Adult Experiential Learning Cycle

The Adult Experiential Learning Cycle (AELC):

- **Five Step Cycle:**
  - **Experience:** Start by doing something
  - **Share:** Pause and talk about what happened and how it felt
  - **Process:** Think out loud about why it happened – meaning, emotions, patterns
  - **Connect:** Generalize theory, info, or other data to this time
  - **Apply:** Give it a try with what was learned in this experience

Spiral through again and build on what happened the first time. We can’t have repeats, because we have always changed!

PAC Possible Objectives: Dementia Awareness, Knowledge, and Skill Check In:

- **PPA:** Distance terms, place terms, vision terms, reasons why for all steps
- **PPA:** Sleeping person/visually impaired/hearing impaired modifications of PPA
- **PPA:** Personality trait-specific, greet before you treat, cue on self with visual, verbal, then touch cues
- **PPA and HuH®:** Mobility assist, eating assist, table top task initiation assist, and comfort connection
- **PPA:** Refusal versus not noticing approach responses
- **PPA and HuH®:** Identifying GEMS® by behaviors and reactions to care partners

Multiple Intelligences:

- Specifics on how you like to take in information and make it yours
  - Visual, Auditory, Tactile, etc.
- Multiple Intelligences/Multi-modal: How are you smart?
- How to stay aware of these preferences with PAC Training
PAC AELC Cue Sheets

**Activity - Say:**
- Do this...
- Look at this...
- Listen to this...
- Feel this...
- Smell or taste this...
- Picture this...

**Apply - Say:**
- Given what we just figured out, what could we try now?
- How will we use what we figured out to DO better?
- Let’s try it another way...
- Did that make a difference?

**Share - Say:**
- What happened?
- To whom?
- What didn’t?
- What did you see, hear, feel, do, smell, or taste?
- How did it feel?
- Did you like it?

**Connect - Say:**
- What else do you or others know about things like this?
- Are there other possibilities?
- What are they?
- What can be changed?
- How does this relate?

**Think - Say:**
- Why did that happen?
- Why didn’t that happen?
- What does that mean?
- For whom?
- Who felt/liked what?
- Who did not?
**Practice Trainer Script #1: Surprising Normal Humans Who Have Impulse Control**

**Objective:** In this session we will explore our personal reactions to being surprised to see what happens.

<table>
<thead>
<tr>
<th>Experience:</th>
<th>Share:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ask the learners to pair up:</strong> one partner is to sit in a chair with their eyes closed, facing the front of the room, and the other person will stand three feet behind them.</td>
<td>Ask those sitting down:</td>
</tr>
<tr>
<td>- The person standing will be the approacher</td>
<td>- “What happened for you when the approacher touched you?”</td>
</tr>
<tr>
<td>- Gather the approachers and point to the number of the activity you want the approachers to do</td>
<td>- “Was what you did actually what you wanted to do? Or was it different?”</td>
</tr>
<tr>
<td>- Count to three out loud and have them start</td>
<td>- “What emotion did you feel? Any Fright – Flight – Fight – Hide – Seek?” Say a few of their words out loud for reinforcement</td>
</tr>
<tr>
<td>- As soon as the action is done, say:</td>
<td>Ask the approachers:</td>
</tr>
<tr>
<td>- “Please bring your chairs and make a circle, but no talking!”</td>
<td>- “What did you notice about the person or their reaction?” Say a few of their words out loud for reinforcement</td>
</tr>
<tr>
<td>- “Everyone take a deep breath and release it through pursed lips.”</td>
<td>- “What did you notice about yourself and your action or reaction?” Say a few of their words out loud for reinforcement</td>
</tr>
<tr>
<td>- “Think about what just happened.” (Pause 10 seconds)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Process:</th>
<th>Connect:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ask the group:</strong></td>
<td>Say to the group:</td>
</tr>
<tr>
<td>- “Why do you think people reacted these various ways?”</td>
<td>- “Surprises may cause a ‘dump’ of cortisol in your brain: you go on high alert, you hold your breath and become distressed.”</td>
</tr>
<tr>
<td>- “Why didn’t people do what they really wanted to do?”</td>
<td>- “Are you then more likely to think things through or just react?” (Reinforce ‘react’)</td>
</tr>
<tr>
<td>- “What could happen if someone lacked impulse control?”</td>
<td>- “What are some possible reactions?” (Reinforce ‘fright, flight, fight, hide, seek’)</td>
</tr>
<tr>
<td>- “What do you think caused things to happen for each person?” Repeat a few of their words out loud as they answer for reinforcement</td>
<td>- “What care situations might cause approachers to behave as they did?” (Reinforce ideas related to approachers being surprised by what they saw or just trying to be helpful)</td>
</tr>
<tr>
<td></td>
<td>- “What might happen for people living with dementia and limited impulse control? More likely to react or think?”</td>
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<tr>
<td></td>
<td>- “PPA is all about not surprising people. Is it possible that not surprising someone with approachs may make a difference?”</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Apply:</th>
<th>Options:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Have everyone take a deep breath then think and share:</strong></td>
<td><strong>Options of Activities for the Approachers:</strong></td>
</tr>
<tr>
<td>- “Do you think not surprising the person with our arrival could help with their emotional reaction to us?”</td>
<td>1. Hug the person with both arms around their shoulders</td>
</tr>
<tr>
<td>- “Let’s try out just PPA and see what happens.”</td>
<td>2. Lightly finger their hair and clothing</td>
</tr>
<tr>
<td></td>
<td>3. Silently come around to the front and pull their foot up off the floor with their ankle or pants</td>
</tr>
<tr>
<td></td>
<td>4. Silently come around to the front, then shake their shoulder and say “wake up!”</td>
</tr>
<tr>
<td></td>
<td>5. Move in quickly and grasp their shoulders and yell, “No, no! What are you doing?!”</td>
</tr>
<tr>
<td></td>
<td>6. Grab the chair and pull it backwards suddenly</td>
</tr>
</tbody>
</table>

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Practice Trainer Script #1
Surprising Normal Humans Who Have
Impulse Control

Objective: In this session we will explore our personal reactions to being surprised to see what happens

Experience:
- Ask the learners to pair up: one partner is to sit in a chair with their eyes closed, facing the front of the room, and the other person will stand three feet behind them
- The person standing will be the approacher
- Gather the approachers and point to the number of the activity you want the approachers to do
- Count to three out loud and have them start
- As soon as the action is done, say:
  - “Please bring your chairs and make a circle, but no talking!”
  - “Everyone take a deep breath and release it through pursed lips.”
  - “Think about what just happened.” (Pause 10 seconds)

Share:
Ask those sitting down:
- “What happened for you when the approacher touched you?”
- “Was what you did actually what you wanted to do? Or was it different?”
- “What emotion did you feel? Any Fright – Flight – Fight – Hide – Seek?” Say a few of their words out loud for reinforcement

Ask the approachers:
- “What did you notice about the person or their reaction?” Say a few of their words out loud for reinforcement
- “What did you notice about yourself and your action or reaction?” Say a few of their words out loud for reinforcement
Process:
Ask the group:
• “Why do you think people reacted these various ways?”
• “Why didn’t people do what they really wanted to do?”
• “What could happen if someone lacked impulse control?”
• “What do you think caused things to happen for each person?”
• Repeat a few of their words out loud as they answer for reinforcement

Connect:
Say to the group:
• “Surprises may cause a ‘dump’ of cortisol in your brain: you go on high alert, you hold your breath and become distressed.”
• “Are you then more likely to think things through or just react?” (Reinforce ‘react’)
• “What are some possible reactions?” (Reinforce ‘fright, flight, fight, hide, seek’)
• “What care situations might cause approachers to behave as they did?” (Reinforce ideas related to approachers being surprised by what they saw or just trying to be helpful)
• “What might happen for people living with dementia and limited impulse control? More likely to react or think?”
• “PPA is all about not surprising people. Is it possible that not surprising someone with approaches may make a difference?”

Apply:
Have everyone take a deep breath then think and share:
• “Do you think not surprising the person with our arrival could help with their emotional reaction to us?”
• “Let’s try out just PPA and see what happens.”

Options of Activities for the Approachers and the Rationale:
1. Hug the person with both arms around their shoulders (approacher is passing by and wants to get connected)
2. Lightly finger their hair and clothing (approacher is tidying them up for a visit)
3. Silently come around to the front and pull their foot up off the floor with their ankle or pants (approacher is trying to get their foot back onto a footrest)
4. Silently come around to the front, then shake their shoulder and say “wake up!” (approacher is trying to rouse the person to come to a meal for the third time)
5. Move in quickly and grasp their shoulders and yell, “No, no, no! What are you doing?!?” (approacher is trying to prevent them from touching someone for the fifth time)
6. Grab the chair and pull it backwards suddenly (approacher is moving the person back from the table so that they can stand up to leave)
Practice Trainer Script #2
Visual – Verbal – Touch Cueing

Objective: In this session we will explore the relationship of vision and touch in care interactions

<table>
<thead>
<tr>
<th>Experience:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Give the learners the following instructions:</strong></td>
</tr>
<tr>
<td>• “Partner up so that one person is the person helping and one is being helped.”</td>
</tr>
<tr>
<td>• “Helpers, stand beside your person.”</td>
</tr>
<tr>
<td>• “Person being helped, close your eyes and put your hands behind your back.”</td>
</tr>
<tr>
<td>• “Helpers, copy me with your person.” <em>(touch lightly on hair, chest, thighs, etc.)</em></td>
</tr>
<tr>
<td><strong>Share:</strong></td>
</tr>
<tr>
<td><strong>Ask group:</strong></td>
</tr>
<tr>
<td>• “What happened for you?”</td>
</tr>
<tr>
<td>• “How did it make you feel?”</td>
</tr>
<tr>
<td>• Repeat a few of the comments out loud for reinforcement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Process:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ask group:</strong></td>
</tr>
<tr>
<td>• “What did you find yourself wanting to do?”</td>
</tr>
<tr>
<td>• “Why do you think it felt the way it did?”</td>
</tr>
<tr>
<td>• Repeat a few of the comments out loud for reinforcement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Connect:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ask group:</strong></td>
</tr>
<tr>
<td>• “What do you think you would say or feel if you had dementia/a not-normal brain and problems with impulse control?”</td>
</tr>
<tr>
<td>• “How might the things we did to our partner relate to or match up with what we try to do with our residents or people we are caring for?”</td>
</tr>
<tr>
<td>• “How is that person's reaction like or not like the person we are trying to help where we work?”</td>
</tr>
<tr>
<td>• Repeat a few of the comments out loud for reinforcement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ask the group:</strong></td>
</tr>
<tr>
<td>• So what is one thing you want to try to do differently, after this experience to change what happened?</td>
</tr>
<tr>
<td>• Repeat a few of the comments out loud for reinforcement</td>
</tr>
</tbody>
</table>
Dementia

Other Dementias:
- Posterior Cortical Atrophy (PCA)
- Neuronal Ceroid Lipofuscinosis (NCL; Batten disease)
- Toxicity induced by long-term exposure to an alcohol (Wernicke-Korsakoff syndrome)
- Huntington's Disease (HD) - Alcohol-induced dementia
- Methamphetamine induced
- Infectious diseases (e.g., Creutzfeldt-Jakob disease, CJD)

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

Fronto-Temporal Lobe Dementias:
- Lewy Body Disease:
  - Parkinson's disease-related
diffuse Lewy body
dementia (DLB)

Alzheimer's Disease:
- Young onset
- Late life onset

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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

<table>
<thead>
<tr>
<th>Alzheimers</th>
<th>Lewy Body</th>
<th>Vascular</th>
<th>Frontal-Temporal</th>
</tr>
</thead>
<tbody>
<tr>
<td>New details lost first</td>
<td>Movement problems – Falls</td>
<td>Sudden changes in ability – some recovery</td>
<td>Many types</td>
</tr>
<tr>
<td>Recent memory worse</td>
<td>Visual disturbances</td>
<td>Picture varies by person</td>
<td>Frontal – impulse and behavior control changes</td>
</tr>
<tr>
<td>Some language problems, mis-speaks</td>
<td>Delusional thinking</td>
<td>Can have bounce back &amp; bad days</td>
<td>- Says unexpected, rude, mean, odd things</td>
</tr>
<tr>
<td>More impulsive or indecisive</td>
<td>Fine motor problems – hands &amp; swallowing</td>
<td>Judgment and behavior ‘not the same’</td>
<td>- Apathy – not caring</td>
</tr>
<tr>
<td>Gets lost – time/place</td>
<td>Episodes of rigidity and syncope</td>
<td>Spotty losses</td>
<td>- Problems with initiation or sequencing</td>
</tr>
<tr>
<td>Several forms and patterns</td>
<td>Insomnia – sleep disturbances</td>
<td>Emotional and energy shifts</td>
<td>- Dis-inhibited – sex, food, drink, emotions, actions</td>
</tr>
<tr>
<td>Young onset can vary from late life onset</td>
<td>Nightmares that seem real</td>
<td>Least predictable</td>
<td>Temporal – language change</td>
</tr>
<tr>
<td>Downs is high risk</td>
<td>Fluctuations in abilities</td>
<td>Caused by problems with blood flow, oxygen, nourishment of brain cells</td>
<td>- Difficulty with speaking – missing/changing words</td>
</tr>
<tr>
<td>Notice changes over time</td>
<td>Drug responses can be extreme &amp; strange</td>
<td>Related to tau pathologies</td>
<td>- Rhythm OK, content missing</td>
</tr>
<tr>
<td>Related to beta-amyloid plaques and tau pathologies</td>
<td>Related to synuclein protein malformations</td>
<td></td>
<td>- Not getting messages</td>
</tr>
</tbody>
</table>

[www.TeeaSnow.com](http://www.TeeaSnow.com)
Teepa Snow’s Five Apologies

Teepa Snow’s Five “I’m Sorry” Phrases:

- **Intent**: I’m sorry, I was trying to help.
- **Experience**: I’m sorry, that should not have happened.
- **Change**: I’m sorry, this is hard, I hate this for you.
- **Intellectual Capacity**: I’m sorry, I had no right to make you feel that way.
- **Emotion**: I’m sorry, I made you angry.
Teepa Snow’s Five I’m Sorry Phrases:

Sometimes as Care Partners, we make mistakes and need to apologize.

Sometimes as Care Partners, we don't make mistakes, but we still need to apologize.

We must look at situations from the point of view of the person living with dementia to understand when and where Teepa Snow’s five, “I’m Sorry,” phrases will be needed to keep the relationship strong and valuable.

(CP = Care Partner, PLWD = Person Living With Dementia)

**Intent:** “I’m sorry, I was trying to help.”

**Why am I saying, doing, or not doing what the other person wants**

PLWD: I think you are being mean, frustrating, intrusive, bossy
CP: I am trying to get you to see that I want to help you and that what you are doing is not OK, safe, what you mean, etc…

**Emotion:** “I’m sorry I made you angry.”

**How I feel about what is happening**

PLWD: I am (angry, frustrated, embarrassed, sad, etc...) about how you are treating me. I do not like how you are making me feel. But I may not be aware that I am showing you exactly what I’m feeling because I can’t tell you or don’t know what I am feeling.
CP: I am frustrated because I am only trying to help you and you are getting very upset and yelling or ignoring me, or crying, and I didn’t do anything to cause you to be like this. It is the situation you are in!

**Intellectual Capacity:** “I’m sorry, I had no right to make you feel that way. You are absolutely right and you are one of the smartest people I know.”

**Changing roles and abilities – sense of being “disrespected” or less**

PLWD: You think I am stupid, an idiot, that I don’t know what I am doing or how to manage my life. I do not think I deserve to be treated like this. I have never been treated like this by you before. I was the boss and the leader before! I know what I am doing! I am a smart and capable adult.
CP: I see that you are behaving like a child, you are being irresponsible, you are not as capable as you were. It is clear that you are wrong about what you can and can’t do anymore! Can’t you see that you aren’t safe to manage your life, house, driving, money, medications, health, bathing, walking, eating, etc... on your own? Really, I am scared of this change.

**Difference Experiences:** “I’m sorry, that should not have happened.”

**Same experience – having different memories and beliefs about what happened or has transpired causes different reactions or responses**

PLWD: Someone or something happened that was wrong. Since they don’t understand what I saw, no one cares, and no one believes me. Someone thinks they are going to get away with something that is not OK. I know that you think you can ignore me and what I know is true!
CP: The reality is that it did not happen the way she or he thinks it did. They are wrong. If they would just listen to and trust me or think logically about it, they could get it! I am just trying to help them understand why they are wrong.

**Change:** “I’m sorry this is hard, I hate this for you.”

**What once was okay is no longer what is OK for someone – not safe, not working, not an option**

PLWD: People are trying to tell what to do and how to do it, and I don’t think they have any right to do that. They think they know better than I do, what I need and what I should do. I think people are trying to take away my freedom, personhood, and rob me of who I have always been, for no good reason! I don't have a problem, or I don’t want you to know about it.
CP: I am trying to help you stay safe, keep out of trouble, take care of your wealth, health, or life. You are not recognizing the need for a change and I have to get you to do it, whether you like it or not! This isn't you.
The GEMS™ model recognizes the dynamic nature of the human brain and its abilities. Unlike other cognitive models, it acknowledges that everyone’s abilities can change in a moment. Modifying environments, situations, interactions, and expectations will create either supportive positive opportunities or result in distress and a sense of failure. Just as gemstones need different settings and care to show their best characteristics, so do people. Rather than focusing on a person’s loss when there is brain change, seeing individuals as precious, unique, and capable encourages a care partnership and is the core of this model. Providing supportive settings for everyone, including care providers, allows them to use what they have to be their best. The GEMS™ advocate that everyone living with brain change when given the opportunity will shine. Teepa Snow and Positive Approach™ to Care Team.

### SAPPHIRE ~ True Blue ~ Optimal Cognition, Healthy Brain
- True to self: personal preferences remain basically the same
- Can be flexible in thinking and appreciate multiple perspectives
- Stress/pain/tiredness may trigger Diamond state: back to Sapphire with relief
- Able to suppress and filter personal reactions: chooses effective responses
- Selects from options and can make informed decisions
- Processes well and able to successfully transition
- Aging doesn’t change ability: processing slows, more effort/time/practice needed

### AMBER ~ Caught in a Moment of Time ~ Caution Required
- Focused on sensation: seeks to satisfy desires and tries to avoid what is disliked
- Environment can drive actions and reactions, without safety awareness
- Visual abilities are limited; focus is on pieces or parts not the whole picture
- What happens to or around an Amber may cause strong and surprising reactions
- Enters others’ space and crosses boundaries attempting to meet own needs
- Has periods of intense activity: may be very curious or repetitive with objects or actions
- Care is refused or seen as threatening due to differences in perspective and ability

### DIAMOND ~ Clear and Sharp ~ Routines and Rituals Rule
- Displays many facets: behavior and perspective can shift dramatically
- Prefers the familiar and may resist change: challenged by transitions
- More rigid and self-focused; sees wants as needs, when stressed
- Personal likes/dislikes in relationships/space/belongings become more intense
- Reacts to changes in environment; benefits from familiar; functional/forgiving
- Needs repetition and time to absorb new/different information or routines
- Trusted authority figures can help: reacts better when respect is mutual

### RUBY ~ Deep and Strong in Color ~ Others Stop Seeing What is Possible
- Makes use of rhythm: can usually sing, hum, pray, sway, rock, clap, and dance
- When moving can’t stop, when stopped can’t get moving: needs guidance and help
- Big, strong movements are possible, while skilled abilities are being lost
- Danger exists due to limited abilities combined with automatic actions or reactions
- Tends to miss subtle hints, but gets magnified facial expressions and voice rhythms
- Can mimic actions or motions, but will struggle to understand instructions/gestures
- Able to pick up and hold objects, and yet not know what to do with them

### EMERALD ~ Green and On the Go With a Purpose ~ Naturally Flawed
- Sees self as able and independent with limited awareness of changes in ability
- Lives in moments of clarity mixed with periods of loss in logic/reason/perspective
- Understanding and use of language change: vague words and many repeats
- Cues and support help when getting to/from places and doing daily routines
- Awareness of time, place, and situation will not always match current reality
- Strong emotional reactions are triggered by fears, desires, or unmet needs
- Needs to know what comes next: seeks guidance and assistance to fill the day

### PEARL ~ Hidden Within a Shell ~ Beautiful Moments to Behold
- Will frequently recognize familiar touches, voices, faces, aromas, and tastes
- Personhood survives, although all other capabilities are minimal
- Understanding input takes time: go slow and simplify for success
- In care, first get connected by offering comfort then use careful and caring touch
- Changes in the body are profound: weight loss, immobility, systems are failing
- As protective reflexes are lost, breathing, swallowing, and moving will be difficult
- Care partners benefit from learning the art of letting go rather than simply giving up
The LIVING GEMS

“My brain is healthy - true blue. If I am aging normally or distressed, it may be hard for me to find words. I can describe what I am thinking so you understand. I may talk to myself because I am giving myself cues and prompts. I can learn new things and change habits, but it takes time and effort. Honoring my choices and preferences, when possible, is important. I need more time to make decisions. Give me the details and let me think about it before you need an answer. I am able to remember plans and information but supports are helpful. I may like specific prompts such as notes, calendars, and reminder calls. Health changes in vision, hearing, balance, coordination, depression, anxiety, pain, or medication may impact my behavior, but my cognitive abilities remain the same.”

“My overall cognition is clear and sharp. When happy and supported, I am capable and shine in my abilities. When distressed, I can be cutting and rigid and may see your help as a threat. I have trouble seeing other points of view and may become less aware of boundaries or more possessive about my relationships, personal space, and belongings. I have many facets so people see me differently depending on the situation. This can cause conflict among my family, friends, or care team as it’s hard to tell if I am choosing my behavior or truly have limits in my ability. I can socially engage and have good cover skills. People will vary in their awareness of what is happening to me. I want to keep habits and environments as they have always been even if they are problematic for me or others. I am often focused on the past, personal values, or finances. I will need help to make changes in my life; it’s hard for me. I can be in a Diamond state for reasons other than dementia.”

“As the deep red of a ruby mask’s detail, my obvious losses make my remaining abilities harder to notice. Although my fine motor skills have become very limited, remember I am able to move and do simple things with my hands. You will need to anticipate, identify, and respond to all of my needs, even though I may not be aware of them. Plan to create a supportive environment, help with the details of care, and structure my day. Just as a crossing guard directs traffic, you will need to guide my movement and transitions. I can rarely stop or start on my own and switching gears is a challenge. Move with me first, then use your body to show me what you want me to do next, going one step at a time. Hand-under-Hand™ assistance helps me to feel safe and secure and to know what to do. Danger is part of my life due to losses in visual skills, chewing abilities, balance, and coordination. You can reduce the risks to me, but not eliminate them. I can still have moments of joy when you are able to provide what gives me pleasure.”

“I am flawed; it is part of being a natural emerald. I tend to be focused on what I want or need in this moment and may not be aware of my own safety or changing abilities. I can chat socially, but I typically miss one out of every four words and cannot accurately follow the meaning of longer conversations. I won’t remember the details of our time together, but I will remember how your body language and tone of voice made me feel. I may hide or misplace things and believe someone has taken them. My brain will make up information to fill in the blanks which makes you think I am lying. If you try to correct me or argue I may become resentful or suspicious of you. I am not always rational, but I don’t want to be made to feel incompetent. My brain plays tricks on me, taking me to different times and places in my life. When I am struggling I may tell you ‘I want to go home.’ To provide the help and assistance I need you must go with my flow, use a positive, partnered approach, and modify my environment.”

“Like a particle trapped in an amber, I am caught in a moment of time. It may surprise you to see how I take in the world around me. I may not know you or see you as a whole person. I react to you based on how you look, sound, move, smell, and respond to me. I like to do simple tasks over and over and may need to repeatedly move and touch, smell, taste, take or tear items apart. While it may exhaust or frustrate you, it soothes me. I don’t recognize danger; you will have to safeguard my environment. I’m intolerant to discomfort because my mouth, hands, feet, and genitalia are highly sensitive due to changes in my nervous system. Therefore, activities like eating, taking medication, mouth care, bathing, dressing, and toileting may distress me. Please notice my reaction and stop if I am resisting. I can’t help myself and one or both of us may get hurt emotionally and/or physically. If this happens, wait a few minutes, connect with me, and try a different approach; possibly substituting one area of focus for another.”

“While hidden like a pearl in an oyster shell, I will still have moments when I become alert and responsive. I am near the end of my life. Moments of connection create a sense of wholeness and value between us. Use our time together not just to provide care, but to comfort and connect with me. To help me complete life well, it’s important to honor my personhood when making medical or care decisions; please don’t talk about me as though I am not still here. I respond best to familiar voices and gentle rhythmic movements. I am ruled by reflexes and will startle easily. My brain is losing its ability to control and heal my body. Be prepared to see me having difficulty breathing or swallowing. My body may no longer desire food and drink as I prepare to leave this life. I may not be able to stop living without permission from you. Your greatest gift at this time in my life is to let me know that it is ok to go.”

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Here are some details about retained abilities as they relate to GEMS® States in various areas of function:

<table>
<thead>
<tr>
<th>General Vision Field Changes:</th>
<th>Receptive Language Changes:</th>
<th>Expressive Language Changes:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sapphire</strong>: lost about 45° of field</td>
<td><strong>Sapphire</strong>: high pitches harder, crowded loud spaces harder</td>
<td><strong>Sapphire</strong>: word finding a little slower</td>
</tr>
<tr>
<td><strong>Diamond</strong>: tunnel vision</td>
<td><strong>Diamond</strong>: slower, missing consonants</td>
<td><strong>Diamond</strong>: varies with affect, word finding problems, mis-speaking in times of stress</td>
</tr>
<tr>
<td><strong>Emerald</strong>: binocular vision</td>
<td><strong>Emerald</strong>: missing about ¼ words, needs pauses, better with rhythm</td>
<td><strong>Emerald</strong>: gets stuck in social, repeats phrases or words, intonation matters</td>
</tr>
<tr>
<td><strong>Amber</strong>: sees parts but not whole, loss of object recognition</td>
<td><strong>Amber</strong>: misses 2/4 words, catches some key words out of context</td>
<td><strong>Amber</strong>: repetitive, varied volume, echo</td>
</tr>
<tr>
<td><strong>Ruby</strong>: monocular vision</td>
<td><strong>Ruby</strong>: social chit-chat, music, rhythm, tone of voice</td>
<td><strong>Ruby</strong>: less articulated speech, babble, hum or sing, rhythmic vocalizations</td>
</tr>
<tr>
<td><strong>Pearl</strong>: movement, familiar/unfamiliar</td>
<td><strong>Pearl</strong>: familiar and friendly, calm or excited</td>
<td><strong>Pearl</strong>: sounds to single words, responsive</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dexterity – Hand Skills:</th>
<th>Body Skills:</th>
<th>People Awareness Skills:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sapphire</strong>: still intact, slightly slower</td>
<td><strong>Sapphire</strong>: sustained, slower</td>
<td><strong>Sapphire</strong>: sustained, slower to ID</td>
</tr>
<tr>
<td><strong>Diamond</strong>: slower, limited with bilateral skilled integration</td>
<td><strong>Diamond</strong>: details not as good, globally ok</td>
<td><strong>Diamond</strong>: recent questions, older/deeper better</td>
</tr>
<tr>
<td><strong>Emerald</strong>: individual actions are there, sequencing is challenging, more forceful</td>
<td><strong>Emeralds</strong>: better with dominant side, errors</td>
<td><strong>Emerald</strong>: recognize like/not like</td>
</tr>
<tr>
<td><strong>Amber</strong>: heightened use of strong hands, skilled tool use decreased</td>
<td><strong>Amber</strong>: strong more than skilled, limited safety awareness</td>
<td><strong>Amber</strong>: can get lost in old-new relationships, will like or not like in the moment</td>
</tr>
<tr>
<td><strong>Ruby</strong>: whole hand with limited finger use, can hold but release difficult</td>
<td><strong>Ruby</strong>: whole body, not segmented, front ok but back not</td>
<td><strong>Ruby</strong>: like or not like, familiar versus not familiar</td>
</tr>
<tr>
<td><strong>Pearl</strong>: grasp strong, limited opening</td>
<td><strong>Pearl</strong>: reflexive, great trouble with gravity or speed or movement</td>
<td><strong>Pearl</strong>: voices, faces, touches, smells, familiar or not</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place Awareness Skills:</th>
<th>Time Awareness Skills:</th>
<th>Situation Awareness Skills:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sapphire</strong>: sustained, turned around</td>
<td><strong>Sapphire</strong>: lifelong, cramped or expanded</td>
<td><strong>Sapphire</strong>: sustained, tough to think</td>
</tr>
<tr>
<td><strong>Diamond</strong>: familiar feels best, gets lost in community and in unfamiliar places</td>
<td><strong>Diamond</strong>: more the past than now</td>
<td><strong>Diamond</strong>: old emotions drive new interactions</td>
</tr>
<tr>
<td><strong>Emerald</strong>: if ok with what is seen is ok, if not ok seeks the old familiar, task or social</td>
<td><strong>Emerald</strong>: lost in episodes or caught in loops</td>
<td><strong>Emerald</strong>: has moments of time travel</td>
</tr>
<tr>
<td><strong>Amber</strong>: ok if ‘here’ feels ok, otherwise will seek ‘there’</td>
<td><strong>Amber</strong>: in the moment, not the task or sequence</td>
<td><strong>Amber</strong>: more sensory awareness than intellectual awareness, immediate not big picture</td>
</tr>
<tr>
<td><strong>Ruby</strong>: may or may not have a destination, more of a movement or stillness pattern</td>
<td><strong>Ruby</strong>: in the experience, not the time</td>
<td><strong>Ruby</strong>: only in moments, less body awareness</td>
</tr>
<tr>
<td><strong>Pearl</strong>: can tell if what is experienced is comforting</td>
<td><strong>Pearl</strong>: time has much less meaning</td>
<td><strong>Pearl</strong>: more inside than externally aware</td>
</tr>
</tbody>
</table>
Getting and Staying Connected Throughout Interactions:
Traditional Positive Physical Approach™ (PPA):

If in a public space and you start the interaction:
- Get into their visual range, pausing 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
- 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)

Adapted Positive Physical Approach™ for Phone or Online Consultations:

- Greet and announce self
- Pause to gain permission for connection
- Move slowly — a moment of silence is okay
- Get at or just below the person’s emotional level
- Use a Positive Personal Connection (PPC): Choose 1-2
  - Greet/both names
  - Say something nice — something valuable to the person
  - Be friendly — share and leave a blank
  - Notice something in the environment
  - Be curious — explore possible unmet needs
- Use a Positive Action Starter (PAS):
  - Ask for help
  - Try this
  - Choice — This or That, not Yes or No
  - Short and Simple
  - Step by Step
- Then you can start to Seek information on the Six Pieces of the Puzzle: Start with what they know, then use the physical cards as a guide and only dig into one or two cards per session that they don’t know
Teepa’s Six Pieces of the Puzzle:

<table>
<thead>
<tr>
<th>Brain Changes</th>
<th>Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Person</td>
<td>The Stakeholders</td>
</tr>
<tr>
<td>Wellness, Health, and Fitness</td>
<td>Time</td>
</tr>
</tbody>
</table>
## Brain Changes

**Dementia, Delirium, or Depression?**

### Dementia
- Type(s) Alz, FTD, VaD, LBD, usually more than one
- PLwD’s awareness of their brain change
- Fully aware, somewhat aware, unaware, aware but covering

**Note GEMS® level(s)**
- Changed abilities and retained abilities
- Variability – time of day, situation
- Onset and duration

## The Environment

**Four Fs and Four Ss**

### Four Fs: Is the area:
- Friendly – Are there people she knows?
- Familiar – Does she know the area?
- Functional – Is she able to do what is needed?
- Forgiving – Is she allowed to make mistakes?

### Four Ss: How will they interpret:
- Space – Intimate, personal, public
- Sensations – See, hear, feel, smell, taste
- Surfaces – Sit, stand, lie down, work
- Social – People, activity, role, expectations

## The Person

**Past and Present**

### Life Story
- Where did he live when younger?
- What did, or does, he do for a living?
- What hobbies or activities does he enjoy?

### Personality Traits
- Personal preferences – likes and dislikes
- Key values in life

### Roles
- Does he prefer to watch, talk, or do?

## Stakeholders

**Care Partners and Others**

- Personal history with the person – Background
- Awareness – What do they know about the person’s health?
- Knowledge – What do they know about dementia?
- Skills – Do they have the skills to work with a PLwD?
- Competency – Can they put the PLwD first in everything they do?
- Relationship – Personal, professional, family, other
- Agenda – Why is the person here?

## Wellness, Health, and Fitness

**Health Conditions and Physical Fitness**

- Fuel and Fluids
- Medications and Supplements
- Emotional and Psychological Condition
- Sensory Systems Function
- Health Beliefs of Note
- Recent Changes – i.e. Acute Illness

## Time

**Care Partners and Others**

- Where in life is the person?
- What time of day is it?
- How long has passed for the person?

### Four Categories of Time
- Productive – gives value
- Leisure – fun, playful
- Wellness and Self-Care – brain and body
- Restorative – calm, recharge
PAC Personality Traits:

<table>
<thead>
<tr>
<th>INTROVERT</th>
<th>EXTROVERT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOW</strong></td>
<td><strong>WHY</strong></td>
</tr>
<tr>
<td><strong>HEAD FIRST</strong></td>
<td><strong>HEART FIRST</strong></td>
</tr>
<tr>
<td><strong>PLANS AHEAD</strong></td>
<td><strong>LIVES IN THE MOMENT</strong></td>
</tr>
</tbody>
</table>
## Introvert
- Needs time **alone** to think and feel
- Will tend to self-assess
- Processes internally: likes a sense of control
- May become quiet or retreat under stress
- Benefits from preparation time
- Decisions tend to be final
- Likes privacy and personal space
- Needs boundaries: keeps home/work separate

## Extrovert
- Needs time **with others** to explore thoughts/feelings
- Benefits from collaboration
- Will seek approval and opinions of others
- Spending time with people reenergizes
- Will think out loud and ask questions
- Likes intimacy: prefers to share space
- Boundaries are flexible: seeks work/life balance
- Processes externally: connection trumps control

## How
- Wants specific instruction **before** doing
- Needs clear expectations
- Likes details, checklists, facts, evidence
- Prefers to follow directions
- Finds comfort in the familiar
- Benefits from routine
- New learning increases anxiety

## Why
- Wants to understand **big picture** before doing
- Needs to try things out
- Isn’t concerned with details
- Prefers to discover
- Finds pleasure in the process
- Benefits from belief in the value of things
- New learning excites and energizes

## Head First
- Logic and reason are top priority
- Needs things to be equal
- One set of rules applies to all: black/white
- Problems have a single right answer
- Requires facts and information
- May analyze situations or conflicts
- Seeks to understand the reason behind the behavior

## Heart First
- Is concerned about the **feelings** of all involved
- Needs harmony between people
- Rules are to be interpreted: shades of gray
- Desires to understand the cause of a problem
- Will attempt to monitor all opinions/feelings
- Enjoys being helpful and lifting spirits
- Sees to appreciate the emotions behind the behavior

## Plans Ahead
- Needs a **plan/schedule** to follow
- Always on time: meets deadlines
- Likes time management tools
- Wants a detailed plan and will follow it
- Last minute changes may cause distress
- Enjoys making decisions and finishing projects
- Places attention on what’s coming next

## Lives in the Moment
- Needs to **go with the flow**
- Time management can be a challenge
- Likes exploring options: adaptable
- New information can cause a change in priority
- Too much structure may distress: needs flexibility
- Has difficulty making final decisions
- Places attention on what’s happening now
## PAC Multiple Intelligences

**Multiple Intelligences - Different Learning Styles**

“It’s not how *smart* you are – It’s *how* you are smart!”

How can we use what we know about these multiple intelligences to help get our message across and better prepare someone to take in the awareness, knowledge, or skill that we are trying to deliver?

<table>
<thead>
<tr>
<th>Type</th>
<th>Preferred Activities</th>
<th>Workshop and Teaching Approaches</th>
<th>Working with adults - Learners can…</th>
<th>AELC Steps Preferred</th>
</tr>
</thead>
</table>
| **Verbal-Linguistic**       | Using words and language                                                            | - Use handouts  
- Use pictures and slides  
- Use Videos  
- Tell stories  
- Talk through  
- Write in logs | Can use written info to help figure how to…                                                      | Share  
Process  
Generalize  
Talk about do or apply                                                                                             |
| **Visual –Spatial**         | Making 3D from 2-D, building, looking at ‘stuff’  
Looking at pictures, videos, props                                                   | - Use pictures & photos  
- Organize handouts  
- Use visual interaction  
- Encourage imitation  
- Use spacing to reinforce messages   | Can use objects, pictures, checklists to figure out how to…                                     | Visual do  
Visual apply  
Look at generalize                                                                                          |
| **Logical-Mathematical**    | Figuring out things and patterns  
Examining relationships between things                                                   | - Ask questions  
- Tell multiple stories then ask for links and connections  
- Use outlines and order information  
- Give ‘puzzles’ | Can use the details and patterns to come up with ideas about how to…                           | Process  
Generalize  
Apply new thinking                                                                                         |
| **Kinesthetic – Body**      | Doing things, manipulating items, moving while thinking or doing task performance  | - Role play  
- Use movements  
- Have practice time  
- Ask to show ‘body language’  
- Encourage copying and imitation  
- Use reactions to guide actions | Can use personal motion and reactions to figure out how to…                                      | Do  
Apply                                                                                                           |
| **Musical – Rhythmic**      | Hearing rhythms and sounds, playing instruments                                      | - Use rhyming words for key words  
- Use voice cadence and volume to describe intent and meaning  
- Use song or voice to reinforce a message | Can use voice, song, rhymes, beats and rhythms to remember how to…                                | Do  
Apply                                                                                                           |
| **Interpersonal** | • Talking, socializing, convincing others  
• Thinking out loud  
• Group work  
• Use partners and encourage feedback  
• Reinforce affective responses  
• Use role plays and interactions to get feedback going  
• Can use talking it out, listening and empathy to figure out how to…  
• Share Process Do |
|-------------------|-------------------------------------------------|
| **Intrapersonal** | • Reflecting, dreaming, introspecting, seeing application to self  
• Individual sharing and responses  
• Positive regard to responses  
• Ask reflective questions and application questions  
• Can use self-awareness and knowledge to figure out how to…  
• Generalize Written share Written or visual do |
| **Natural Awareness** | • Awareness of weather, affinity to animals & outdoors, natural rhythm  
• Noticing  
• Relate individual responses and reactions to content and leaning to ‘real life’ situations  
• Use ‘big picture’ awareness to help understand the ‘specific case’  
• Can identify similarities and differences, uses patterns to predict how to…  
• Do Generalize Apply |
| **Existential** | • Looks at the ‘big picture’, Seeks connections between the real world and new learning why  
• Give big concepts  
• Offer chance to connect ideas  
• Give concepts  
• Present real world examples in combo with new ideas and concepts  
• Uses knowledge of why it’s important to focus in on how to…  
• Process Generalize Apply new thinking |

Based on work by Howard Gardner & David Lazear, in Multiple Intelligences & Ways of Knowing
Teepa’s 10-Minute Stress Tamers

Take Care of You!

• **Sit quietly** in calm surroundings with soft lights and pleasant scents
• **Aromatherapy** – lavender, citrus, vanilla, cinnamon, peppermint, fresh cut grass
• **Breathe deeply** – rest your mind and oxygenate
• **Soak** in a warm bath, or just your hands or feet
• **Read** – poetry, spiritual or inspirational readings, a chapter of what you like
• **Laugh and smile** – Watch classic comedians, Candid Camera, America’s Funniest Home Videos, look at kid or animal photos
• **Stretch**—front to back, side to side, and across
• **Garden**—work with plants
• **Beanbag heat therapy**—Fill a sock with dry beans and sew or tie closed.
  
  Heat sock with beans in a microwave for 30 seconds at a time.
  
  Place on tight muscles and massage gently; relax for ten minutes.
• **Remember the good times**—Record oral memories: scrapbooks, photo journals, keepsake memory, picture frames. Or just jot!
• **Do a little on a favorite hobby.**
• **Have a cup of decaffeinated tea or coffee**
• **Play a brain game**—crosswords, jigsaws, jeopardy, jumbles
• **Look through the hymnal and find a favorite—hum it all the way through**
• **Books on Tape**—Rest your eyes and read
• **Soothing sounds**—music you love, music for stress relief, recorded nature sounds
• **Listen to coached relaxation recordings**
• **Pamper Yourself**—think of what you LOVE and give yourself permission to do it for 10 minutes
• **Neck rubs** or **back rubs**—use the just right pressure
• **Hand Massages**—with lotion or without, it’s up to you.
• **Take a walk**
• **Sit** in the sun
• **Rock** on the porch
• **Pray** or read a passage from scripture
• **Journal**—Take the opportunity to tell it like it is
• **Cuddle and stroke a pet**
• **Have that cup of coffee or tea with a special friend** who listens well
• **Pay attention to your personality**
  - If you rejuvenate being alone, then **seek solitude.**
  - If you rejuvenate by being with others, **seek company.**