

Positive Approach[®] to Care



www.TeepaSnow.com

PAC Champion Course 2020

Name: _____

Date: _____

Positive Approach to Care Philosophy:



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

PAC Peers:

It is great to connect with others from your course to team up or just offer support as you work to complete your certification. Please note names, phone numbers, and email addresses of those in your course that you would like to stay in touch with.

Name	Phone	Email

Positive Approach to Care Website and Store: www.teepasnow.com

We encourage you to utilize the website for additional resources and information and direct those you practice your skills with to the site for additional support.

This website also includes links to:

- Videos and modules of Teepa and the PAC Team
- Our online video and course options
- Our monthly *Online Dementia Journal*, free!
- A monthly webinar series with Teepa and access to the recordings
- Additional courses or products that will enhance your own knowledge and skill
- Partners and Sponsors that PAC works with to create a more positive dementia community

If you have any further questions about PAC, please email info@teepasnow.com or contact Mary at 877-877-1671

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Positive Approach to Care Champion Course

Level 1 PAC Skills Brief Agenda

8:30 AM – Registration

9:00 AM – Get Started

10:30 AM – Wellness Break

10:45 AM – Get Back to Work

12:00 PM – Lunch

1:00 PM – Get Up and Moving After Lunch

2:30 PM – Wellness Break

2:45 PM – Get into the Final Push

4:00 PM – Evaluations and Go Home 😊

What will we cover today:

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


Introduction: 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?

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 Living with Dementia if not sure of type)	A person is a <u>person</u> , 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, Frontotemporal 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 <u>not</u> 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.

<p>Feeding, Bathing, Changing Someone</p> <ul style="list-style-type: none"> • “She’s my feeder” • “He’s my shower” 	<p>We do tasks <u>with</u> people, not <u>to</u> people.</p> <p>Care supports the person’s living of their life.</p> <ul style="list-style-type: none"> • “Help her eat” • “Help him shower” 	<p>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.</p>
<p>Caregiver or Carer or Caretaker</p>	<p>Care Partner</p>	<p>Care partners are here to <u>support</u> and help the person, not to <u>give</u> 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.</p>
<p>Burden</p>	<p>Choose to Support</p>	<p>If at any time the care partner begins to feel or sense that caring is becoming a burden, then a <u>pause and time-out</u> is essential to maintain positive relationships and physical/mental health.</p>
<p>Behaviors</p>	<p>Expressive Communication</p>	<p>As people move through different GEMS® states, with changing communication abilities and heightened amygdala responses, at times they express their <u>unmet needs</u> 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.</p>
<p>Walkie Talkies</p>	<p>People who still have verbal and physical abilities.</p>	<p>Defining people this way removes their humanness. We like to focus on preserved abilities in a positive way.</p>
<p>Aggressive</p>	<p>Has a fight response when the amygdala is triggered</p>	<p>People are doing the best they can with what they have left. Aggression is a form of expressive communication: something isn’t working.</p>

Dementia

Fronto-temporal Dementias

Alzheimer's Disease:

- Young onset
 - Chromosome 21-associated dementias
- Late life onset

Lewy Body Disease:

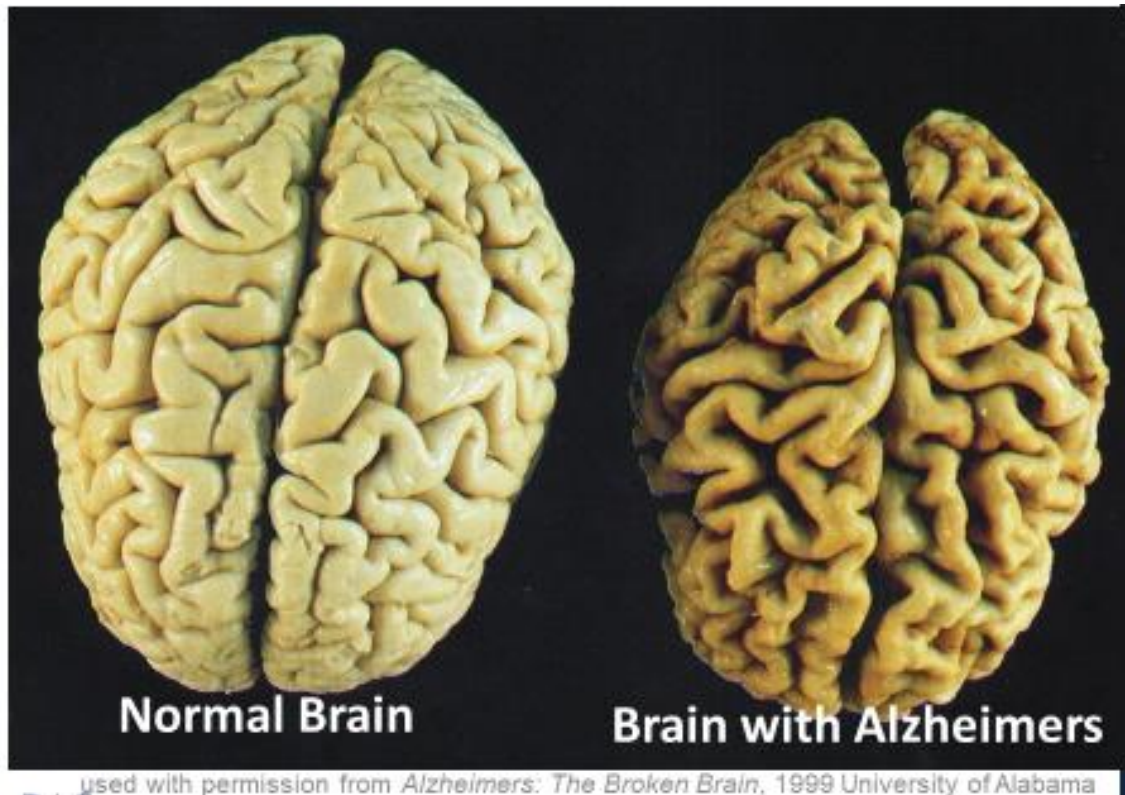
- Parkinson's related
- Diffuse Lewy Body

Vascular Dementias:

- Multi-infarct
- Single-infarct
- Subcortical
- CADASIL

Other Dementias:

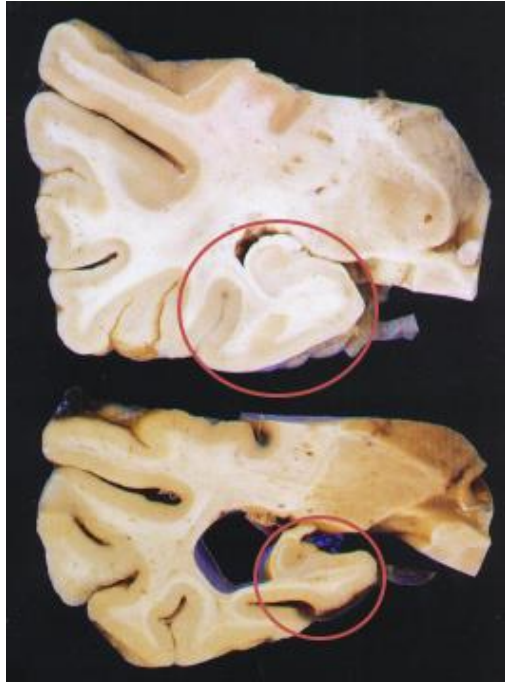
- Posterior Cortical Atrophy (PCA)
- Normal pressure hydrocephalus (NPH) – associated dementia
- Chronic traumatic encephalopathy (CTE) – associated dementia
- Genetic syndromes
 - Huntington's Disease (HD)
- Infectious diseases (e.g., Creutzfeldt-Jakob disease; CJD)
- Metabolic diseases
 - Neuronal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



Dementia \neq Alzheimers \neq Memory Problems

Four Truths About All Dementias:

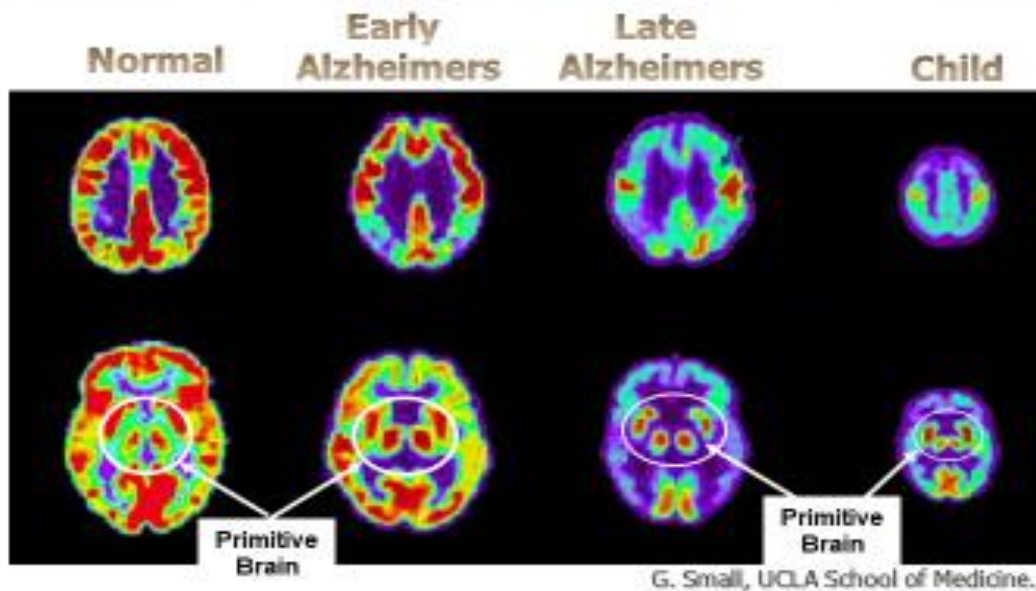
- 1.
- 2.
- 3.
- 4.



Hippocampus: Big Changes

- Learning and Memory Center
- Time Awareness
- Way Finding

Positron Emission Tomography (PET) Alzheimers Disease Progression vs. Normal Brains



Amygdalae:



The primitive brain is in charge of:

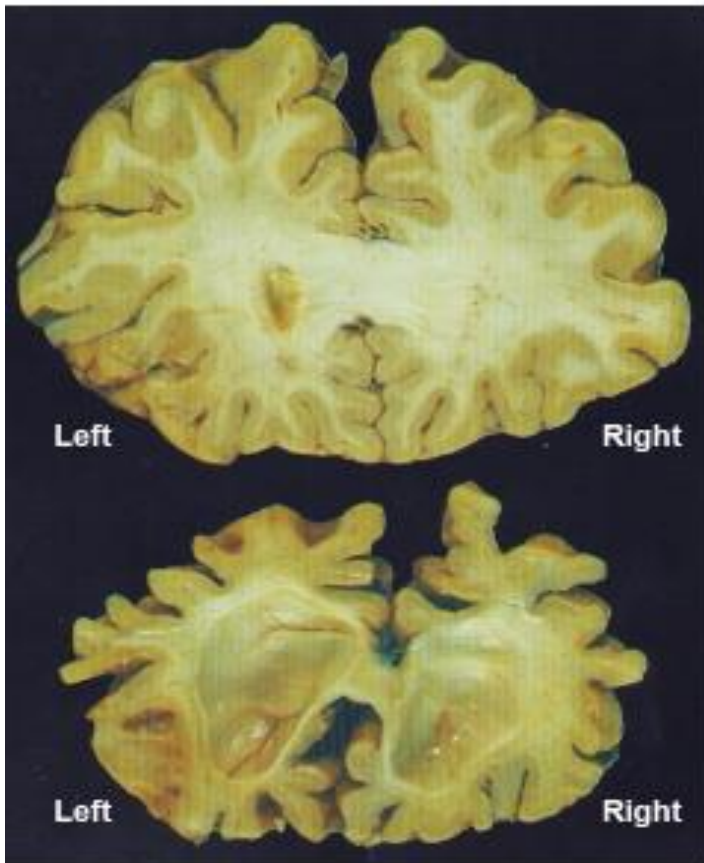
- **Survival**
 - Autonomic protective: fright, flight, fight, or hide and seek
 - Pleasure-seeking: meeting survival needs and finding joy
- **Thriving: Running the Engine**
 - Maintain vital systems (BP, BS, Oxygen Saturation, Temperature, Pain)
 - Breathe, suck, swallow, digest, void, defecate
 - 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 amygdala is 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**

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

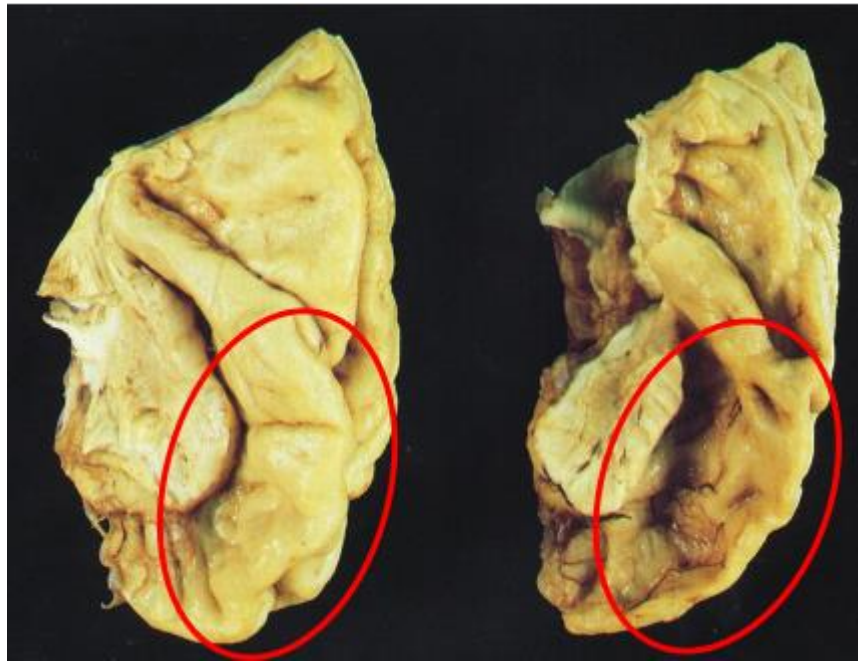
Ambers: See parts, not whole; loss of object recognition

Rubies: Monocular vision

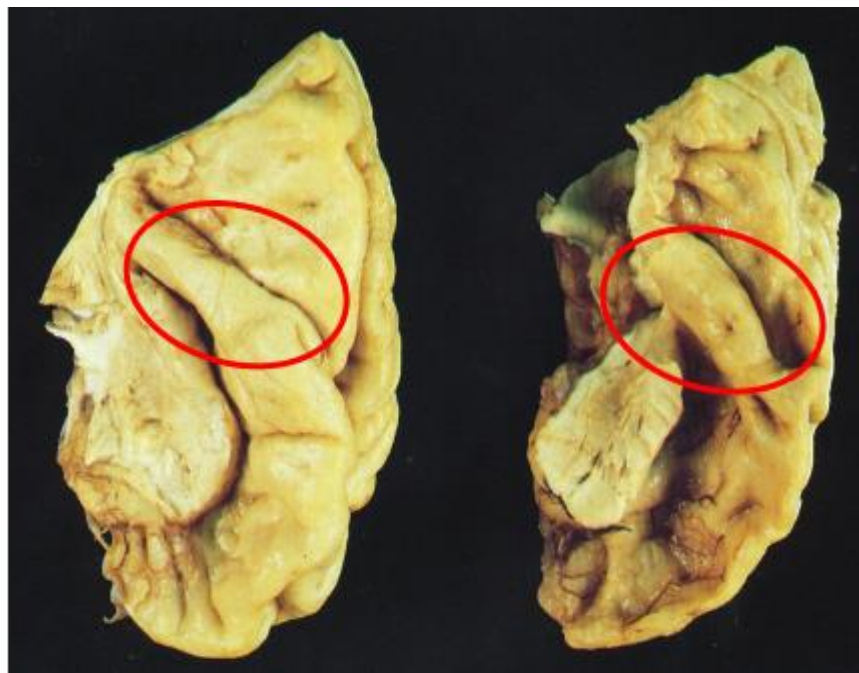
Pearls: Movement, familiar/unfamiliar

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

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



Understanding Language: Big Change



Hearing Sound: Not Changed

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?

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

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 Happy	Hyped Up Boisterous	Hysterical Slap-Happy or Delirious
Connected or In Control Energized	Can't Seem to Get "It" Revved Up	Controlling or Clingy Racing Around
Full of Purpose	Committed	Demanding Others Get Purpose



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 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**

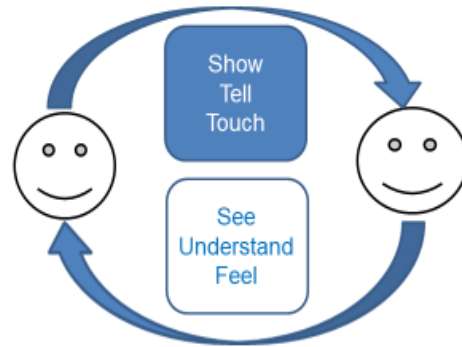
**Rubies
Deep and Strong – Others Stop Seeing What is Possible**

**Pearls
Hidden in a Shell – Beautiful Moments to Behold**

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

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 six feet away

- Visual Awareness and Social Interactions

Personal Space: Six feet to arm's length

- Friendly and Personal Conversations

Intimate Space: Within arm's reach

- Intimate Touch or Connections

PPA Using the 3 Zones as a Guide:

- Get into visual range in **public space**, pausing at the edge of **personal space** (approximately 2 arms length away)
- Greet and smile with your hand held still by your face
- Slowly extend hand for a handshake
- After the person you are approaching gives permission by extending their hand, move slowly into a handshake allowing you to enter **intimate space**
- Move from handshake to Hand-under-Hand ® position
- Move from the front to the side, getting into a **supportive stance**
- Get to or below their eye level
- Use a PPC or PAS phrase (Positive Personal Connection/ Positive Action Starter)

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**

Step 1: Stop moving at 6 feet out:

- 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

Step 2: Greet and give "hi" sign:

- 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

Positive Physical Approach™

To the tune of Amazing Grace



Come to the front, go slow

Get to the side, get low

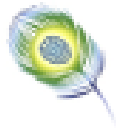
Offer your hand, call out their name

Then wait...

If you will try, then you will see

How different life can be

For those you're car-ing for.





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.”

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**

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

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



Top Five Unmet Needs:

Physical Needs:

Hydration and Nourishment

Wake-sleep and active-rest cycles

Elimination: all forms

Find Comfort: 4Fs and 4Ss

Pain-free:

- **Physical – body**
- **Emotional – relationships**
- **Spiritual – belonging/purpose**

Signals of Emotional Distress:

Angry

Sad

Lonely

Scared

Bored/Lacking Purpose

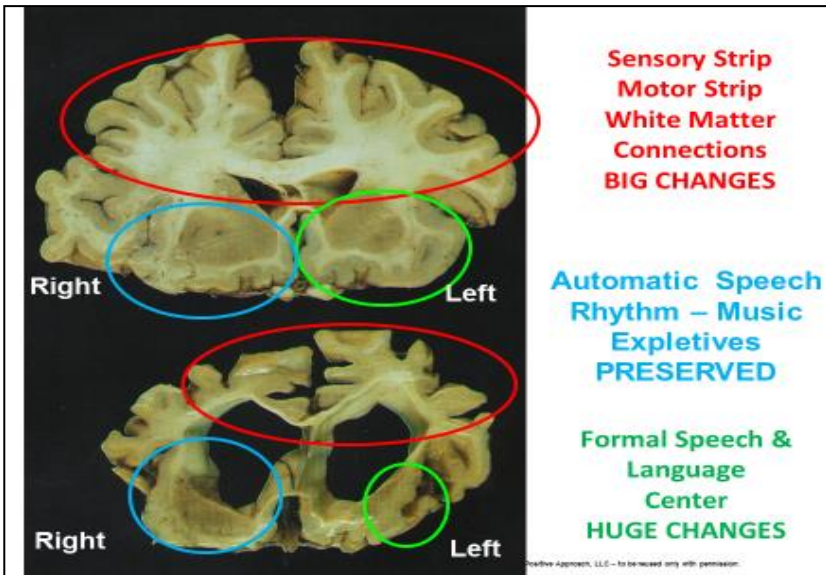
Role Play when the PLwD has an unmet need:

1. What did you notice? _____

2. Why do you think that happened? _____

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

4. What is one change you can make?



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?

How will you get others to see this?

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®?

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



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 hum, 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

Reflect on your PAC Champion Course...

How will you find 5 minutes a day to practice?

What are you already good at? What is going to take some time to grow?

Notes: