

Workshop Resources:

Resources for Workshop A: teepasnow.com/course/trainer-post-course-work/

The workshop A script, Power Point Slides, and Workshop A video are available for you to use. Follow the steps below to get to those items:

Log into website > Member Menu > Trainer > Post-Course Work

The video for the PAC Workshops you will be able to run are also found on the USB Drive that is included with your materials.

Available after Certification: <https://teepasnow.com/trainer-post-certification-tools/>

Once you are certified you will have access to the following items:

- Workshop B script and video
- Workshop C script and video
- More Power Point Slides for the Workshops
- Certificates of Attendance
- Information needed to apply for Continuing Education Units

Once you are Certified, follow the steps below to get to those items on the website:

Log into website > Member Menu > Trainer > Post-Certification Tools

Recertification Information: teepasnow.com/course/trainer-recertification/

Your PAC Independent Trainer Certification is valid for one year from the date that you complete the calls with your mentor. Each year after, you will go through a recertification process with a mentor.

Once you are Certified, follow the steps below to get to those items on the website:

Log into website > Member Menu > Trainer > Recertification

Cards, Manipulatives, and Products: teepasnow.com/store/

You can find additional resources to supplement your workshops in the PAC online store.

Once you are Certified, follow the steps below to get to those items on the website:

Log into website > Store

PAC Workshop Descriptions:

Please use this section of your manual to organize your training workshop materials. The manual includes an outline for **Workshop A – Normal Aging and Not Normal Aging**. You will receive access to Workshops B and C upon successful completion of the Certification process.

Note: You may choose to use shorter segments for your workshops – select the Objective(s) that match the segment you choose to use and make sure your end-of-course Learner surveys match the material you covered during your session.

Workshop A: “Normal Aging/Not Normal Aging”

This workshop helps Learners understand and recognize the differences in ‘normal’ and ‘not normal’ aging. The workshop emphasizes the value of matching helping behaviors to the person’s needs and retained abilities to promote a sense of control and self-direction, and addresses typical issues that occur throughout the progression of dementia.

Workshop B: “Positive Physical Approach™ (PPA™) and Hand-under-Hand® (HuH®)”

This workshop focuses on Positive Approach to Care’s care partnering techniques, including Positive Physical Approach (PPA) and Hand-under-Hand (HuH). These newly learned skills enable care partners to shift from simply ‘dealing with the behaviors’ to creating a positive and caring environment.

Workshop C: “Teepa’s Gems®; Using Skills that Make a Difference”

The Gems workshop offers an overview of Teepa Snow’s dementia classification model (developed from the basic structure of Allen Cognitive Disability Levels). The Gems model compares different states of being and ability to the characteristics of precious jewels. This dignified metaphor defines normal aging as well as the many appearances, behavioral changes, skill sets and needs of those living with the effects of neurocognitive failure (dementia) or other brain changes. They should be considered indicators and a guide toward understanding an individual’s current state of ability and brain function. Understanding them will lead to an adjustment of expectations, modification of cues and support, and more accurate communication and ‘hands-on’ care behaviors to better meet ever-changing needs. The Gems States advocate that people living with dementia, when done with rather than done to, and provided with the just right care and setting, can still shine.

Planning Your First Workshop: PAC Trainer Certification

Congratulations! You have successfully completed the steps outlined below!

- ✓ Training curriculum and tests
- ✓ Classroom training
- ✓ Reviewed PPA™ and Hand-under-Hand® skills with PAC Mentor

Now it's time for you to work with your PAC Mentor to prepare and facilitate your first workshop.

Step 1: Determine your topic and length of workshop:

- We recommend using the **Normal Aging / Not Normal Aging** workshop outline on **page 7 of this section** of the manual. The estimated time of this workshop is 2 hours. In order to become certified, the entire workshop will need to be completed. However, you may choose to break up the time by splitting it into four 30-minute sessions or two 1-hour sessions.
- Based on the material you plan to cover in your workshop, define the training objectives and what parts to include on the feedback survey (page 4 of this document).

Step 2: Create a training plan incorporating the five Adult Experiential Learning Cycle step found on the following two pages, preparing questions for your Learners. Remember to consider multiple intelligences:

- Identify your multiple intelligences and review with your Mentor. How will this impact your training?

Step 3: Schedule and record at least one full AELC of your training workshop:

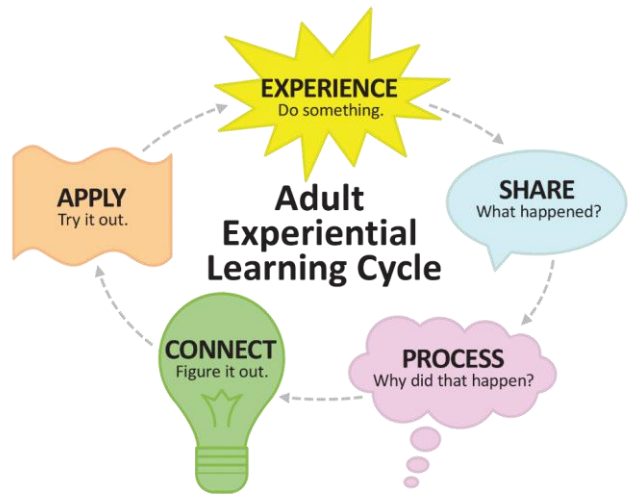
- Collect at least three participant feedback surveys (page 21 of this document). Remember to define the training objectives based on the material you plan to cover in your workshop.
- Coordinate with your PAC Mentor to submit your workshop video clip (record at least 20 minutes of your workshop).
- Send three participant feedback surveys to your PAC Mentor.
 - Review your workshop recording and feedback forms with your PAC Mentor.

Planning Your Workshop:

Learning Objective: Describe what Learners should know, understand, or be able to do at the end of the course that they couldn't do before.

Experiencing questions:

Sharing questions:



Processing examples:

Connecting examples:

Applying examples:

How are you addressing multiple intelligences?

Referring to your learning objective from the previous page, describe ways you will address each type of Learner through the use of the Adult Experiential Learning Cycle:

Visual Spatial = Picture Smart:

Existential = Big Picture Smart:

Kinesthetic = Body or Action Smart:

Intrapersonal = Me Smart:

Interpersonal = People Smart:

Logistical Mathematical = Puzzle or Number Smart:

Verbal Linguistic = Word Smart:

Naturalistic = Pattern or Nature Smart:

Musical Rhythmic = Musically Smart:

PAC AELC Example:

Example:

Using the Adult Experiential Learning Cycle

Objective: By the end of the session, the Learners will be able to

Experience: _____

Share: _____

Process: _____

Connect: _____

Apply: _____

PAC Workshop A Script:

Workshop A Chapter 1

Normal Aging vs. Not Normal Aging

- Workshop may be presented in two separate 1-hour sessions or one 2-hour session
 - **Note for CEUs:** Only the full 2-hour session may be submitted for CEU approval (guidelines provided in PAC Trainer Manual).
 - 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 five sensory input and processing systems, highlighting the dominant role of vision, and the major differences between protective and discriminating sensation in each.
 3. Discuss the impact of changing sensory awareness and processing as dementia progresses.
-

Chapter 1: Normal Aging:



Start video at 0:00 when Teepa demonstrates the normal again 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 releases 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 levels back down so you can think, process, and control your emotions."

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Apply

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



Experience

Start video at 4:59 at “Ok, so here we go.”

Ask the Learners to do what Teepea 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 Teepea did on the video



Share

Ask group:

- “What happened for you?”
- “How did it make you feel?”



Process

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

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



Connect

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** others to get the task done?”



Experience

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

Ask Learners should do what Teepea does during the segment.

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



Share

Ask group:

- “How was it different? Same?”



Process

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

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



Experience

Start video at 11:49 “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



Experience

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 care partner 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 verses 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 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.”



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, so 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 5 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:

Limbic system – core of brain – thrive to survive. For your reference:

- **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!**”

Chapter 1 Continued – What’s Not Normal:



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 Learners 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, toilet paper 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?



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?”



Ask group:

- “Turn to your partner/table and think about how comfortable you are with recognizing the difference between normal and not normal type 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.”



Ask group:

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



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.”



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“...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.



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. 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:

- “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

Share

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.”

Process

Ask group:

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

Apply

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”
- “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.”

Note: Remember to ask participants to complete a workshop evaluation. A master copy can be found in the PAC Trainer Manual in the Supplemental Resources Section.

Post-Workshop Self Review:

Directions: After recording your 20-minute video, watch at least one AELC from your video and complete this self-review page based on what is on the recording.

Facilitator: _____ **Date:** _____

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 caregiver, 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 5 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".
 - It's more effective to do "with" a person, than "to".
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 caregiver, 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 5 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".
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
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2) Please rate the expertise of the speaker.

Excellent	Good	Fair	Poor
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3) Please evaluate the physical environment where the workshop was held.

Excellent	Good	Fair	Poor
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Additional Comments: