” (*backing-up challenges, notice hand and foot similarities for sensory processing and skill loss, pressure seeking, and increased weight to front of foot; sitting down with control and with help.*)

Have partners work with the DVD to practice the techniques and activities covered  
**Stop video at 41:50 after “So try that with your partner.”**



Ask the group:

- “What did you see about helping someone move that you did not know before?”
- “What role does HuH® play in safe and effective movements like sitting down?”
- “What reactions did you have when your partner was pulling you?”
- “What happened when the person kept your weight over your base of support?”



Ask the group to think:

- “What difference does it seem to make when we use Hand-under-Hand® for us?”
- “What about for the person living with dementia?”
- “What do you think would happen if the person were blind? What if they have had several falls before?”



Ask the group:

- “What are other situations where you can practice helping someone sit down? *Answers: ‘getting into a car, sitting on a tub bench or shower chair, sitting down on the edge of the bed,’ etc.*”



Ask the group:

- “Can you identify anyone you can practice with or for whom this technique might be helpful in your care situations?”
- “What would height differences between the care partner and person living with dementia mean?”

## Chapter 6: Using Hand-under-Hand® for Substitution and Changing Tasks or Activities



Start video at 00:00 (*review of HuH® to get attention, to reduce risk of unwanted touching AND to change task or object*)

**Stop video at 2:07 after “But give her something else to do.”**

*Fast forward to 6:00.*

Start video at 6:00 at “So when I’m doing this...”

**Stop video at 7:10 after “Go ahead, you ready?” to review HuH® to get attention**

*Notice the difference: “try this, it’s smaller” verses “That’s a hairbrush, not a toothbrush.”*

Ask the group to try that at their seats by turning to their partner and greeting them the way Teepa did: “John! Hey!” and use PPA™. Pause, notice “Brushing your teeth?” and then, “Oh, try this, it’s softer” or “Oh, hey, try this, it’s smaller.” See what happens.



Ask the group:

- “What happened?”
- “PLwD, how did that feel?”
- “Did you feel like you were doing something wrong?”



Ask the group to think:

- “How is this different than what we have typically done?”



Ask the group:

- “In what situations could you use this new language?”



**Start video at 7:10 at “Let’s try it.”**

**Stop video at 9:38 after “That’ll teach ‘em.”**

**Have learners stand up, get with a partner, choose a situation, and practice Approach, Connect, Re-Direct. Examples might be:**

- *A person is eating from another person’s plate, or food items that are not safe*
- *A person is trying to pick up a carpet pattern from the floor*
- *A person is trying to go out a door or to go into another person’s room*
- *A person is trying to use a razor to brush his hair*
- *A person is trying to get out of a chair and is not able to stand safely*

**You may need to repeat the DVD segment while they do it and you monitor for practice.**



Ask the group:

- “Approachers: How did the PLwD ‘respond’ to your friendly approach?”
- “PLwD: What did the Approacher do to get you to change your task?”



Ask the group to think:

- “How is this different than what we have typically done?”
- “What are common reactions from people living with dementia?”
- “What are common mistakes people make? Why?”



Ask the group:

- “Describe some situations when you will want to Approach, Connect, Re-Direct.”



Have learners try out their skills with two scenarios and offer support and feedback

## **Coach Huddle B5: Hand-under-Hand® Technique: Mobility and Substitution**

### **Huddle 1: 10 minutes**

**Connect:** Use PPA™ with each person:

- Gain permission to do 3 huddles throughout day and plan times
- Notice with them: GEMS® state of each person

**Seek:** Review the learning objective and have them identify their first focus:

- “What was one thing about avoiding unwanted touch, balance, and right/left sided that you would like to try to with HuH® today?”
- “Who is the PLwD that you’ll try with this first focus?”

**Reflect:** Reflect back what you heard to check in that it is correct:

- “So it sounds like...”
- “Is that accurate for you?”

**Explore:** “Now that you have this first focus, what are some things you’ll be looking for with HuH®?”

**Drill:** Ask each member of the group to identify their drill and get concrete goals:

- “How will you notice this today with your residents?”
- “How *often* will you try this?”

*Have the individuals practice the drill they created at least one time.*

**Huddle 2:** **10 minutes**

**Connect:** Get permission using PPA™ and notice GEMS® states

**Seek:** Ask about their experience:

- “What happened when you tried your 1<sup>st</sup> focus with HuH® today?” “Why do you think that happened?” *Find out dominant side, how the resident responded, what they saw, heard, felt*  
*Note: have them show you!*

**Reflect:** Use reflective language, restating what you heard, to check that what you heard is correct.

**Explore:** Ask:

- “What are two things that went well?”
- “What is one thing you would like to try to modify?”

**Drill:** How can you do that?” *Practice the drill.*

**Huddle 3:** **5-10 minutes**

**Connect:** Use PPA™ to really connect with your learners for this last Huddle.

**Seek:** Ask about their experience:

- “If you have been using HuH®, what have you noticed about walking your residents?”
- “What did you learn?”

**Reflect:** Use reflective language to check that you heard them correctly:

- “So what I hear you say is...”

**Explore:** Explore their experiences, and see if they can figure out why things happened as they did:

- “Why do you think that happened? What did the resident see/hear/feel...?”
- “What are two things that went well?”
- What would you try differently or would you like to continue with the same focus?”

**Drill:** Ask each learner to identify goals for ‘drill for skill’ and increased accuracy. Get concrete goals.

- “How/When/Where are you going to keep practicing HuH® with mobility or substitution?”



## Workshop B6: Hand-under-Hand® Technique: Tool and Utensil Use; Review

Lesson B6 Objectives: Changing habits as a result of understanding vision changes and space awareness

1. HuH eating and the corresponding vision changes
2. Demonstrate HuH® technique in tool/utensil use, and participation in tasks and activities

### Trainer Workshop B6: Hand-under-Hand®: Tool or Utensil Use; Review



**Start video at 9:38 at “OK, Here we go; last Hand-under-Hand® skill.” (loss of eating skill, monocular vision being done to with spoon coming in)**

**Stop video at 11:42 after “...when you’re going to make contact with it.”**

**Start video at 14:50 at “So with my friend here, Judd...”**

**Stop video at 15:47 after “And it startles you every time.”**

Do what was done on the DVD, getting it wrong, with spoon toward mouth or hand toward face (loss of depth perception leads to inability to judge and results in a ‘surprise’)



Ask the group:

- “How did it feel?”
- “What did you want to do?”
- “What did you not want to do?”



Ask the group to think:

- “Have you ever seen people living with dementia behave in similar ways?”
- “Why did you think they did it?”
- “How would it affect you if it was a toothbrush? If I was trying to get your dentures out/in?”
- “What might happen if I was trying to get you to take pills?”



Ask the group:

- “Loss of fine motor skills combined with loss of visual field and binocular vision is more challenging than it would seem.”
- “How has this exercise impacted your thinking and understanding of what is happening for people living with later stage dementia when we are trying to do to them?”
- “How does using Hand-under-Hand impact this? Do you think hand dominance might matter? Why?”



Tell the group:

- “Let’s try our skills in Hand-under-Hand tool use: we use our skill while allowing the person living with dementia feel the movements, use their strength, and feel our movements in their hand.”



**Start video at 16:15 at “Now let’s go here, HuH...” (how to guide and assist for helping to eat – dominance matters, other hand on shoulder or under elbow closes the circuit and feels more comfortable, for most people)**

**Stop video at 18:48 after “One final try.”**

- Have learners practice the skill with a partner monitor and ensure skill is being used correctly
- Have learners switch to non-dominant side
- Have learners try it without having hand on shoulder or under elbow and then with Hand-under-Hand



Ask the group:

- “Does dominance matter to you?”
- “What are signals and feedback that your partner gives you when you are using Hand-under-Hand assistance that you don’t have when you don’t engage their hand in the task?”
- “Can you feel when your partner seems to want you to go slower? Faster?”
- “Can your partner indicate likes and dislikes without words?”



Ask the group to think:

- “How did using Hand-under-Hand with a utensil ‘work’ for you?”
- “What made it hard? Do you need more practice in using your skill with real food and drink? How would it help you?”
- “Are you ready to try it with someone who has dementia yet? Why or why not?”



Ask the group:

- “Can you think of other tasks or activities for which you could use Hand-under-Hand assistance and guidance?” *Possible answers: shaving, mouth care, taking medications, putting puzzle pieces together, using a paintbrush, putting nuts on bolts, stringing beads, buttoning or unbuttoning*



Ask the group:

- “Pick one other task and try out your Hand-under-Hand support skills and try it out with their partner.”
- Conclusions and Review

## Conclusions and Review



**Start video at 19:14 at “I want to point out...”**

**Stop video at 22:08 after “...and this one will fade away on you.”**

- Try the hand switch activity



Ask the group:

- “What are two skills you will try to practice at least 5 minutes a day for every day until they become ‘automatic’? Choose one related to approach and one related to Hand-under-Hand® skill.”
- “Who can you practice with who might be able to give you feedback and provide support?”
- “When during each day will you focus on these skills?”
- “What are some specific situations in which you could practice the approach?”
- “What are some specific situations in which you could practice Hand-under-Hand?”
- “What are indicators you are getting more skilled and are able to focus on the person you are helping rather than your own skill development?”



Ask the group to think:

- “What are at least three ways in which what we covered and what you learned today might affect or impact how you offer care and support for those for whom you care?”
- “How has today’s program changed your thinking about the behavior and reasons why people living with dementia might be doing what they are doing when you try to help them?”



Ask the group:

- “If you can’t remember steps of the PPA™ or how to do Hand-under-Hand® technique, what could you do to help yourself?”

**Possible Suggestions:**

- Go to [www.teepasnow.com](http://www.teepasnow.com) and watch YouTube clips on the techniques
- Go to [www.teepasnow.com](http://www.teepasnow.com) and view the video clips on the first page under the picture
- Use one of our training DVDs to prompt and remind yourself
- Work with a friend or partner to practice and review
- Contact your Trainer for more information



Ask the group:

- “What will you do if the techniques don’t seem to work for you in your situation?”
- Possible suggestions: see above!

**Note:** Remember to ask participants to complete a workshop evaluation. A master copy can be found in the PAC Trainer Manual. Thanks to you and all your learners for the hard work and effort!

## Coach Huddle B6: Hand-under-Hand®: Tool or Utensil Use; Review

### **Huddle 1:** 10 minutes

**Connect:** Use PPA™ with each person:

- Gain permission to do 3 Huddles throughout day and plan times
- Notice with them: GEMS® state of each person

**Seek:** Review the learning objective and have them identify their first focus:

- “What is one thing about using tools to do *with* a PLwD that you would like to be aware of for this first practice today?”
- “Who is one PLwD you’re going to try your first focus with today?”

**Reflect:** Reflect back what you heard to check in that it is correct:

- “So it sounds like...”
- “Is that accurate for you?”

**Explore:** “Now that you have this first focus, what are some things you’ll be looking for with HuH?”

**Drill:** Ask each member of the group to identify their drill and get concrete goals:

- “How will you notice this today with your residents?”
- “How often will you try this?”

**Have the individuals practice the drill they created at least one time.**

### **Huddle 2:** 10 minutes

**Connect:** Get permission using PPA™ and notice GEMS® states.

- Seek:** Ask about their experience:
- “What happened when you tried your first focus with HuH today?”
  - “What are two things that went well?”
- Reflect:** Use reflective language by restating what you heard to check that what you heard is correct.
- Explore:** Ask:
- “Why do you think that happened?” *Get information on body position, how the resident responded, etc.*
- Drill:** Ask:
- “What is one thing you would like to try to modify?”
  - “How can you do that?” *Practice the drill.*

**Huddle 3:** **5-10 minutes**

**Connect:** Use PPA™ to really connect with your learners for this last Huddle.

- Seek:** Ask about their experience:
- “What are two things that went well?”
  - “With HuH, what have you noticed about doing to versus doing with your residents?”
  - “What did you learn?”
- Reflect:** Use reflective language to check that you heard them correctly:
- “So what I hear you say is...”
- Explore:** Explore their experiences, and see if they can figure out why things happened as they did:
- “Why do you think that happened?”
  - “What did the resident see/hear/feel...?”
- Drill:** Ask each learner to identify a goal for ‘drill for skill’ and increased accuracy. Get concrete goals.
- “How/When/Where are you going to keep practicing HuH with tools?”
  - Thank the learners for working with you today!