

PAC Workshop A Script:

Workshop A: “Normal and Not Normal Aging” 30-minute Trainer Workshops with 30-minute Coach Huddles

-
- **NOTE for CEUs:** Only those who attend all four, 30-minute sessions will be eligible to submit their time for CEU approval (guidelines for submission materials provided on www.teepasnow.com). The contact time will be 2 hours.
 - As you master the information, you may use the video as needed. It is never acceptable to have people watch the video without your facilitation.

Workshop Objectives: By the completion of this 2-hour workshop, Learners will be able to:

1. Compare and contrast ‘normal’ aging versus ‘not normal’ aging related to various cognitive functions
2. Describe the purpose and value of Hand-under-Hand® connection, guidance, and assistance, using what remains in the brain when someone is living with dementia
3. Demonstrate the basic Hand-under-Hand® technique in a simple task such as helping someone eat
4. Describe the five sensory input and processing systems, highlighting the dominant role of vision, and the major differences between protective and discriminating sensation in each
5. Discuss the impact of changing sensory awareness and processing as dementia progresses
6. Describe the role of working memory in ‘normal’ and ‘not normal’ aging
7. Identify alternative responses to “I need” statements for someone living with dementia

Workshop Set Up: This is series of four 30-minute workshops for a total of 2 contact hours

Trainers: Each workshop has set aside time for video review and facilitation. However, as the Independent PAC Certified Trainer grows in their skills from Novice to Proficient, and then to Accomplished, they will be able to phase out the video content, while still having time to provide the learners’ awareness and knowledge growth with the Adult Experiential Learning Cycle (AELC).

Coaches: Each Huddle, following the individual workshops, has a list of objectives on which to coach Learners. Communication with the PAC Certified Trainer will be critical to: 1) obtain a list of attendees with whom to Huddle, and 2) verify that the Trainer was able to cover the material on which the Coach will Huddle.

Remember to ask participants to complete a workshop evaluation. A master copy can be found in the PAC Coach/Trainer Manual.

Round 1: Normal Aging (Video Chapter 3: Normal Aging)

Round 1 Objectives:

1. Compare and contrast 'normal' aging versus 'not normal' aging related to various cognitive functions
2. Describe the five sensory input and processing systems, highlighting the dominant role of vision, and the major differences between protective and discriminating sensation in each

Trainer Workshop 1: Normal Aging



Start video at 0:00 when Teepa demonstrates the Normal Aging role play. Notice Teepa's explanation of the silence at the end of the role play. Stop video at 4:54 after "... the chair. You're saying 'Oh my God!' So.." Take a deep breath!



Ask group:

- "Has something like this ever happened to you?"
- "Have you noticed others in your life doing these sorts of things?"



Ask group:

- "Think to yourself for a few moments: why do you think it happens?"
- "Did you notice how your breathing/thinking changed as you watched?"
- "What seemed funny but also a little anxiety provoking?"
-



Say:

- "When your brain gets anxious or nervous it can dump cortisol, a stress hormone, into your system which causes you to become even more distressed and your brain not to work as well as it normally does."
- "Breathing slowly and deeply and making sure to breathe out fully will help drop cortisol back down so you can think, process, and control your emotions."



Have everyone take a deep breath three times and then go back to the video clip:



Start video at 4:59 at "OK, so here we go."

Ask learners to do what Teepa does on the video to help reinforce the five ways we take data into the brain.

Stop video at 11:19 after "and now I'm gonna pause you."

Ask the learners to partner up for the touching activity as explained on the video:

- Give them direction as Teepa did on the video.



Ask group:

- "What happened for you?"
- "How did it make you feel?"



Ask group to turn to a partner or turn to their table and discuss:

- “What did you find yourself wanting to do?”
- “Why do you think it felt the way it did?”



Ask group:

- “What do you think you would say or feel if you had dementia?”
- “How does this apply to people with dementia when we are trying to help them do things?”
- “Is it true that we often **do to** rather than **do with** to get the task done?”

Coach Huddle 1: Normal Aging

Huddle 1: **10 minutes**

Connect: Use PPA™ with each person:

- Gain permission to do 3 Huddles throughout the day and plan times
- Notice with them: GEMS® state of each person

Seek: Gather from the group what they noticed about Normal/Not Normal Aging and have them identify their first focus:

- “What was one thing about Normal/Not Normal Aging that you would like to try to see throughout your day today?”

Reflect: Using the group’s words, share some highlights back to them:

- “So it sounds like...”
- “Is that accurate for you?”

Explore: “Now that you have this information and focus, how will it impact your interaction with your residents?”

Drill: Ask each member of the group to determine their drill goals:

- “What do you want to try today? What will you notice this week with your residents? How often will the learners do this?” Get concrete goals.
- Have the individuals practice the drill

Huddle 2: **15 minutes**

Connect: Get permission using PPA™

Seek: Ask about their experience and two things that they noticed

Reflect: Use reflective language to restate what you heard and check in that it is accurate

Explore: “What happened? Why do you think that happened?” Get information on body position, Visual Verbal Touch cues, etc. that correspond to the focus and drill

Drill: “What is one thing you would like to try differently? How can you do that?”
Practice drill

Huddle 3: 5-10 minutes

Connect: PPA™

Seek: Ask about the experience and two things that went well. Did it feel different?
What did they learn?

Reflect: Use reflective language to check that you heard them correctly

Explore: Review steps of the experience to help identify possible challenges or highlights

Drill: Plan for continued practice to notice Normal/Not Normal and increase accuracy

Round 2: Introduction to Hand-under-Hand® (Video Chapter 3: Normal Aging)

Round 2 Objectives:

1. Describe the purpose and value of Hand-under-Hand® connection, guidance, and assistance, using what remains in the brain when someone is living with dementia
2. Demonstrate the basic Hand-under-Hand® technique in a simple task such as helping someone eat

Trainer Workshop 2: Introduction to Hand-under-Hand®



Start video at 11:24 “How many of you found...”

Ask learners to do what Teepa does during the segment.

Stop video at 11:44 after “...touch yourself where we made the touches.”



Ask group:

- “How was it different? Same?”



Ask group to turn to a partner or turn to their table and discuss:

- “Why?”
- “What made it feel different?”



Start video at 11:49 at “How many of you feel that that feels different...”
Stop video at 15:06 after “...not trying to keep you from doing things.”

Partner up and practice Hand-under-Hand®-shake and hold, learning about hand-to-hand connection

- Butterfly, supportive, and pressure for comfort and calm



Start video at 15:11 at “Now, here’s what we’re going to do.”

Stop video at 16:41 after “I’ll lose skill before I’ll lose strength.”

Ask learners to partner up for the activity as explained on the video. Practice eye-hand connection using Hand-under-Hand® contact. Have the partner look away, and the caregiver pump their hand to get eye contact and visual regard.



Start video at 16:46 “Here’s the really cool part.”

Have learners do actions with video.

Note that eye draws hand contact (17:39-18:08)

Watch Hand-under-Hand® attention, then guidance and assistance (18:08-19:29)

Stop video at 19:29 after Teepa says “Feel the difference between touching with versus touching someone.”

Have learners practice Hand-under-Hand® contact.



Ask group:

- “What happened for you?”
- “Does it feel different than when your partner did things to you?”
- “What feels different?”



Ask group to turn to their partner and discuss:

- “Why do you think it is so different?”
- “How does it make you behave differently with your partner?”
- “Do you feel differently about your partner and the activity they are trying to help you with?”



Ask group:

- “Have you ever noticed eye contact drawing hand contact or hand contact causing eye contact before in your own experiences?”
- “Do you think this might have an impact on anyone you have tried to help who had dementia?”



Have learners switch places – **monitor for correct hand positioning:**

- Touching without vision
- Hand-under-Hand® to get visual regard
- Hand-under-Hand® to get eye contact then show where you want to touch on you, then move your hands together to the person’s body to do the touching



Start video at 19:34 at “All right! So you’re...”

Have learners do actions with video.

Note the following for your reference:

- The purpose and value of Hand-under-Hand® connection, guidance, and assistance – using what remains in the brain when someone is living with dementia
- The part of the brain and wiring that is involved in sensory-motor processing
- The part of the brain and wiring that is involved in visual-motor processing
- The ability of people without dementia to translate auditory data into motor performance compared to people living with later stages of dementia

Stop video at 22:14 after “...we’re using the wrong system for what they have left.”



Ask group:

- “Have you noticed that people in later stages seem to have trouble understanding what you want them to do and doing it?”
- “Have you ever thought about why that might be?”



Ask group to turn to a partner or turn to their table and discuss:

- “How does this activity and processing help you better understand why problems sometimes arise when we are trying to help someone?”



Ask group:

- “Think of at least one situation in which you might use this approach. Share with your partner when and where you want to try to use this approach.”

Coach Huddle 2: Introduction to Hand-under-Hand®

Huddle 1: 10 minutes

Connect: Use PPA™ with each person

- PPA™: Connect
- Gain permission to do 3 Huddles throughout the day and plan times
- Notice with them: GEMS® state of each person

Seek: Gather information from the group about Hand-under-Hand® and what their first focus will be:

- “What was one thing about Hand-under-Hand® that you would like to focus on today?”

Reflect: Using the group’s words, share some highlights back to them:

- “So it sounds like...”
- “Is that accurate for you?”

Explore: “Now that you have this information and focus, how will it impact your interaction with your residents?”

Drill: Ask each member of the group to determine their drill goals:

- “What do you want to try today? What will you notice this week with your residents? How often will the learners do this?” Get concrete goals.
- Have the individuals practice the drill

Huddle 2: **15 minutes**

Connect: Get permission using PPA™

Seek: Ask about their experience and two things that went well

Reflect: Use reflective language to restate what you heard and check in that it is accurate

Explore: “What happened? Why do you think that happened?” Get information on approach, body position, Visual Verbal Touch cues, etc. that correspond to the focus and drill

Drill: “What is one thing you would like to try differently? How can you do that?”
Practice drill

Huddle 3: **5-10 minutes**

Connect: PPA™

Seek: “How did it go? What were two things that went well? Did it feel different?”

Reflect: Use reflective language to check that you heard them correctly

Explore: Review steps of the experience to help identify possible challenges or highlights

Drill: Plan for continued practice

Round 3: Curiosity and Safety Awareness (Video Chapter 3: Normal Aging)

Round 3 Objectives:

- 1. Describe the five sensory input and processing systems, highlighting the dominant role of vision, and the major differences between protective and discriminating sensation in each**
- 2. Discuss the impact of changing sensory awareness and processing as dementia progresses**

Trainer Workshop 3: Curiosity and Safety Awareness



Start video at 22:15 at “So the other two...”

Have learners do actions with video.

Ask learners to do the two additional movements for the last two senses and fingers

- Smell – ring finger – sniff
- Taste – little finger – open mouth and gesture toward mouth
- See – hear – feel and do – smell – taste

Stop video at 24:16 after “That’s the reality.”



Start video at 24:21 at “So really quickly, we’re going to go back to our scenario.”

Have learners do actions with video.

Note the following for your reference:

- Two groups for all senses: curiosity and safety awareness
 - Children: curiosity – someone else is in charge of safety awareness
 - Children are well padded, insulated, non-fragile – safer in general
- People living with dementia will lose safety awareness before curiosity
 - They are losing skills, but still seeking out things and activities of interest
 - They are not well padded or insulated, bones are brittle, and risks are high
 - They have a lifetime of independence and typically do not want to be managed like we are their parents or their bosses

Stop video at 31:47 after “...to be supportive,” when Teepa changes rooms.



Ask group:

- “Have you ever had an interaction with a child where they started to do something unsafe because they were curious?”



Then ask:

- “How did you handle it?” “What happened?”



Ask group:

- “Given what you know now, does what happened make sense?”



Ask group:

- “Now think about people living with dementia and ask the same questions of yourself. Do you have a better understanding of what happened and why?”
- “What is one thing you plan to change in your care routine based on what you have learned? Try it out with your partner.”

Note: Can take a short stretch break after 31:47 after "...to be supportive," when Teepa changes rooms on the DVD, and after you've completed your AELC.



Start video at 31:52 at "We need to do a quick..."

Ask learners to use their bodies and hands as Teepa does in the video.

Stop video at 40:00 after "All of that is normal. Whew."



Ask group:

- "For review: What are some features you noticed in the Normal Aging scenario?"

Reinforce all they identify, prompt as needed, point out any misunderstanding they might still have about normal aging. Here's a list of features learners may have noticed in the **Normal Aging** scenario, for your reference:

- Can't recall a word. Describe the word to get it to pop up
- Give people time to process information, go more slowly
- Slower to think
- Slower to do
- May hesitate more
- More likely to look before they leap
- Will know the person, but not find the name
- May pause when word finding
- New data reminds me of old data



Ask group to turn to a partner or turn to their table and discuss:

- "So why do you think there is so much misunderstanding of normal aging?"
- "What are some of the features of normal aging that can create friction, stress, or problems between people who are trying to interact and help each other?"



Ask group:

- "How has learning about your brain and how it works affected your thinking?"
- "Share what you are thinking with your partner for just a few minutes."



Say to the group: "So, to review:"

- "How should you greet someone?" (Say, 'Hi *their name*. It's *your name*')
- "If someone seems to be looking for a word, what is a great option to give the person a chance?" (silently count)
- "To prompt or remember more than five things, what might be helpful?" (lists)
- "If you ask me how to get somewhere, and I am older, what might I do, when describing directions?" (use old landmarks to help locate locations)
- "Pick one of these and practice it with your partner."

For Your Reference and Review:

Limbic system – core of brain – thrive to survive:

- **Core:** hunger, thirst, elimination, wake-sleep, fight infection, heart/breathing rate
- **Amygdala:** threat awareness and automatic/immediate survival reaction as well as desire: “I want what I want when I want it, and I want it **now!**”

Coach Huddle 3: Normal Aging, Curiosity and Safety Awareness Review

Huddle 1: **10 minutes**

Connect: Use PPA™ with each person:

- PPA™: Connect
- Gain permission to do 3 Huddles throughout the day and plan times
- Notice with them: GEMS® state of each person

Seek: Gather information from the group about Curiosity and Safety Awareness and what their first focus will be:

- “What was one thing about Curiosity and Safety Awareness that you would like to focus on today?”

Reflect: Using the group’s words, share some highlights back to them:

- “So it sounds like...”
- “Is that accurate for you?”

Explore: “Now that you have this information and focus, how will it impact your interaction with the residents?”

Drill: Ask each member of the group to determine their drill goals:

- “What do you want to try today? What will you notice this week with your residents? How often will the learners do this?” Get concrete goals.
- Have the individuals practice the drill

Huddle 2: **15 minutes**

Connect: Get permission using PPA™

Seek: Ask about their experience and two things that went well

Reflect: Use reflective language to restate what you heard and check in that it is accurate

Explore: “What happened? Why do you think that happened?” Get information on

approach, body position, Visual Verbal Touch cues, etc. that correspond to the focus and drill

Drill: “What is one thing you would like to try differently? How can you do that?”
Practice drill

Huddle 3: 5-10 minutes

Connect: PPA™

Seek: “How did it go? What were two things that went well? Did it feel different?”

Reflect: Use reflective language to check that you heard them correctly

Explore: Review steps of the experience to help identify possible challenges or highlights

Drill: Plan for continued practice

Round 4: Working Memory and Not Normal Aging Wrap-Up (Video Chapter 4: Not Normal Aging)

Round 4 Objectives:

1. Compare and contrast normal aging versus not normal aging
2. Describe the role of working memory in normal and not normal aging
3. Identify alternative responses to “I need” statements for someone living in dementia

Trainer Workshop 4: Working Memory and Not Normal Aging Wrap-Up



Start video at 40:05 when Teepa role plays the Not Normal aging scenario. Stop video at 46:29 after “Talk about your not normals.” after list appears on screen.

Ask them to talk through the role-play and discuss what was not normal. If enough people, break into small groups.

Prompt with key ideas, if needed (these are listed on the slide on the DVD at 46:34):

- Ability to hold onto 5-8 items in working memory?
- Ability to recognize the person on the phone by relationship?
- Ability to use the data provided on who is on the phone?
- Ability to hold onto new or more recent information about places and activities?
- Ability to use old information to lock-in new data?

- Ability to find words, especially nouns?
- Ability to describe words with other commonly accepted words?
- Ability to control impulsive speech and ideas?
- Ability to value relationships and modify behavior to control observations?
- Ability to recognize strong visual cues (coffee cup/ TP in the closet)?
- Ability to use a reasonable explanation to recall why there is no toilet paper?
- Ability to use strong auditory cues to recall recent conversations or details?



Share

Ask group:

- “So, let’s take a look at Teepa’s list and see how many we got!”

Start video at 46:34 to show the list titled, ‘Normal Aging/Not Normal Aging.’
Stop video at 46:44 so the learners can see the list.

- “How did we do?”



Process

Ask group:

- “Turn to your partner/table and think about how comfortable you are with recognizing the difference between normal and not normal behaviors: language, thinking, processing, remembering, etc.? On a scale of 1 to 10, rate where you think you are with your knowledge and assessment skills of normal and not normal aging.”



Connect

Ask group:

- “What are some of the key things you can listen for, look for, and consider that would help you tell the difference?”



Apply

Ask group:

- “Think of 1 to 2 situations where you can look for, listen for, pay attention to the possibility of not normal where you live or work. Tell your partner the specifics of **when** and **where** you will practice your skill of recognizing what is not normal aging and identify at least one specific thing you will be noticing.”



Experience

Start video at 46:50 after the list comes off the screen.

Ask learners to move their hands and do the motions Teepa does when describing:

- Ability awareness
- Attempts to say words

Stop video at 55:17 at “...with dementia, good luck.”(End of chapter)

Ask partners to do this activity:

- One person says “I need something.”
- The other spontaneously reacts with common reaction: “What do you need?”
- Discuss why this reaction just won’t work with dementia.



Share

Ask group:

- “For review, what are some features you noticed in the Normal Aging scenario?”

Reinforce all they identify, prompt as needed, point out any misunderstandings they might still have about normal aging.

Normal Aging. Here’s a list of features learners may have noticed in the **Normal Aging** scenario, for your reference:

- Can’t recall a word. Describe the word to get it to pop up
- Give people time to process information, go more slowly
- Slower to think
- Slower to do
- May hesitate more
- More likely to look before they leap
- Will know the person, but not find the name
- May pause when word finding
- New data reminds me of old data



Share

Ask group:

- “What are some features you noticed in the **Not Normal Aging** scenario?”

Reinforce all they identify, prompt as needed, point out any misunderstandings they might still have about not normal aging. Here’s a list of features learners may have noticed in the **Not Normal Aging** scenario, for your reference:

- Unable to think the same
- Unable to do as before
- Unable to get started on a task
- Will get stuck in a moment of time
- Unable to think things out
- Unable to successfully place a person
- Words won’t come even with visual, verbal, or touch cues
- Confused between past and present
- Personality and/or behaviors will be different

Note: Not normal signs may not always be dementia, but always should be checked out. Examples of health conditions that may cause signs of dementia above include:

- Hearing impairment
- Living with high stress
- Acutely ill
- New medical illnesses
- Medication problems or interactions
- Pain or psychological issues



Ask group:

- “From everything that was covered in today’s class, share with your table/partner:
- Two things you learned about normal aging
- Two things you learned about not normal symptoms
- Two things you found out about ways of getting data into your brain
- Two things you now are thinking about people living with dementia and why they might be behaving, talking, thinking, acting like they do.”



Ask group:

- “How will what you have learned today impact how you explore the possibility of normal/not normal situations?”



Ask group to talk with partner or in a group:

- “Describe at least 1-2 situations that you have experienced that were clearly normal aging and 1-2 that were, as you now think about it, not normal.”



Tell group:

- “Share with at least one other person something you are going to do differently after today. Take a few minutes to practice the specific thing you want change in your care behaviors.”

Huddle 4: Working Memory and Not Normal Aging Wrap-Up

Huddle 1: **10 Minutes**

Connect: Use PPA™ with each person:

- PPA™: Connect
- Gain permission to do 3 Huddles throughout the day and plan times
- Notice with them: GEMS® state of each person

Seek: Gather information from the group about Curiosity and Safety Awareness and what their first focus will be:

- “What was one thing about Curiosity and Safety Awareness that you would like to focus on today?”

Reflect: Using the group’s words, share some highlights back to them:

- “So it sounds like...”
- “Is that accurate for you?”

Explore: “Now that you have this information and focus, how will it impact your interaction with the residents?”

- Drill:** Ask each member of the group to determine their drill goals:
- “What do you want to try today? What will you notice this week with your residents? How often will the learners do this?” Get concrete goals.
 - Have the individuals practice the drill

Huddle 2: **15 minutes**

Connect: Get permission using PPA™

Seek: Ask about their experience and two things that went well

Reflect: Use reflective language to restate what you heard and check in that it is accurate

Explore: “What happened? Why do you think that happened?” Get information on approach, body position, Visual Verbal Touch cues, etc. that correspond to the focus and drill

Drill: “What is one thing you would like to try differently? How can you do that?”
Practice drill

Huddle 3: **5-10 minutes**

Connect: PPA™

Seek: “How did it go? What were two things that went well? Did it feel different?”

Reflect: Use reflective language to check that you heard them correctly

Explore: Review steps of the experience to help identify possible challenges or highlights

Drill: Plan for continued practice

Post-Workshop Self Review:

Facilitator: _____ **Date:** _____

Planned Huddle Up **OR** Coach in the Moment

Objective: _____

Adult Experience Learning Cycle	Time Stamp on video	How do you think you did?	Is there anything you'd do differently next time? If so, what?
Experience: Do this			
Share: What happened?			
Process: Why did it happen?			
Connect: What else do you or others know about things like this?			
Apply: Given what we figured out what can we try out next?			

Multiple Intelligences	Match to AELC Step	How do you think you did?	Is there anything you'd do differently next time? If so, what?
Verbal- Linguistic			
Visual –Spatial			
Logical- Mathematical Puzzle Solver			
Kinesthetic – Body			
Musical – Rhythmic			
Interpersonal			
Intrapersonal			
Natural Awareness			
Existential			

Additional Comments:

PAC Workshop A Test:

Test Questions

Workshop A: "Normal Aging/ Not Normal Aging"

Participant Name/ Profession: _____

Facilitator Name: _____, CPT

1. As a care partner, it's important to learn to (choose one):
 - Respond, not react
 - Point out what the person with dementia is doing wrong
 - Take over
2. In care partnering, if something isn't working well, who needs to change?
 - Care partner
 - The person with dementia
3. If it's not normal aging, it's always dementia:
 - True
 - False
4. Human beings take in data in five ways: what we see, hear, feel/ touch, smell, and taste. The most powerful sensory input is:
 - Visual data
 - Auditory data
 - Kinesthetic data
5. People with dementia pay more attention to what they see than what they hear:
 - True
 - False
6. All forms of dementia attack the brain asymmetrically. What side is usually attacked first and more severely?
 - Right side
 - Left side
7. When approaching someone affected by dementia, it's OK to touch the person before you've made a visual and verbal connection:
 - True
 - False

8. Please choose the correct statement:
- It's more effective to do 'to' a person, than 'with' them
 - It's more effective to do 'with' a person, than 'to' them
9. People find pressure in the palm of their hand comforting:
- True
 - False
10. A person affected by dementia retains safety awareness:
- True
 - False
11. The amygdala and hippocampus are two parts of the limbic system of the brain. Both of these parts have primary functions that relate to memories and reactions to emotional aspects:
- True
 - False
12. Working memory peaks at around age:
- 45
 - 75
 - 25
13. Choose all that apply to normal aging:
- Can't recall a word, but can describe it
 - Process information more slowly
 - May pause when word-finding
 - Words won't come even with verbal, visual, or touch cues
14. Choose all that apply to not normal aging:
- Unable to get started on a task
 - Will get stuck in a moment of time
 - Unable to successfully place a person
 - Confused between past and present
15. Dementia will rob you of skill before it robs you of strength:
- True
 - False

PAC Workshop A Test Answer Key

1. As a care partner, it's important to learn to (choose one):
→ Respond, not react
 Point out what the person with dementia is doing wrong
 Take over
2. In care partnering, if something isn't working well, who needs to change?
→ Care partner
 The person with dementia
3. If it's not normal aging, it's always dementia.
→ False
 True
4. Human beings take in data in five ways: what we see, hear, feel/ touch, smell, and taste. The most powerful sensory input is:
→ Visual data
 Auditory data
 Kinesthetic data
5. People with dementia pay more attention to what they see than what they hear.
→ True
 False
6. All forms of dementia attack the brain asymmetrically. What side is usually attacked first and more severely?
→ Left side
 Right side
7. When approaching someone affected by dementia, it's OK to touch the person before you've made a visual and verbal connection.
→ False
 True
8. Please choose the correct statement:
→ It's more effective to do 'with' a person, than 'to'
 It's more effective to do 'to' a person, than 'with' them
 It's more effective to do 'with' a person, than 'to' them
9. People find pressure in the palm of their hand comforting.
→ True
 False

10. A person affected by dementia retains safety awareness.

- True
- False

11. The amygdala and hippocampus are two parts of the limbic system of the brain. Both of these parts have primary functions that relate to memories and reactions to emotional aspects.

- True
- False

12. Working memory peaks at around age:

- 45
- 75
- 25

13. Choose all that apply to normal aging:

- Can't recall a word, but can describe it
- Process information more slowly
- May pause when word-finding
- Words won't come even with verbal, visual, or touch cues

14. Choose all that apply to not normal aging:

- Unable to get started on a task
- Will get stuck in a moment of time
- Unable to successfully place a person
- Confused between past and present

15. Dementia will rob you of skill before it robs you of strength.

- True
- False

PAC Trainer Survey and Evaluation

“Normal and Not Normal Aging” Workshop

Facilitator Name: _____ **Training Location:** _____

Participant Name: _____ **Training Date:** _____

Objectives Achieved	Excellent	Good	Fair	Poor
1. Compared and contrasted normal aging versus not normal aging				
2. Described the five sensory input and processing systems, highlighting the dominant role of vision, and the major differences between protective and discriminating sensation in each				
3. Discussed the impact of changing sensory awareness and processing as dementia progresses				
4. Educated on the value of consistent positive reinforcement to promote well-being and reduce challenging behaviors throughout the disease process				
Trainer	Excellent	Good	Fair	Poor
5. The Trainer was well prepared				
6. The Trainer was knowledgeable about the material presented				
7. The Trainer encouraged participation				
8. The Trainer facilitated my own learning in this Training				
9. Please rate your Trainer's overall performance in this Training				
Materials and Environment	Excellent	Good	Fair	Poor
10. Please rate audiovisuals and handouts				
11. Please evaluate the physical environment where the workshop was held				

Additional Comments:

“Normal and Not Normal Aging” Workshop

Facilitated by _____, PAC Certified Independent Trainer

Participant Name (required by your approving organization for credit): _____

Profession/ License: _____

Objectives Achieved	Excellent	Good	Fair	Poor
Compared and contrast normal aging versus not normal aging				
Describe the five sensory input and processing systems, highlighting the dominant role of vision, and the major differences between protective and discriminating sensation in each				
Discussed the impact of changing sensory awareness and processing as dementia progresses				
Educated on the value of consistent positive reinforcement to promote well-being and reduce challenging behaviors throughout the disease process				

1) Please rate audiovisuals and handouts.

Excellent	Good	Fair	Poor
------------------	-------------	-------------	-------------

2) Please rate the expertise of the speaker.

Excellent	Good	Fair	Poor
------------------	-------------	-------------	-------------

3) Please evaluate the physical environment where the workshop was held.

Excellent	Good	Fair	Poor
------------------	-------------	-------------	-------------

Additional Comments: