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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
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<tbody>
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</tbody>
</table>

**Positive Approach to Care Website and Store: [www.teepasnow.com](http://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](mailto: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

<table>
<thead>
<tr>
<th>Commonly Used Phrase or Word</th>
<th>PAC Language</th>
<th>Reasoning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demented Person</td>
<td>Person Living with Dementia (PLwD)</td>
<td>People who are living with dementia and are able to let others know have asked for this to be used – at an international level.</td>
</tr>
<tr>
<td>Alzheimers Patient</td>
<td>Person Who Has Alzheimers (if accurately diagnosed or Person Living with Dementia if not sure of type)</td>
<td>A person is a <strong>person</strong>, 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.</td>
</tr>
<tr>
<td>Dementia Sufferer or Victim</td>
<td>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</td>
<td>People living with various forms of dementia may at times experience challenges and frustrations: emotionally, physically, intellectually, socially, etc. It is <strong>not</strong> 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.</td>
</tr>
<tr>
<td>Hand-Over-Hand or Doing It For The Person</td>
<td>Hand-under-Hand®</td>
<td>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.</td>
</tr>
<tr>
<td>Feeding, Bathing, Changing Someone</td>
<td>Caregiver or Caretaker</td>
<td>Burden</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>• “She’s my feeder”</td>
<td>Care Partner</td>
<td>Choose to Support</td>
</tr>
<tr>
<td>• “He’s my shower”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>We do tasks with people, not to people. Care supports the person’s living of their life. • “Help her eat” • “Help him shower”</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Dementia

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

Lewy Body Disease:
- Parkinson's related
- Diffuse Lewy Body

Frontotemporal Dementias

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
Dementia ≠ Alzheimers ≠ Memory Problems

Four Truths About All Dementias:

1.
2.
3.
4.
Hippocampus: Big Changes

- Learning and Memory Center
- Time Awareness
- Way Finding
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
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

<table>
<thead>
<tr>
<th>Low: Amygdala Active Alert</th>
<th>Medium: Amygdala Stressed, At Risk</th>
<th>High: Amygdala in Control, Endangered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irritated</td>
<td>Angry</td>
<td>Furious</td>
</tr>
<tr>
<td>Bothered</td>
<td>Frustrated</td>
<td>Enraged</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>Sad</td>
<td>Devastated</td>
</tr>
<tr>
<td>Blue</td>
<td>Unhappy</td>
<td>Hopeless</td>
</tr>
<tr>
<td>Missing “It”</td>
<td>Lonely</td>
<td>Abandoned</td>
</tr>
<tr>
<td>Not Getting “It”</td>
<td>Disconnected</td>
<td>Isolated</td>
</tr>
<tr>
<td>Missing Freedom/Control</td>
<td>Confined/Restricted</td>
<td>Imprisoned</td>
</tr>
<tr>
<td>Nervous</td>
<td>Scared</td>
<td>Terrified</td>
</tr>
<tr>
<td>Anxious</td>
<td>Worried</td>
<td>Panicked</td>
</tr>
<tr>
<td>Disengaged</td>
<td>Bored</td>
<td>Useless</td>
</tr>
<tr>
<td>Antsy</td>
<td>Roaming</td>
<td>Purposeless</td>
</tr>
</tbody>
</table>

### Scale of Amygdalae States: Pleasure

<table>
<thead>
<tr>
<th>Low: Amygdala Active Liking It</th>
<th>Medium: Amygdala Stressed, At Risk</th>
<th>High: Amygdala in Control, Endangered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excited</td>
<td>Hyped Up</td>
<td>Hysterical</td>
</tr>
<tr>
<td>Happy</td>
<td>Boisterous</td>
<td>Slap-Happy or Delirious</td>
</tr>
<tr>
<td>Connected or In Control</td>
<td>Can’t Seem to Get “It”</td>
<td>Controlling or Clingy</td>
</tr>
<tr>
<td>Energized</td>
<td>Revved Up</td>
<td>Racing Around</td>
</tr>
<tr>
<td>Full of Purpose</td>
<td>Committed</td>
<td>Demanding Others Get Purpose</td>
</tr>
</tbody>
</table>
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

What do you want to try?

<table>
<thead>
<tr>
<th>Diamond</th>
<th>Emerald</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Amber</th>
<th>Ruby</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Pearl</th>
<th>Sapphire</th>
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</table>
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?

__________________________________________________________________________________

__________________________________________________________________________________

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

__________________________________________________________________________________

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__________________________________________________________________________________
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?
____________________________________________________________________________
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<table>
<thead>
<tr>
<th>Sapphire</th>
<th>Diamond</th>
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</thead>
<tbody>
<tr>
<td><strong>True Blue</strong></td>
<td><strong>Clear and Sharp</strong></td>
</tr>
<tr>
<td>Optimal cognition, flexible in capacity</td>
<td>Routines and rituals rule, likes the familiar</td>
</tr>
<tr>
<td>Normal aging will slow but not yet change ability</td>
<td>May resist change or won’t let things go</td>
</tr>
<tr>
<td>More time to process when stressed</td>
<td>Rigid under pressure, limited perspective</td>
</tr>
<tr>
<td>True to self: likes/dislikes are the same</td>
<td>Becoming protective, may be territorial or isolate</td>
</tr>
<tr>
<td>Able to learn: takes more practice</td>
<td>Repeats self, hard to integrate new information</td>
</tr>
<tr>
<td>Stress, fatigue, pain may cause Diamond moments</td>
<td>Can cover mistakes in social interaction</td>
</tr>
<tr>
<td>Time to recharge or heal can restore to Sapphire</td>
<td>Symptoms may or may not be dementia-related</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emerald</th>
<th>Ruby</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Green/On the Go With a Purpose</strong></td>
<td><strong>Deep and Strong</strong></td>
</tr>
<tr>
<td>Naturally Flawed</td>
<td>Others stop seeing what is possible</td>
</tr>
<tr>
<td>Desires independence, but noticeable ability change</td>
<td>Retains rhythm, can hung, sing, pray, sway, dance</td>
</tr>
<tr>
<td>Communication becoming vague</td>
<td>Understand expressions and tone of voice</td>
</tr>
<tr>
<td>May neglect personal care routines</td>
<td>Losing ability to understand language</td>
</tr>
<tr>
<td>On the go: needs guidance and structure</td>
<td>Limited skill in mouth, eyes, fingers, and feet</td>
</tr>
<tr>
<td>Difficulty finding way to and from places</td>
<td>Can mimic big movements: gross motor abilities</td>
</tr>
<tr>
<td>May be lost in time</td>
<td>Loss of depth perception, has monocular vision</td>
</tr>
<tr>
<td></td>
<td>Falls prevalent, can only move forward</td>
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<tr>
<td></td>
<td>Care partners will have to articulate unmet needs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amber</th>
<th>Pearl</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Caught in a Moment in Time</strong></td>
<td><strong>Hidden Within in Shell</strong></td>
</tr>
<tr>
<td>Caution required</td>
<td>Person is still there</td>
</tr>
<tr>
<td>Focused on sensation</td>
<td>Moments of connection take time and will be short</td>
</tr>
<tr>
<td>Will react to how things look, sounds, feel, smell, taste</td>
<td>Knows familiar, but unmet needs may cause distress</td>
</tr>
<tr>
<td>Lives in the moment, not socially aware</td>
<td>Unable to move by themselves, often in fetal position</td>
</tr>
<tr>
<td>No safety awareness, typically very busy</td>
<td>still and quiet</td>
</tr>
<tr>
<td>Difficulty understanding and expressing needs</td>
<td>Primitive reflexes have taken over, difficulty</td>
</tr>
<tr>
<td>No ability to delay needs or wants</td>
<td>swallowing</td>
</tr>
<tr>
<td>Needs help with tasks, may resist</td>
<td>Brain failure shuts down body, diminishes need to eat</td>
</tr>
<tr>
<td>Hard to connect with, may exhaust care partners</td>
<td>or drink</td>
</tr>
<tr>
<td></td>
<td>Care partners need to give permission to let go</td>
</tr>
</tbody>
</table>
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?
_______________________________________________________
_______________________________________________________
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# PAC Skills: Level 1

**Objectives:**
Learners who are PAC Approved at Level 1 are able to:
- Describe the agenda and how to know the agenda without showing the agenda
- Complete all steps of Positive Physical Approach™ (PPA™) correctly with someone who is sitting down, someone who is standing up, and someone who approaches the seated learner
- Use at least one positive connection statement before initiating task
- Correctly gain Hand-under-Hand® within PPA™

<table>
<thead>
<tr>
<th>Did the learner:</th>
<th>1st Try</th>
<th>2nd Try</th>
<th>Mentor</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe agenda and explain plan to know but not show</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td><strong>Use PPA™ to approach</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Get into Visual Range</td>
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<td>2. Knock or Announce Self (not a conversation)</td>
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<td>3. Pause at six feet out (edge of personal space)</td>
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<td>4. Greet and Smile</td>
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<tr>
<td>5. Move Slowly</td>
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<tr>
<td>– Hand offered in ‘handshake’ position</td>
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<td>6. Move from the front to the side (supportive stance)</td>
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<td>7. Greet with a handshake and your name</td>
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<td>8. Slide into Hand-under-Hand® hold</td>
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<td>9. Get to the person’s level</td>
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<tr>
<td><strong>CONNECT: Be friendly - make a ‘nice’ comment or smile</strong></td>
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<tr>
<td>Introduce themselves and then seek the person’s name or use the person’s name and give their name: “I’m Mary and you are…” or “Hi John, it’s Mary”</td>
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<tr>
<td>Find out about the person by sharing something: “I’m from Atlanta, and you’re from…?”</td>
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<td>Give a compliment: looks, skills, appearance, etc.</td>
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<td>Make a positive observation about something in the immediate area – visual</td>
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<tr>
<td>Share something known about the person or find something out about the person in a friendly way</td>
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<tr>
<td>Other:</td>
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<tr>
<td><strong>Give your message/initiate task…</strong></td>
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<tr>
<td>Successfully complete plan for agenda in demo</td>
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<tr>
<td>Thank the person after each try</td>
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</table>

Level 1 Approved: Y or N  
Pin Given: Y or N  
Overall Comments:
**PAC Skills: Level 2**

**Objectives:**
Learners who are PAC Approved at Level 2 are able to:

- Initiate tasks without showing the agenda
- Adapt the use Positive Physical Approach™ (PPA™) when someone doesn’t offer a hand for a handshake and may be angry, someone who lacks all verbal abilities, and someone who is sleeping
- Use visual, verbal, and touch cues in the correct order
- Demonstrate correct use of Hand-under-Hand® for basic tasks
- Identify the Six GEMS® States relating to levels of support
- Take a ’Time-Out’ when necessary before changing something and trying again

<table>
<thead>
<tr>
<th>Did the learner:</th>
<th>1st Try</th>
<th>2nd Try</th>
<th>Mentor</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adapt PPA™ appropriately:</strong></td>
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<tr>
<td>With no hand offered</td>
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<tr>
<td>With someone lacking all verbal ability</td>
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<tr>
<td>With someone who is sleeping</td>
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<tr>
<td><strong>Use VVT cues in the correct order:</strong></td>
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<tr>
<td>Initiate task without showing agenda:</td>
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<td>Give short, simple information</td>
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<td>Offer a choice, “Do you prefer this or that?”</td>
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<td>“Try this,” with visual cue</td>
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<tr>
<td>“Help me with this,” with visual cue</td>
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<td>Break the task down into very small steps</td>
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<td><strong>Demonstrate correct HuH® use:</strong></td>
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<td>Identify the dominant side for the person and set-up</td>
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<tr>
<td>Use PPA™ to get into HuH®</td>
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<tr>
<td>Ensure that the learner’s hand is under the partner’s hand</td>
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<tr>
<td>Appropriately use skill fingers to complete the task without hurting the partner’s hand</td>
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<tr>
<td>Place the hand not in HuH® either on a joint, holding an object, or gaining HuH® with the person’s other hand</td>
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<tr>
<td>Passing the task off to the partner if they are successfully completing the repetitions of the motion</td>
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<tr>
<td>Thank the person you work with after each try</td>
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<tr>
<td>Identify the Six GEMS® States and basic descriptions</td>
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<tr>
<td>Take a ’Time-Out’ appropriately</td>
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</table>

Level 2 Approved: Y or N
Pin Given: Y or N

Overall Comments:
# PAC Champion Day

**Participant Name** (optional): _______________________

## Objectives Achieved

Following completion of this workshop, I am better able to:

<table>
<thead>
<tr>
<th></th>
<th>Not at All</th>
<th>Somewhat</th>
<th>Generally</th>
<th>Mostly</th>
<th>Completely</th>
<th>Supporting Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Identify symptoms of dementia that impact care initiation and provision with regard to what is retained and what is lost in the brain with dementia.</td>
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<td>2.</td>
<td>Demonstrate Positive Physical Approach™ (PPA) and common modifications by level of dementia.</td>
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<td>3.</td>
<td>Discuss the five ways people take in data (sensory input and processing systems).</td>
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<td>4.</td>
<td>Demonstrate how to recognize and address unmet emotional and physical needs for someone in an Emerald state, and to facilitate positive, supportive communication.</td>
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## PAC Trainers

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<tr>
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<th>Generally</th>
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<th>Completely</th>
<th>Supporting Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.</td>
<td>The PAC Trainers seemed well prepared to participate in the training days.</td>
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<td>6.</td>
<td>The PAC Trainers were knowledgeable about the material presented.</td>
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<td>7.</td>
<td>The PAC Trainers correctly demonstrated and used PAC Skills to encourage participation.</td>
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<td>8.</td>
<td>The PAC Trainers observed and assessed my PAC Skill level accurately.</td>
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</table>

## Materials and Environment

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<tr>
<th></th>
<th>Not at All</th>
<th>Somewhat</th>
<th>Generally</th>
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<th>Completely</th>
<th>Supporting Details</th>
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</thead>
<tbody>
<tr>
<td>9.</td>
<td>The set-up and environment provided adequate space and structure to foster the learning experiences during the training.</td>
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</table>

## My Own Learning

<table>
<thead>
<tr>
<th></th>
<th>Very Little</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>A great deal</th>
<th>5</th>
<th>Supporting Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>How much did you learn as a result of this CE program?</td>
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<td>2.</td>
<td>How useful was the content of this CE program for your practice or other professional development?</td>
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What is something new that you took in from this day of training?

What is one thing you really enjoyed during this day of training?

What is one thing we should consider changing or doing differently to make this course work better for you? Any other comments or ideas?