How Can We Become Better Care Partners?
- Let go of the past to be in the moment
- Go with their flow
- Be willing to try something new
- Be willing to learn something different
- Be willing to see it through another’s eyes
- Be willing to fail and try again

Believe:
People with dementia are doing the best they can

The Basics for Success:
- Be a Detective, not a Judge
- Look, listen, offer, think
- Use your Approach as a screening tool
- Match your help to remaining abilities
Essential Skills:

Positive Physical Approach™
Hand-under-Hand® for connection and assistance
Supportive Communication
Consistent and skill-sensitive cues
- Visual, verbal, physical
Open and willing heart, head and hands

Getting The Person to Do Something:

Form a relationship first, then work on task attempt!

To Connect:
- Use the Positive Physical Approach™ to get started
- Make a Visual Connection:
  - Look interested and friendly
- Make a Verbal Connection:
  - Sound enthusiastic, keep responses short
- Make a Physical Connection:
  - Hold Hand-under-Hand®, or use flat open hand on forearm or knee
Positive Physical Approach™:
- Pause at edge of public space (6 feet)
- Gesture and greet by name
- Offer your hand and make eye contact
- Approach slowly within visual range
- Shake hands and then maintain Hand-under-Hand®
- Move to the side
- Get to eye level and respect intimate space
- Wait for acknowledgement

A Positive Approach
(To the Tune of Amazing Grace)
Come from the front,
Go slow,
Get to the side,
Get low,
Offer your hand,
Call out the name then wait…
If you will try, then you will see
How different life can be
For those you’re caring for!

Hand-under-Hand®:
Protects aging, thin, fragile, forearm skin
Connecting Emotionally:
- Offer your name: “I’m (name) and you are…?”
- Offer a shared background: “I’m from (place) and you’re from…?”
- Offer a positive personal comment: “You look great in that!” or “I love that color on you.”

Connecting Emotionally:
- Identify common interest
- Say something nice about the person or their place
- Share something about yourself and encourage the person to share back
- Follow their lead and listen actively
- Use some of their words back to keep the flow going
- Remember it’s often the ‘first time’ for them, so expect repeats
- Use the phrase “Tell me about…”

To Communicate: Just Having a Conversation
- The more you know, the better it will go
- Take it slow and go with the flow
- Later in the disease:
  - Use props or objects
  - Consider parallel engagement at first: look at the ‘thing,’ be interested, share it
  - Talk less, wait longer, take turns
  - Cover, don’t confront when you aren’t getting their words and just enjoy the exchange
  - Use automatic speech and social patterns to start interactions
  - Keep words short and emphasize the visual
Then, Get it Going!

- Give simple and short information
- Offer concrete choices
- Ask for help
- Ask the person just to try
- Break the task down to single steps at a time

Give Simple Information:

- Use Visual Cue (gesture/point) combined with a Verbal Cue:
  - “It’s about time for…”
  - “Let’s go this way…”
  - “Here are your socks…”
- Don’t ask questions you don’t want to hear the answer to!
- Acknowledge the response/reaction to your information
- Limit your words and keep it simple
- Wait!!!!

To Communicate When They’re Distressed:

First - Connect
Then - Use Supportive Communication
Finally - Move Together to Something New
To Connect When They’re Distressed:
- Send Visual Signal of connection:
  - Look concerned
- Send a Verbal Signal of connection:
  - Use the right tone of voice
- Send a physical signal of connection:
  - Give a light squeeze or sandwich the hand
  - Offer an open palm on shoulder or back
  - Offer a hug if the person is seeking more contact

What is Supportive Communication?
• Repeat a few of their words with a question at the end
• Avoid confrontational questions
• Use just a few words
• Go slow
• Use examples
• Fill in the blanks
• Listen, then offer empathy:
  “Sounds like...” or “Seems like...” or “Looks like...”

More Supportive Communication:
• Validate their emotions
• Early Stage: “It’s really (label emotion) to have this happen” or “I’m so sorry this is happening to you!”
• Mid Stage: Repeat their words with emotion:
  - Listen for added information, ideas, thoughts
  - Explore the new info by watching and listening
• Late Stage: Check out the whole body:
  - Face, posture, movement, gestures, touching, looking
  - Look for the need under the words or actions
Be a Detective, Not a Judge!

Try to figure out what is being communicated:
• Words
• Thoughts
• Actions
• Needs
• Beliefs

Don’t assume or presume
Don’t discount the message because of how it is delivered

Top Ten Unmet Needs:

Unmet Physical Needs:
- Hungry or thirsty
- Tired or over-energized
- Elimination: need to/did
- Temperature: too hot/cold
- In Pain!!!
  • Joints/skeleton
  • Inside systems: head, chest, gut, output
  • Creases or folds of skin
  • Surfaces that contact other surfaces

Unmet Emotional Needs:
- Angry
- Sad
- Lonely
- Scared
- Bored

Once You’re Connected and Communicating:

Move Forward:
• Add new words
• Move to a new place or location
• Add a new activity

Early Stage: Redirection
• Same subject, different focus

Later Stage: Distraction
• Different subject, unrelated but enjoyed
For All Communication:

If what you are trying is not working:
- Stop!
- Back off
- Think it through, then:
- Re-approach
- Try something slightly different

Use empathy and go with the flow!

Ways of Cueing and Helping:

- Sight or Visual cues
- Verbal or Auditory cues
- Touch or Tactile cues
If the Person Needs Stronger Cues:
- Visual: Gesture or demonstrate, use props or objects
- Verbal: Limit words, simplify, use automatic speech patterns
- Touch: Use Hand-under-Hand® guidance or assistance

Consider parallel engagement at first: look at the ‘thing,’ be interested together, share it
When you aren’t getting their words, cover, don’t confront!

In General, What Shouldn’t We Do?
- Argue or correct their errors
- Try to control the flow
- Use reality orientation and big lies
- Reject topics
- Use negative visual cues
- Try a possible solution only once
- Give up
- Let them do whatever they want to
- Force them to do something

So What Should We Do???
Remember who has the healthy brain!
What Else Should We Do?:
- Go with the flow
- Use supportive communication techniques
- Use objects and the environment
- Give examples
- Use gestures and pointing
- Acknowledge and accept emotions
- Use empathy and validation
- Use familiar phrases or known interests
- Respect values and beliefs and avoid the negative
- Offer info if asked, monitoring the emotional state

As part of the disease, people with dementia tend to develop typical patterns of speech, behavior, and routines.

These people will also have skills and abilities that are lost while others are retained or preserved.

The GEMS®
- Sapphires
- Diamonds
- Emeralds
- Ambers
- Rubies
- Pearls

Until we begin to see the beauty and value in what the person is at this point in time, we will never care for them as we should.
Why Use GEMS®?
- Uses familiar concepts to talk about a difficult subject
- Focuses on what is valued rather than on a number or amount of ‘decline’
- Like people, gems are precious and unique, with common characteristics
- Allow to us to get beyond the words ‘dementia’ and ‘Alzheimers’
- Opens the door to talking about changes
- Allow us to speak in a ‘code’ to protect dignity

Sapphires:
- Us on a good day
- Clear and true to ourselves
- May feel ‘blue’ over changes
- Can typically choose our behavior
- May have other health issues that affect behaviors
- Recognize life experiences, achievements and values
- Can follow written info and hold onto it

Diamonds:
- Sharp, hard, rigid, inflexible, can cut
- Many facets, still often clear, can really shine
- Are usually either Joiners or Loners
- Can complete personal care in familiar place
- Usually can follow simple prompted schedules
- Misplace things and can’t find them
- Resent takeover or bossiness
- Notice other people’s misbehavior and mistakes
- Vary in lack of self-awareness
- Use old routines and habits
- Control important roles and territories, use refusals
Emeralds:
- Changing color
- Not as clear or sharp, more vague
- On the go, need to ‘do’
- Flaws may be hidden
- Time traveling is common
- Are usually Doers or Supervisors
- Do what is seen, but miss what is not seen
- Must be in control, but not able to do it correctly
- Do tasks over and over, or not at all

Ambers:
- Amber Alert - Caution!
- Caught in a moment
- All about sensation and sensory tolerance, easily over or under-stimulated
- May be private and quiet or public and noisy
- No safety awareness
- Ego-centric
- Lots of touching, handling, tasting, mouthing, manipulating
- Explorers, get into things, invade others’ space
- Do what they like and avoid what they do not

Rubies:
- Hidden depths
- Major loss of fine motor finger and mouth skills, but can do gross motor skills like walking, rolling, rocking
- Comprehension and speech halted
- Wake-sleep patterns very disturbed
- Balance, coordination, and movement losses
- Eating and drinking patterns may change
- Tends toward movement unless asleep
- Follows gross demonstration and big gestures
- Limited visual awareness
- Major sensory changes
Pearls:

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

What you leave behind is not what is engraved in stone monuments, but what is woven into the lives of others
To learn more about the information covered in this educational presentation, join our email list.

Text TEEPA to 22828

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