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Improving Your Hands-On Skills For Caregiving

Reality Check #1:

As a Care Partner, you will make mistakes! Get over it!

Uh-Ohs Lead to Ah-Has!

Four Truths About All Dementias:

1. At least 2 parts of the brain are dying—one related to memory and another part
2. It is chronic – can’t be fixed
3. It is progressive – it gets worse
4. It is terminal – it will kill, eventually
Resisting Resistance Just Increases Resistance!

If it isn't working:
Stop and back off!
Think about it
Try again, but change something

Always get connected first, then work on task attempt!

To Connect:
- Use the Positive Physical Approach™ to get started
- Make a Visual Connection:
  - Look interested and friendly
- Make a Verbal Connection:
  - Sound enthusiastic, keep responses short
- Make a Physical Connection:
  - Hold Hand-under-Hand®, or use flat open hand on forearm or knee
Positive Physical Approach

- Pause at edge of public space (6 feet)
- Greet with your open hand next to your face, smile
- Call the person by name, if possible
- Move your hand into handshake position
- Approach slowly and within visual range
- Move from a handshake to Hand-under-Hand®
- Shift into a Supportive Stance alongside them
- Get low by standing or kneeling, but don’t lean in
- Make a connection and wait for their response

A Positive Approach
(To the Tune of Amazing Grace)
Come from the front,
Go slow,
Get to the side,
Get low,
Offer your hand,
Call out the name then wait...
If you will try, then you will see
How different life can be
For those you’re caring for!

Hand-under-Hand®
Protects aging, thin, fragile, forearm skin
Use of Hand-Under-Hand®:
- Connecting: comforting and directing gaze
- Guiding and helping with movement
- Uses established nerve pathways
- Getting eye contact and attention
- Providing help with fine motor
- Offering a sense of control, even when you are doing almost everything
- Gives advanced notice of possible problems
- Allows you to do with, not to

Positive Personal Connections:
• Greet: Introduce yourself and use their preferred name
  “Hi Alice, I’m Megan” or “I’m Megan, and you are?”
• Compliment: Indicate something about them of value
  “You are looking really colorful today!”
• Share: First about you, then leave a blank
  “I’m from Kansas, and you’re from...?”
• Notice: Point out something in the environment
  “You must love that plant, seeing how well you care for it.”
• Seek: Explore a possible unmet like, want, or need
  “It’s a bit chilly in here, a hot drink would be nice. Do you prefer coffee or tea?”
Then, Get it Going!

- Give Simple and short information
- Offer concrete choices
- Ask for help
- Ask the person just to try
- Break the task down to single steps at a time

Always Remember: V-V-T

- Always use this sequence to cue:
  1. Visual
  2. Verbal
  3. Touch
- Make cues bigger and slower and pause longer as the dementia progresses
- Give feedback cues, and keep them positive!

Visual Cues:

- Signs
- Pictures
- Props/objects
- Gestures
- Facial expressions
- Demonstrations
Verbal Cues:

- Keep it simple and short
- Directed
- Match to visual cues

Touch Cues:

- Touching a body part
- Handing the person an item
- Using Hand-under-Hand® assistance

Positive Action Starters:

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