PAC Resource Cards

Teepa Snow and Positive Approach to Care have developed the PAC Resource Cards as a helpful tool for our certified community, and we have now made them available to the general public!

Our Resource Cards are brightly colored and are printed on 8.5 x 5.5-inch double-sided glossy cardstock. They are reasonably priced and sold in packs of 25 of the same card. You can purchase them [here](#) or see the URL below.

While we encourage you to reference the digital sample of these cards for your personal education, if you intend to use the cards for training, support groups, or any other business purpose, we kindly ask that you purchase the actual cards.

Much time, effort, and knowledge was required for the creation of these cards, and the revenue they generate allows us to continue our mission of changing dementia care culture.

In the event it is discovered that an individual is printing and using the sample cards for business purposes, we will request that you stop such use until a card purchase is completed. We thank you in advance for your cooperation.
The Positive Approach to Care GEMS® State Model was created to help us see the retained abilities of a person living with dementia (PLwD). An individual’s GEMS state indicates retained skill in combination with missing function, so that support and cueing will foster engagement and participation rather than isolation and dysfunction. In dementia, there are no static stages or levels of lost abilities. A PLwD will experience a variety of GEMS states throughout each day and over time. Recognizing the GEMS state allows us to engage in an appropriate manner and helps the PLwD shine, just as they are in that moment.

<table>
<thead>
<tr>
<th>GEMS State</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sapphire</td>
<td>True blue</td>
</tr>
<tr>
<td></td>
<td>Healthy brain</td>
</tr>
<tr>
<td></td>
<td>Normal aging</td>
</tr>
<tr>
<td></td>
<td>Flexible</td>
</tr>
<tr>
<td></td>
<td>Adaptable</td>
</tr>
<tr>
<td></td>
<td>Optimal cognition</td>
</tr>
<tr>
<td></td>
<td>Can provide support for other GEMS states with proper self-care and support</td>
</tr>
<tr>
<td></td>
<td>Less peripheral awareness with age</td>
</tr>
</tbody>
</table>

| Diamond    | Clear – Sharp   |
|            | Many facets     |
|            | Lives by habit and routine |
|            | Likes familiar, dislikes change |
|            | Blames or dismisses errors |
|            | Can cut and shine |
|            | Scuba vision    |

| Emerald    | Green           |
|            | On the go with purpose |
|            | Flawed           |
|            | Seeks independence or connections |
|            | Repeats          |
|            | Misses details   |
|            | Travels in time and place |
|            | Binocular vision |

| Amber      | Orange          |
|            | Caught in a moment of time |
|            | More curious than cautious |
|            | Focused on sensory needs |
|            | Lives in the moment |
|            | Copies actions, not tasks |
|            | Resists dislikes, seeks likes |
|            | Can confuse objects |
|            | Monocular vision |

| Ruby       | Strong red      |
|            | Retains strength, not skills |
|            | Big/strong actions |
|            | Has rhythm      |
|            | Notices tone of voice |
|            | In motion or still |
|            | Imitates actions |
|            | Monocular vision |

| Pearl      | Hidden in a shell |
|            | Ruled by reflexes |
|            | Short moments of connection |
|            | Mostly immobile |
|            | Expresses unmet needs with distress |
|            | Reacts to touch |
|            | Can recognize familiar and liked |
|            | Limited visual regard |

**What can I do to support this person living with dementia (PLwD) in their GEMS state?**

Based on what you **observe** of their GEMS state, choose your **response** from the skills below to support.

<table>
<thead>
<tr>
<th>My Skills</th>
<th>Sapphire</th>
<th>Diamond</th>
<th>Emerald</th>
<th>Amber</th>
<th>Ruby</th>
<th>Pearl</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Responding to Their Vision</strong></td>
<td>Get visual attention, respect space/distance preferences, use directional signs and labels</td>
<td>Offer familiar gestures, use supportive stance, limit complex cues, present items for use in their center field of vision only</td>
<td>Show items, then gesture use. Point to direct attention. Eliminate items that could cause harm, but offer substitutions</td>
<td>Offer greeting matching speed, allow time to visually explore objects and you. One item/cue at a time. Exaggerate</td>
<td>Seek gaze by placing face in central field. Place objects within arm’s length, first use gestures to show actions</td>
<td></td>
</tr>
<tr>
<td><strong>Responding to Their Language</strong></td>
<td>Connect before sharing info. Acknowledge preferences and emotions. Empathize – Confirm their emotional state and then say “I’m Sorry”</td>
<td>Use preferred name, reflect key message they gave. Keep answers short/concrete. Pair words with gesture or object. Slow down, use pauses, instruct one step at a time</td>
<td>Use familiar greeting or name, smile or reflect their expression to acknowledge. Use only 2 or 3 words at a time. Pair words with gesture or object. Reinforce efforts (Good! Keep going)</td>
<td>Use facial expression with greeting. Pair single word with gesture or object. Use song, counting, or rhythm to initiate or transition. Use vocal rhythm to change pace</td>
<td>Deepen your voice, slow your speech, use sounds (Ooh! Umm) or single words (Good. Drink?!) then combine motions with your words</td>
<td></td>
</tr>
<tr>
<td><strong>Touching a Person</strong></td>
<td>Shake hands, respect personal space preferences, get permission to touch</td>
<td>Shake hands, respect personal space preferences, get permission to touch. If shoving distress – comforting hug or touch, only with permission</td>
<td>Get visual and verbal permission, then touch at the hand first. To get started, use Huh! when greeting, place other hand on shoulder or joint when assisting. Use Huh for support, tasks, guiding</td>
<td>Offer hand, wait for regard, move into Huh when greeting, place other hand on shoulder or joint when assisting. Use Huh for support, tasks, guiding</td>
<td>To reduce distress, move one hand at a time; other hand connect with shoulder or joint. For all care: slow, flat, solid touch. Extending limbs will cause harm</td>
<td></td>
</tr>
<tr>
<td><strong>Getting a Person to Move/Do Something</strong></td>
<td>Seek partnership. Ask for their support/help. Acknowledge pain or discomfort before acting</td>
<td>Appreciate their skill or background: ask for their help, allow time, and offer options to watch, supervise, or do</td>
<td>Consider staying at edge of public space and gesturing with energy your desire for them to get up and join you, bring a prop to see</td>
<td>Demo what to do, at arm’s length in central visual field, then offer the object or use Huh to begin. Use gestures to signal getting up, after arising yourself</td>
<td>Greet, pause. Use counting or emphasis to help the person to know what is happening. Go SLOW, pause, watch for discomfort</td>
<td></td>
</tr>
</tbody>
</table>

*Hand-under-Hand Techniques*

Learn more about Hand-under-Hand and other supporting techniques with videos and resources at www.TeepeaSnow.com.

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Dementia

Frontotemporal Dementias

Alzheimer’s Disease:
- Young onset
  - Chromosome 21-associated dementias
- Late life onset

Lewy Body Disease:
- Parkinsons related
- Diffuse Lewy Body

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

Other Dementias:
- Posterior Cortical Atrophy (PCA)
- Normal pressure hydrocephalus (NPH) – associated dementia
- Chronic traumatic encephalopathy (CTE) – associated dementia
- Genetic syndromes
  - Huntington’s Disease (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

Four Truths About All Dementias:
- At least two parts of the brain are dying
- It keeps changing and getting worse – progressive
- It is not curable or fixable – chronic
- It results in death – terminal

Alzheimer’s
- 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
- Down Syndrome 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 and swallowing
- Episodes of rigidity and syncope
- Insomnia – sleep disturbances
- Nightmares that seem real
- Fluctuations in abilities
- Drug responses can be extreme and strange
- Related to synuclein protein malformations

Vascular
- Sudden changes in ability – some recovery
- Symptom combinations are highly variable
- Can have bounce back and bad days
- Judgment and behavior not the same
- Spotty losses
- Emotional and energy shifts
- Least predictable
- Caused by problems with blood flow, oxygen, nourishment of brain cells

Frontotemporal
- 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
Six Pieces of the Puzzle

- Life is challenging for a person living with dementia (PLwD).
- Figuring out causes for distress and what helps is critical.
- Using six categories organizes our investigation, and keeps us focused and alert.
- Extrinsic factors are easier to change than Intrinsic factors that are already changing.
- Supporting the PLwD by using what is possible is the goal!

“What is working well? What needs to change?” (Gray Borders)

Time
- Time Awareness
  - Where in life
  - Time of day
  - Passage of time
- Balance in Four Categories
  - Productive: Gives value
  - Leisure: Fun – playful
  - Wellness and self care
  - Restorative: calm – recharge
- Wait Time vs. Engagement in Life Time

Stakeholders – Us
- Care Partner and Others Around
  - History – background
  - Awareness
  - Knowledge
  - Skills
  - Competence
  - Relationship(s)
  - Agenda(s)

The Environment
- Explore the Four Fs
  - Friendly
  - Functional
  - Familiar
  - Forgiving
- Explore the Four Ss
  - Space (intimate, personal, public)
  - Sensations (see, hear, feel, smell, taste)
  - Surface to Surface Contact (clothing on body, water on skin)
  - Social (people, activity, role, expectations)

Brain Changes
- Dementia
  - Type(s)
  - Awareness of changes?
- Delirium? Depression or Anxiety?
- GEMS State(s)
  - Changed abilities
  - Retained abilities
  - Variability
  - Onset and duration

The Person
- Past and Present
  - Life story – history
  - Personality traits
  - Preferences – likes/dislikes
  - Key values
  - Joys and traumas
  - Roles – Watch-Talk-Do
  - Notable positive changes?
  - Notable negative changes?

Health Changes
- Health Conditions and Physical Fitness
  - Fuel and fluids
  - Meds and supplements
  - Emotional and psychological condition
  - Sensory systems function
  - Health beliefs of note
  - Recent changes
    - Acute episode of Illness
    - New/worsening chronic illness
PPA Resource Card

If in a public space and you start the interaction:

- Get into their visual range, pausing approximately six 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 – see back
- Deliver a message using cues and a Positive Action Starter (PAS) – see back

PPC & PAS Resource Card

Positive Personal Connections (PPC)
Now that you are in using your PPA, take time to Connect:

- Greet – Introduce yourself and use their preferred name “Hi (preferred name), I’m (your name).” OR “I’m (your name), and you are?”
- Compliment – Indicate something about them of value “You are looking really colorful today!”
- Share – First about you, then leave a blank “I’m from (state) and you’re from?”
- Notice – Point out something in the environment “You must love (item) seeing how well you care for it.”
- Seek – Explore a possible unmet like, want, or need “It’s a bit chilly in here, a hot drink would be nice. Do you prefer coffee or tea?”

Positive Action Starters (PAS)
After you have taken time to connect, get Started:

- Help – Be sure to compliment his or her skill in this area, then ask for help with something “You are so good at _____, would you please help me?”
- Try – Hold up or point to the item you would like to use, possibly sharing in the dislike of the item or task “Could we try this?”
- Choice – Try using visual cues to offer two possibilities or one choice with something else as the other option “This or that?”
- Short and Simple – Give only the first piece of information, maybe offer a time frame of 1-5 minutes “It’s about time to (first task)”
- Step by Step – Only give a small part of the task at first “Lean forward.”