Positive Approach to Care
Certified Independent Trainer

PAC Skills – Day of Skill Building
Brief Agenda

While all of the skills below will be covered on this first day, the timing of each component will depend on the group dynamics and skill-sets. Please connect with your PAC Mentor if you need more information in one of these categories.

PAC Principles

Relationships First

Dementia Review

Three Zones of Human Awareness

Taking in Data and Processing

Dynamic Assessments and Shared Relationships

Amygdala and Unmet Needs

Positive Physical Approach™ (PPA™)

Hand under Hand® (HuH®)

GEMS® States Awareness and Adaptations

This day is a chance to practice your PAC Skills in many different situations with many different people. While this should not be new information, this day covers new ways to use your skills and make changes that will help with struggles that you may experience while training others.

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Positive Approach to Care Philosophy:

This philosophy is the foundation for the workshops you will provide as a PAC™ Certified Independent Trainer:

PAC Mission:

Use our talents and abilities to develop awareness, spread knowledge, and teach skills to transform what exists into a more positive dementia care culture

PAC Vision Statement:

Positive Approach® enhances the life and relationships of those living with brain change by fostering an inclusive, universal community.

We look forward to partnering with you on behalf of those living with dementia. In the meantime, if you have further questions regarding training logistics, please contact your PAC Mentor.

Thank you so much for your desire to learn and your commitment to making a positive difference!

Teepa and Team

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Positive Approach to Care Principles: Beliefs

- **The relationship is most critical, not the outcome of one encounter**
- **We are a key to make life worth living**
- **People living with dementia are doing the best they can**
- **We must be willing to change ourselves**

What do you believe about relationships and language?

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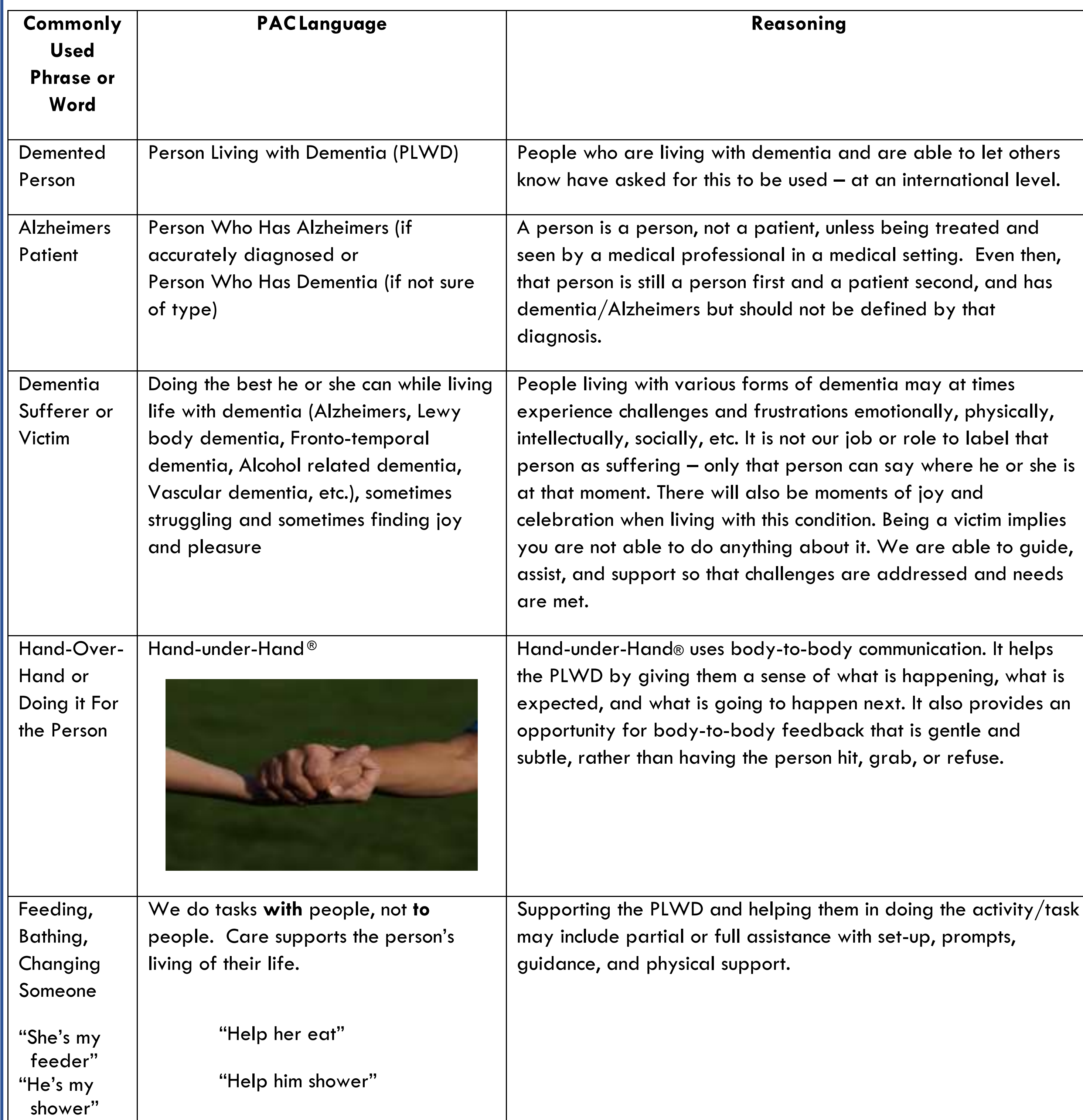
Positive Language

Positive Approach to Care Language

Key Phrases and Ways of Talking About Dementia and Care

Commonly Used Phrase or Word	PAC Language	Reasoning
Demented Person	Person Living with Dementia (PLWD)	People who are living with dementia and are able to let others know have asked for this to be used – at an international level.
Alzheimers Patient	Person Who Has Alzheimers (if accurately diagnosed or Person Who Has Dementia (if not sure of type)	A person is a person, not a patient, unless being treated and seen by a medical professional in a medical setting. Even then, that person is still a person first and a patient second, and has dementia/Alzheimers but should not be defined by that diagnosis.
Dementia Sufferer or Victim	Doing the best he or she can while living life with dementia (Alzheimers, Lewy body dementia, Fronto-temporal dementia, Alcohol related dementia, Vascular dementia, etc.), sometimes struggling and sometimes finding joy and pleasure	People living with various forms of dementia may at times experience challenges and frustrations emotionally, physically, intellectually, socially, etc. It is not our job or role to label that person as suffering – only that person can say where he or she is at that moment. There will also be moments of joy and celebration when living with this condition. Being a victim implies you are not able to do anything about it. We are able to guide, assist, and support so that challenges are addressed and needs are met.
Hand-Over-Hand or Doing it For the Person	Hand-under-Hand® 	Hand-under-Hand® uses body-to-body communication. It helps the PLWD by giving them a sense of what is happening, what is expected, and what is going to happen next. It also provides an opportunity for body-to-body feedback that is gentle and subtle, rather than having the person hit, grab, or refuse.
Feeding, Bathing, Changing Someone “She’s my feeder” “He’s my shower”	We do tasks **with** people, not **to** people. Care supports the person’s living of their life. “Help her eat” “Help him shower”	Supporting the PLWD and helping them in doing the activity/task may include partial or full assistance with set-up, prompts, guidance, and physical support.

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Caregiver or Carer or Caretaker	Care Partner	Care partners are here to support and help the person, not to give them something they may not want or need. When we work in partnership, there is a mutual benefit to be achieved. Everything we do with a PLWD should include permission, shared tasks, and appreciation for their help. The role of the care partner will continuously change as the condition changes, but it must always be a partnership.
Burden	Choose to Support	If at any time the care partner begins to feel or sense that caring is becoming a burden, then a pause and time out is essential to maintain positive relationships and sound physical/mental health.
Behaviors	Expressive Communication	As people move through different GEMS® states, with changing communication abilities and heightened amygdala responses, at times they express their unmet needs in the only way they can. It is our healthy brains that need to step back, become a detective and try to figure out what need is being unmet that is underlying this communication.
Walkie Talkies	People who still have verbal and physical abilities.	Defining people this way removes their humanness. We like to focus on preserved abilities in a positive way.
Aggressive	Has a fight response when the amygdala is triggered	People are doing the best they can with what they have left. Aggression is a form of expressive communication: something isn't working.

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Dementia

Alzheimers Disease:
- Young onset
- Late life onset

Fronto-Temporal Lobe Dementias

Lewy Body Disease:
- Parkinsons related
- Diffuse Lewy Body

Vascular Dementias:
- Multi-infarct
- Single-infarct
- Subcortical
- CADASIL

Other Dementias:
- Posterior Cortical Atrophy (PCA)
- Pick's disease (PiD)
- Normal pressure hydrocephalus (NPH)
- Chronic traumatic encephalopathy (CTE) – associated dementia
- Genetic syndromes
  - Huntington's Disease (HD)
  - Down Syndrome-associated dementia (HD)
- Infectious diseases (e.g., Creutzfeldt-Jakob disease; CJD)
- Metabolic diseases
  - Neuronal Ceroid Lipofuscinosis (NCL; Battens disease)
- Toxicity: induced by long-term exposure
  - Wernicke-Korsakoff Syndrome (WKS; Alcohol-induced dementia)
  - Methamphetamine induced

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FOUR TRUTHS ABOUT ALL DEMENTIAS:

1. At least two parts of your brain are dying
2. Nothing stops or cures it
3. It keeps progressing and changing
4. It is terminal

Alzheimers

- New details lost first
- Recent memory worse
- Some language problems, mis-speaks
- More impulsive or indecisive
- Gets lost – time/place
- Several forms and patterns
- Young onset can vary from late life onset
- Downs is high risk
- Notice changes over time
- Related to beta-amyloid plaques and tau pathologies

Lewy Body

- Movement problems – Falls
- Visual disturbances
- Delusional thinking
- Fine motor problems – hands & swallowing
- Episodes of rigidity and syncope
- Insomnia – sleep disturbances
- Nightmares that seem real
- Fluctuations in abilities
- Drug responses can be extreme & strange
- Related to synuclein protein malformations

Vascular

- Sudden changes in ability – some recovery
- Picture varies by person
- Can have bounce back & 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

Frontal-Temporal

- Many types
- Frontal – impulse and behavior control changes
  - Says unexpected, rude, mean, odd things
  - Apathy – not caring
  - Problems with initiation or sequencing
  - Dis-inhibited – sex, food, drink, emotions, actions
- Temporal – language change
  - Difficulty with speaking – missing/changing words
  - Rhythm OK, content missing
  - Not getting messages
- Related to tau pathologies

Positive Approach to Care®
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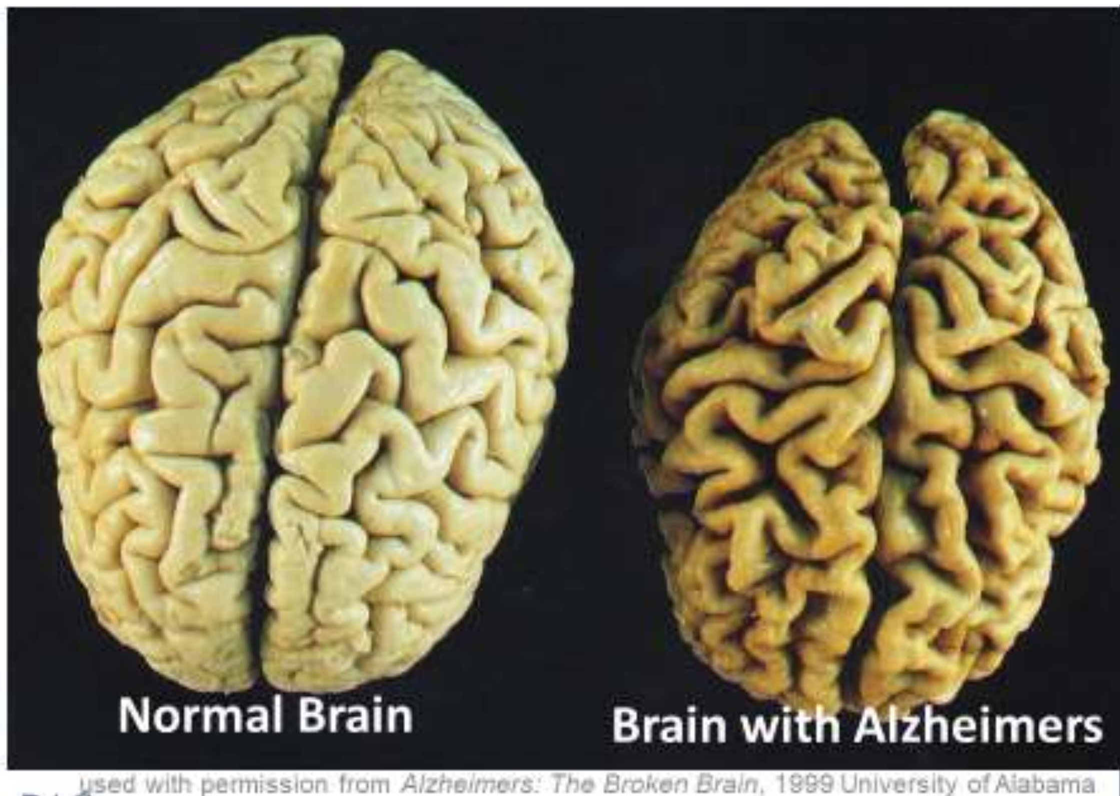

Dementia ≠ Alzheimers ≠ Memory Problems

Four Truths About All Dementias:

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3.

4.

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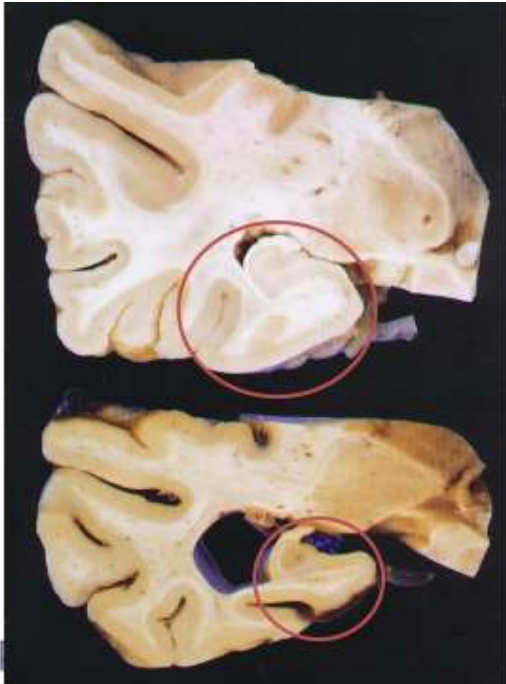
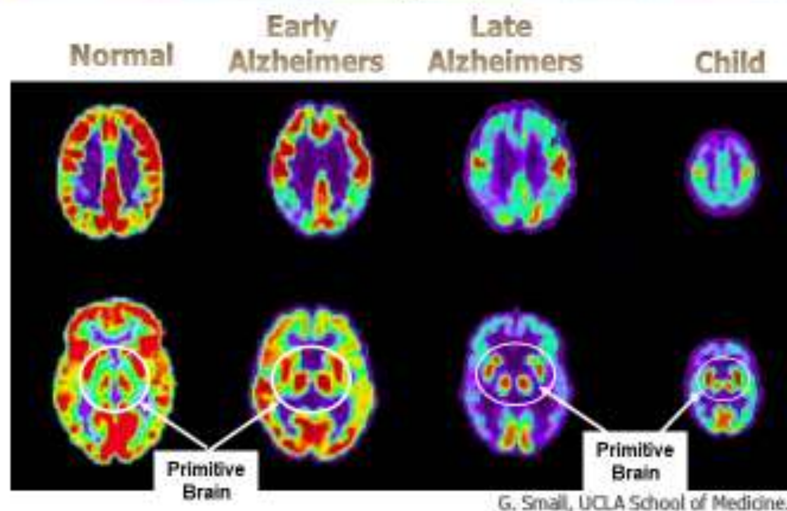


Hippocampus = BIG CHANGE

- **Way Finding**
- **Learning and Memory**
- **Time Awareness**

Cognitive Ability Test:



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Amygdalae:

The primitive brain is in charge of:

- **Survival**
  -Autonomic protective: fright, flight, fight, or hide and seek
  -Pleasure-seeking: meeting survival needs and finding joy
- **Thriving: Running the Engine**
  -Maintain vital systems (BP, BS, O Sat, Temp, Pain)
  -Breathe, suck, swallow, digest, void, defecate
  -Circadian rhythm
  -Infection control
- **Learning New and Remembering:**
  -Information
  -Places: spatial orientation
  -Passage of time: temporal orientation

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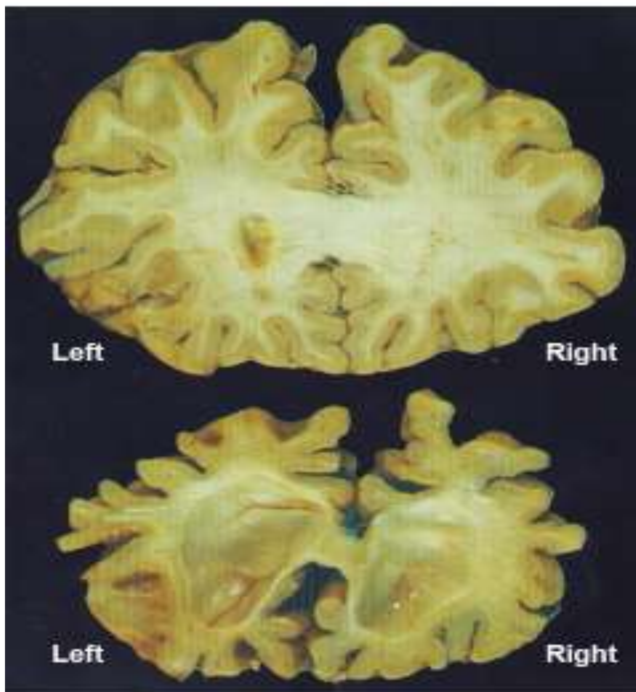
What are some cues that your amygdalae are turned on?

What cues should you look for in others?



Executive Control Center

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

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Scale of Amygdalae States: Distress

Low- Amygdala Active Alert	Medium – Amygdala Stressed, At Risk	High – Amygdala in Control, Endangered
Irritated Bothered	Angry Frustrated	Furious Enraged
Dissatisfied Blue	Sad Unhappy	Devastated Hopeless
Missing "It" Not Getting "It" Missing Freedom/Control	Lonely Disconnected Confined/Restricted	Abandoned Isolated Imprisoned
Nervous Anxious	Scared Worried	Terrified Panicked
Disengaged Antsy	Bored Roaming	Useless Purposeless Frantic

Scale of Amygdalae States: Pleasure

Low- Amygdala Active Liking It	Medium – Amygdala Stressed, At Risk	High – Amygdala in Control, Endangered
Excited	Hyped Up	Hysterical
Happy	Boisterous	Slap-Happy or Delirious
Connected or In Control	Can't Seem to Get "It"	Controlling or Clingy
Energized	Revved Up	Racing Around
Full of Purpose	Committed	Demanding Others Get Purpose

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GEMS®

Based on Allen Cognitive Levels

A Cognitive Disability Theory – OT Based
Creates a common language and approach to providing:

- ✓ Environmental Support
- ✓ Caregiver Support and Cueing Strategies
- ✓ Expectations for Retained Ability and Lost Skill
- ✓ Promotes Graded Task Modification
- ✓ Encourages 'In the Moment' Assessment of Ability and Need
- ✓ Accounts for Chemistry as Well as Structural Change

Each GEM state requires a special setting and 'just right' care with visual, verbal, and touch communication cues, and each can shine!

The GEMS®

Sapphires:
True Blue – Healthy Brain
Diamonds:
Clear/Sharp – Routines and Rituals Rule – Change is Hard
Emeralds
Green/On the Go with Purpose – Naturally Flawed
Ambers
Caught in a Moment of Time – Caution Required
Rubies
Deep and Strong – Others Stop Seeing What is Possible
Pearls
Hidden in a Shell – Beautiful Moments to Behold

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Diamond Role Play

Diamond: "Are you the boss around here?"

Support: "You're looking for the boss around here?"

Diamond: "Yes, the boss!"

Support: "Hi, I'm (Support Name), the boss."

Diamond: "Well, I need to go home right now."

Support: "(Diamond Name), you need to go home right now **to do something** or **just to be there**?

What do you notice about the PLwD?

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What did the Care Partner do?

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Ruby Role Play

Ruby: Rubbing right leg (monocular visual regard)

Support: Brings chair in to right side at supportive stance, moves back out and re-approaches using PPA™. "Hi, (Ruby Name), it's (Support Name)."

Ruby: Keeps eyes focused on own hand, does not respond to name or the support until they get their hand into visual range."

Support: Sits down and slowly moves hand palm-up into visual range at the same height as the Ruby's hand, then wait. Possibly wiggle fingers to gain attention. Once the Ruby moves their hand towards yours, shift into Hand-under-Hand and pump. Be sure to be smiling.

Ruby: Slowly make their way up the Support's arm to their face with your eyes. Smile when you see their smile.

What do you notice about the PLwD?

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What did the Care Partner do?

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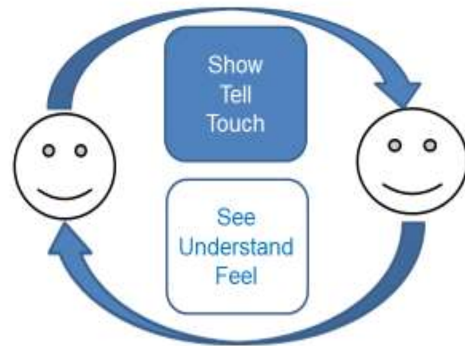
What do you notice?

1. Pace
2. Visual Cues
3. Verbal Cues
4. Physical Cues

It's a Two-Way Street!
Building a Shared Relationship



What do you want to try?

Diamond	Emerald
Amber	**Ruby**
Pearl	**Sapphire**

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How do we take in data?

1.____________________

2.____________________

3.____________________

4.____________________

5.____________________

How can we give information?

Visual Cues – Show

Verbal Cues – Tell

Tactile Cues - Touch

3 Zones of Human Awareness:

Public Space: more than 6 feet away

- Visual Awareness and Social Interactions

Personal Space: 6 feet to arm's length

- Friendly and Personal Conversations

Intimate Space: within arm's reach

- Intimate Touch or Connections

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Positive Physical Approach™ (PPA™)
Using the 3 Zones as a Guide:

- Get into visual range in **public space**, pausing at the edge of **personal space,** approximately 6 feet away
- Place your open hand next to your face, smile and greet by name
- Offer your hand in a handshake position
- If they extend their hand, approach slowly from the front with your hand extended, allowing you to enter **intimate space**
- Move from handshake to Hand-under-Hand® position
- Move from the front to their side, getting into a **supportive stance**
- Get at or below their eye level by kneeling or squatting, but don't lean in
- Use a Positive Personal Connection (PPC) and wait for their response
- Deliver a message using cues and a Positive Action Starter (PAS)

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Core PPA™ Ingredients and a Basic Recipe:

- **Observe visually**
- **Seek visual regard**
- **Offer verbal greeting**
- **If visual and verbal reactions are OK, progress**
  If not, then pause
- **Offer friendly social contact: hand shake and eye contact**
- **If offer is accepted, transition into supportive position, at a matched height**
  If not, then pause
- **Transition into Hand-under-Hand® positioning, if accepted, to sustain connection**
  If not, pause and release and step/move back
- **Offer a PPC, if accepted, transition to a PAS**
  If not, pause and try again

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Step 1: Stop moving at 6 feet out:	**Step 2: Greet and give 'hi' sign:**
• Pause at the edge of public space, 6 feet away • Let the person notice you in public space, give them time to do so • Acknowledge the person's **ownership** of personal space	• Bring flat, open palm up near face as visual cue • Say "Hi!" and use their preferred name, if known • Look friendly, smile, eye contact!
Step 3: Say name, offer hand: • Seek permission to enter **personal space** • **Show** person what you want to do • **Watch** for their reaction/response • If there's hesitation: -Stay in **public space** -Turn your body sideways to **supportive stance** -If not more receptive, hold back!	**Step 4: Move slowly:** • Move **slowly** towards the person while extending your hand in greeting • **Smile** and look friendly • 1 second = 1 step • Respect their **slowed** processing speed • Respect their decreased ability to do two things at one time
Step 5: Move into supportive stance: • Shift toward their dominant side (hand shake) • Turn your **trunk** sideways to the person • Stay at **arm's length,** keep face and chest back	**Step 6: Hand-under-Hand®:** • Go into Hand-under-Hand® from a handshake • Provides protection for them **and** you • Connects you with them while giving them a sense of **control**
Step 7: Move to side, get low: • Get to their level- sit, kneel , or squat • Respects their **intimate** space • Allows eye contact with their limited visual field • Gets their focus on your face, not chest/middle	**Step 8: Make connection:** • Make a friendly statement • Wait for response or acknowledgment • Make a connection before starting care
Step 9: Deliver a message: • Give visual cues first, then offer verbal information • Use touching **last** and **only** if the person is aware of your plan	**Remember – If you can't get low, bring a chair or stool, stay out of personal space, and/or try connecting visually and verbally**

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Positive Personal Connections (PPC):

1. **Greet or Meet:** Introduce yourself, use their preferred name. "Hi ____, I am ____" or "I am ____ and you are ____?"

2. **Say Something Nice:** Indicate something about them of value. "That is a beautiful shirt!"

3. **Be Friendly:** Share about yourself, then leave some silence. "My daughter's name is the same as yours! I've got three daughters."

4. **Notice Something:** Point out something in the environment. "Have you seen the new plants they put in the front room?"

5. **Be Curious:** Explore a possible unmet like, need or want. "Would you like to listen to some music?"

Positive Action Starters (PAS):

1. **Help:** Compliment their skill in this area, then ask for help. "You're so handy with puzzles, could you help me with this one?"

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. I've never really liked brushing my teeth either!"

3. **Choice:** Try using visual cues to offer two possibilities or one choice with something else as the other option. "Should we wear the red shirt or the blue shirt today?"

4. **Short and Simple:** Give only the first piece of information. "It's about time to get our shoes on."

5. **Step by Step:** Only give a small part of the task at first. "Lean forward."

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But… what if?

1. The person is standing up
2. You enter their room
3. The person approaches you/ starts the interaction
4. The person is blind
5. The person is at a table
6. The person is in a corner or facing a door
7. The person is asleep
8. The person doesn't offer their hand back
9. The person tells you to stay out

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How is PPA™ plus PPC plus PAS a *dynamic assessment* that leads to a shared relationship when done well?

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What are your strengths and goals for growth in your own PPA™ practice?

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Top Five Human Needs and Emotional Indicators of Distress

Five Expressions of Emotional Distress	Five Human Needs
Angry Irritated, angry, furious	**Intake** Hydration, nourishment, meds
Sad Dissatisfied, sad, hopeless	**Energy Flow** Tired or revved up, directed inward or outward
Lonely Solitary, lonely, abandoned, trapped	**Output** Urine, feces, sweat, saliva, tears
Scared Anxious, scared, terrified	**Comfort** 4 Fs and 4 Ss
Lacking Purpose Disengaged, bored, useless	**Pain-Free** Physical, emotional, spiritual

Role Play when the PLwD has an unmet need:

1. **What did you notice?**

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2. **Why do you think that happened?**

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3. **Can you think of a time where this has happened before?**

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4. **What is one change you can make?**

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Visual Changes:

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

1. Less Peripheral Awareness
2. Tunnel Vision
3. Binocular Vision
4. Object Use Confusion
5. Monocular Vision
6. Limited Visual Regard

GEMS® Level Vision Changes:

Sapphires: Loss of about 45 degrees of visual field

Diamonds: Tunnel vision

Emeralds: Binocular vision

Ambers: See parts, not whole; loss of object recognition

Rubies: Monocular vision

Pearls: Movement, familiar/unfamiliar

What does it feel like to have scuba, binocular, and monocular vision?

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How will you show others the importance of vision change with dementia?

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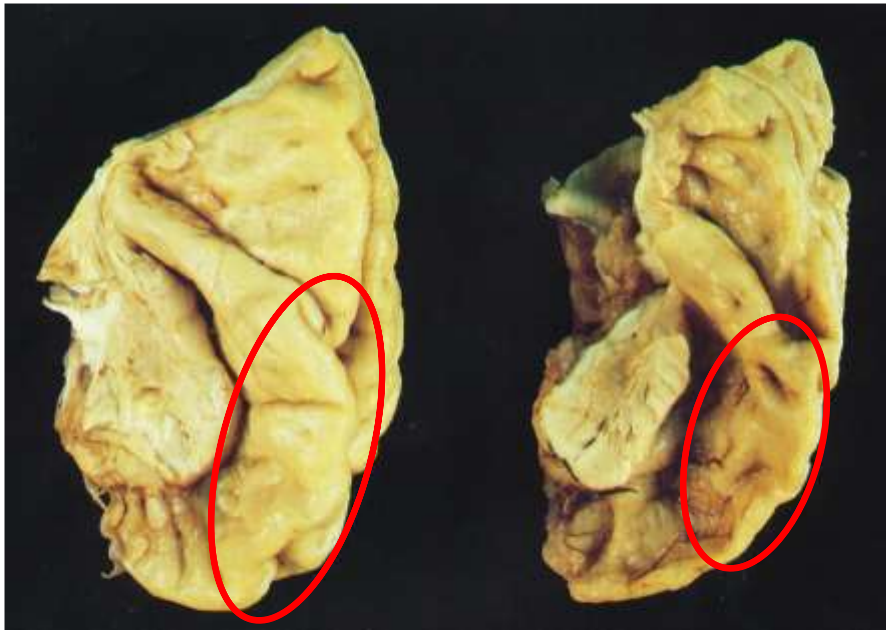
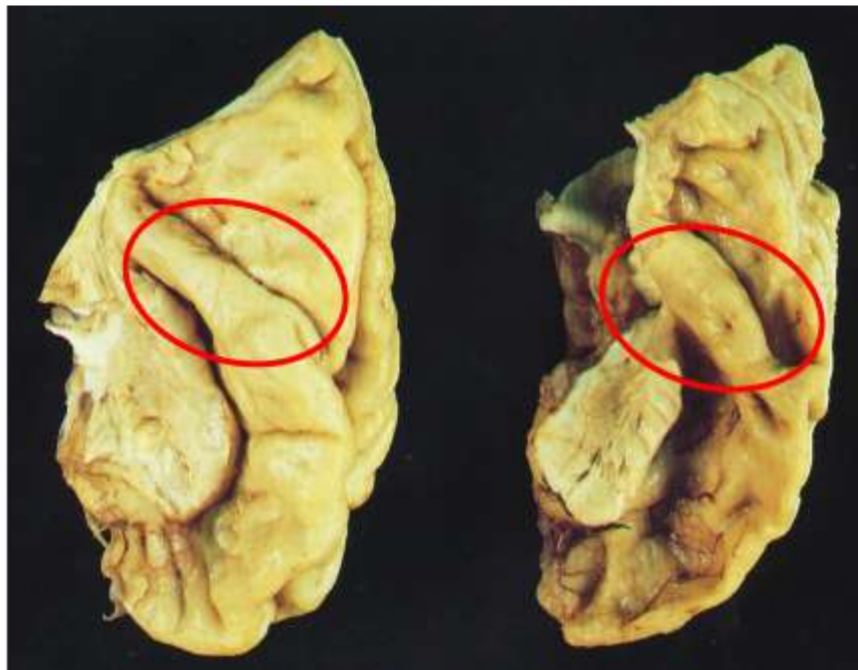


Understanding Language: Big Change



Hearing Sound: Not Changed

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What do you think is being communicated in the sentences below?

Don't you think unless someone like cares a whole awful, nothing is going to get it's not?

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Early in this, people will miss out of four. How long before you get do you think?

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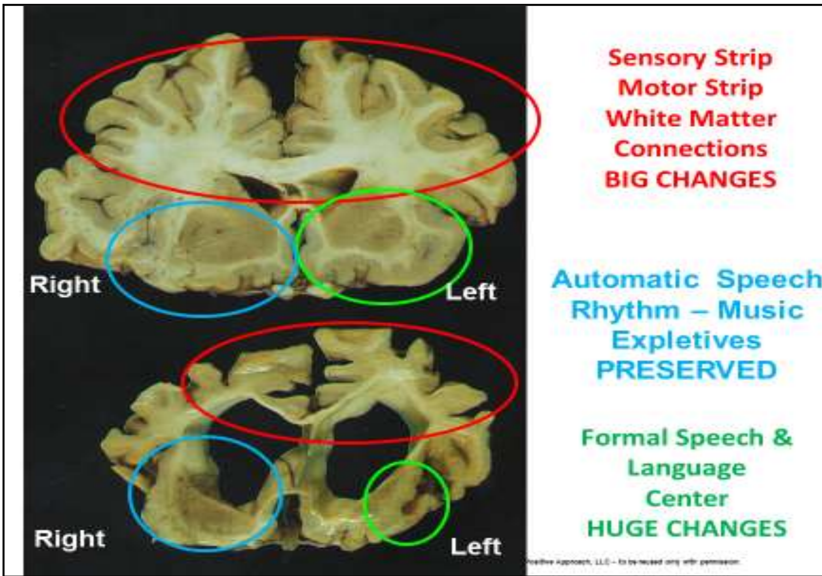

Touch Cues:

- -Place an item or tool in hand
- -Touch with a finger or hand
- -Hand guidance
- -Hand on shoulder or back
- -Hand-under Hand® contact
- -Hug

Why is the order of the cues so important?

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How will you get others to see this?

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Try with Hand-under-Hand®:

1. To comfort
2. To visually direct – look at
3. To get started – initiate
4. To help with detail – assist
5. To move or change direction

What uses do you see for Hand-under-Hand®?

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What are your strengths and goals for growth in your own HuH® practice?

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Sapphire

True Blue

Optimal cognition, flexible in capacity

Normal aging will slow but not yet change ability

More time to process when stressed

True to self: likes/dislikes are the same

Able to learn: takes more practice

Stress, fatigue, pain may cause Diamond moments

Time to recharge or heal can restore to Sapphire

Diamond

Clear and Sharp

Routines and rituals rule, likes the familiar

May resist change or won't let things go

Rigid under pressure, limited perspective

Becoming protective, may be territorial or isolate

Repeats self, hard to integrate new information

Can cover mistakes in social interaction

Symptoms may or may not be dementia-related

Emerald

Green/On the Go With a Purpose

Naturally Flawed

Desires independence, but noticeable ability change

Communication becoming vague

May neglect personal care routines

On the go: needs guidance and structure

Difficulty finding way to and from places

May be lost in time

Ruby

Deep and Strong

Others stop seeing what is possible

Retains rhythm, can hung, sing, pray, sway, dance

Understand expressions and tone of voice

Losing ability to understand language

Limited skill in mouth, eyes, fingers, and feet

Can mimic big movements: gross motor abilities

Loss of depth perception, has monocular vision

Falls prevalent, can only move forward

Care partners will have to articulate unmet needs

Amber

Caught in a Moment in Time

Caution required

Focused on sensation

Will react to how things look, sounds, feel, smell, taste

Lives in the moment, not socially aware

No safety awareness, typically very busy

Difficulty understanding and expressing needs

No ability to delay needs or wants

Needs help with tasks, may resist

Hard to connect with, may exhaust care partners

Pearl

Hidden Within in Shell

Person is still there

Moments of connection take time and will be short

Knows familiar, but unmet needs may cause distress

Unable to move by themselves, often in fetal position still and quiet

Primitive reflexes have taken over, difficulty swallowing

Brain failure shuts down body, diminishes need to eat or drink

Care partners need to give permission to let go

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Reflect on your PAC Skills Day:

How will you find 5 minutes a day to practice?

How does this relate to your work as a PAC Certified Independent Trainer?

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