

NOTICE:

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NOTICE:

*In 2016, Positive Approach® to Care (PAC), made the decision to change our wording from *stages* of dementia to *states* of dementia. The reasoning for this is that dementia is an ever changing condition, and many internal and external factors can affect a person's GEMS® state in a given moment.

This video was recorded before that switch, so you will hear Teepa say "stages of dementia", and while all of the information is still accurate, we want you to be aware that there has been a change in wording.



Dementia Aware
Dementia Knowledgeable
Dementia Skilled
Dementia Competent

www.TeepaSnow.com



by Teepa Snow, MS, OTR/L, FAOTA

Beliefs

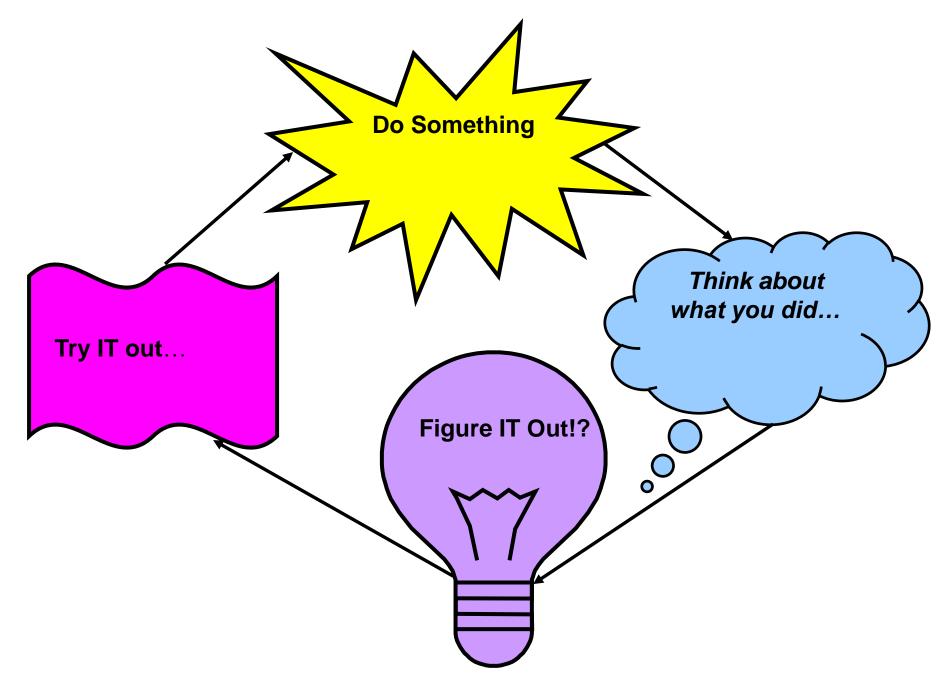
- People with Dementia are Doing the BEST they can
- We must learn to DANCE with our partner
- We are a KEY to make life WORTH living
- What we choose to do MATTERS
- We can change the WORLD with help
- We must be willing to CHANGE ourselves
- We must be willing to STOP & BACK OFF

How Can We Become Better Caregivers?

Be willing to try something new
Be willing to learn something different
Be willing to see it through another's eyes
Be willing to fail & try again

How Do We Learn?

It's a process!



More Ideas

- We learn by doing and making mistakes
- We learn with practice
- We learn by being confronted by a challenge and trying to figure it out
- We each learn in a variety of ways
- We are all SMART, in different ways
- We learn better if we are having fun

Caring for Someone with Dementia...

What Works BEST?

The Basics for Success...

- Be a Detective NOT a Judge
- Look, Listen, Offer, Think...
- Use Your Approach as a Screening Tool
- Always use this sequence for CUES
 - Visual Show
 - Verbal Tell
 - Physical Touch
- Match your help to remaining abilities

Some Basic Skills

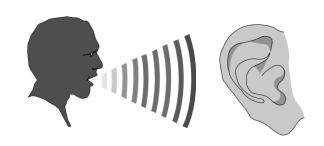
- Positive Physical Approach
- Supportive Communication
- Consistent & Skill Sensitive Cues
 - Visual, verbal, physical
- Hand Under Hand
 - for connection
 - for assistance
- Open and Willing Heart, Head & Hands

First Connect – Then Do

- 1st Visually
- 2nd Verbally
- 3rd Physically

- 4th Emotionally
- 5th Spiritually Individually







To Connect

Start with the Positive Physical Approach

Your Approach



- Use a consistent positive physical approach
 - pause at edge of public space
 - gesture & greet by name
 - offer your hand & make eye contact
 - approach slowly within visual range
 - shake hands & maintain hand-under-hand
 - move to the side
 - get to eye level & respect personal space
 - wait for acknowledgement

Supportive Communication

- Make a connection
 - Offer your name "I'm (NAME) "... "and you are..."
 - Offer a shared background "I'm from (place)...and you're from..."
 - Offer a positive personal comment "You look great in that" or "I love that color on you..."

Support to 'Get it GOING!'

- Give SIMPLE & Short Info
- Offer concrete CHOICES
- Ask for HELP
- Ask the person to TRY
- Break the TASK DOWN to single steps at a time

Give SIMPLE INFO

- USE VISUAL combined VERBAL (gesture/point)
 - "It's about time for... "
 - "Let's go this way..."
 - "Here are your socks..."
- DON'T ask questions you DON'T want to hear the answer to...
- Acknowledge the response/reaction to your info...
- LIMIT your words Keep it SIMPLE
- WAIT!!!!

Now for the GEMS...



Diamonds

Emeralds

Ambers

Rubies

Pearls



Diamonds



Still Clear
Sharp - Can Cut
Hard - Rigid - Inflexible
Many Facets
Can Really Shine



Diamonds

Are Joiners or Are Loners

Use Old Routines & Habits

Control Important 'Roles' & 'Territory'

Real? Fake? - Hard to Be Sure

Diamonds – Level 5

- Uses Routines & Old Habits to function
- Can complete personal care in 'familiar place'
- Follows simple prompted schedules mostly
- Misplaces things and can't find them
- 'Resents takeover' or bossiness
- Notices other people's mis-behavior & mistakes
- Territorial refusals!
- Varies in lack of self-awareness

Diamond Interests



- What they feel competent at
- What they enjoy & who they like
- What makes them feel valued
- Where they feel comfortable but stimulated
- What is familiar but intriguing
- What is logical and consistent with historic values & beliefs
- Who is in charge the boss



Common Diamond Issues

IADLs

- Money management
- Transportation Driving
- Cooking
- Home maintenance & safety
- Caring for someone else
- Pet maintenance
- Med administration

Unfamiliar settings or situations

- Hospital stay
- Housing change
- Change in family
- Change in support system
- MD visits
- New diagnoses
- Traveling or vacations



Visual Cues that Help

- Personalized room
- Way finding signs
- Highlighted schedules
- Familiar & inviting environments
- Familiar set-ups for tasks or activities
- Personal approach with a smile
- Place cards at table settings
- Wear name tags on right side



Verbal Cues that Help

- Knock before entering
- Use Sir and Ma'am, be respectful
- Ask permission to do things in the room
- Offer positive comments
- Issue invitations not orders
- Ask for help or input
- Frame as a 'RULE' for everyone
- Acknowledge their skill, ask for their support or understanding --- a favor

Watch how you talk...

- How you say it...
- What you say...
- How you respond...



Tactile Cues that Help

- Hand shake greetings
- Return of friendly affection touches
- Responsive hugs
- Hand-under-hand comforting
- Back rubs with permission
- Hand & foot massages 'pampering' (getting used to us touching & doing)



So What Helps?

Apologize! - "I'm SORRY!" - "I didn't mean to..."

- Friendly NOT bossy leader to leader
- "Let's try" temporary...
- Share responsibility not take over
- Use as many 'old habits' as possible
- Give up being 'RIGHT'
- Go with the FLOW
- Give other 'job' when taking away another



Be Prepared for REPEATS

- For repeated questions or requests
 - Don't share so early
 - be careful about emotional information
 - Make sure you are connected to respond
 - Repeat a few of their words in a ???
 - Answer their question
 - THEN
 - Go to new words (use enthusiasm)
 - A new place
 - Add a new activity (possibly related)



For OLD Stories

- Use "Tell me about it"
 - to accept the story
 - To reduce risk of 'paranoia-like' thinking
- Store them for the future
 - Write them down
 - Share them with others
 - You will possibly need them for supportive communication later
- Learn several prompt for 'switch up'

Use empathy & Go with the flow





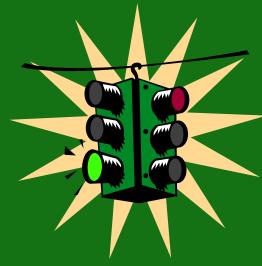


BAD Helper Habits to BREAK

- Saying "Don't you remember..."
- Not recognizing or accepting differences
- Trying to force changes in roles or responsibilities
- Trying to take over completely
- Taking responsibility for saying "NO"
- Accepting things at face value
- Arguing



Emeralds



Changing color
Not as Clear or Sharp - Vague
Good to Go - Need to 'DO'
Flaws are Hidden
Time Traveling



Emeralds

Two Kinds of DOING

Doers or Supervisors

Does What is Seen - Misses What is Not

Must be in Control - Not able to do it Right

Does tasks – Over and over OR Not at All



Emerald Interests

- Doing familiar tasks
- Doing visible tasks
- Historic tasks and people and places
- Engaging with or helping others
- Finding important people or things
- Having a 'job' or 'purpose'
- Being an 'adult'
- Getting finished & doing something else



Common Emerald Issues

- Doesn't do care routinely thinks did
- Makes mistakes in sequence unaware
- Repeats some care routines over & over
- Resists or refuses help
- Gets lost can't find where to do care
- Limited awareness of 'real needs'
 - Hunger, thirst, voiding, bathing, grooming...
- Has other 'stuff' to do...



More Emerald Issues

- Afternoon or Evening "Got to go home"
- Daytime "Got to go to work"
- Looking for people/places from the past
- Losing important things thinking others stole/took them
- Doing private things in public places
- Having emotional meltdowns
- Treating strangers like friends and visa versa



Visual Cues that Help

- The environment
 - Overall look (friendly, fun, familiar, forgiving)
 - Surfaces to work on or do things on
 - Places to sit (paired chairs)
 - Set up Props (objects that 'say' what to do)
 - Highlighted areas (light, color contrast, clutter reduction, organized)
 - Hidden what is NOT to be done, what is already done, what 'triggers' distress



More Visual Cues that Help

- You
 - Facial expression
 - Friendly
 - Concerned
 - Gestures
 - Invite with gestures and your face
 - Indicate next item to use, or options
 - Offer items
 - Offer an item in correct orientation
 - Present two to pick from



Verbal Cues that Help

- Tone of Voice
 - Friendly
 - Interested
 - Concerned
- Reduce and Focused words
 - Use preferred name for attention
 - Match words with gestures or offering
- Listen and use their words to connect



More Verbal Cues

- When becoming distressed
 - Use PPA Let them come to you, if possible
 - Listen Get emotionally connected to where they are
 - Use empathic comments
 - Listen for key words
 - Go with their FLOW don't push for the change
 - THEN Use redirection, NOT distraction



Physical Cues that Help

- Limit this form of helping!
 - Match it with a visual & verbal cue combo
- Offer objects don't put hands on
- Share the task -
 - Give them something to do while you do your part
- Do 'it' with/to someone else first, then approach them



More Physical Cues

- When distressed
 - Match your touch to their preferences
 - Hand-under-Hand FIRST
 - Back rub if interested
 - Hug show first
 - Increase space and distance, if cued
 - BACK OFF, if it is not working



How to Help

- Learn about "SO WHAT!"... is it worth it?
- Provide 'subtle' supervision for care
- Provide visual prompts to do
 - Gestures, objects, set-up, samples, show
- Hide visual cues to 'stop'/prevent
 - Put away, move out of range, leave
- Use the environment to cue SHOW
- Use 'normal', humor, friendliness, support

Connect

- ID common interest
- Say something nice about the person or their place
- Share something about yourself and encourage the person to share back
- Follow their lead listen actively
- Use some of their words to keep the flow going
- Remember its the FIRST TIME! expect repeats
- Use the phrase "Tell me ABOUT ..."

Do's

- Go with the FLOW
- Use SUPPORTIVE communication techniques
 - Use objects and the environment
 - Give examples
 - Use gestures and pointing
 - Acknowledge & accept emotions
 - Use empathy & Validation
 - Use familiar phrases or known interests
 - Respect 'values' and 'beliefs' avoid the negative

DON'Ts

- Try to CONTROL the FLOW
 - Give up reality orientation and BIG lies
 - Do not correct errors
 - Offer info if asked, monitoring the emotional state
- Try to STOP the FLOW
 - Don't reject topics
 - Don't try to distract UNTIL you are well connected
 - Keep VISUAL cues positive



What NOT to DO...

- DO NOT point out errors or focus on 'wrong'
- DO NOT offer physical assist 1st
- DO NOT offer "Let me HELP you"
- DO NOT try to 'go back and fix it...
- DO NOT continue arguing about 'reality'
- DO NOT treat like children...
- Do NOT react... remember to respond



BAD Helper Habits to Break!

- Noticing and pointing out errors
- Telling not asking "You need to..."
- Too little or too much talking, showing, touching
- Trying to take over offering "HELP"
- Putting hands on 'fussing'
- Reality orientation or lying
- Trying to use 'distraction'



Ambers

Amber Alert
Caution!
Caught in a moment
All about Sensation
Explorers





Ambers

Private & Quiet OR Public & Noisy All About Sensory Tolerance & Needs Touching - Tasting - Handling - Exploring Attraction – Avoidance Over-stimulated - Under-stimulated No safety awareness **Ego-centric**



Level 3 - Amber

- LOTS of touching, handling, mouthing, manipulating
- Focus on fingers and mouth
- Get into things
- All about sensation....
- Invade space of others
- Do what they like
- AVOID what they do NOT



Amber Interests

- Things to mess with (may be people)
- Places to explore
- Stuff to take, eat, handle, move...
- Visually interesting things
- People who look or sound interesting OR places that are quiet and private
- Textures, shapes, movement, colors, numbers, stacking, folding, sorting...



Amber Issues

- Getting into stuff taking stuff
- Bothering others
- Not able make needs known
- Not understanding what caregivers are doing
- Not liking being helped/touched/handled
- Not like showers or baths
- Repetition of sounds/words/actions



Visual Cues that Help

- Automatic social greeting signals
- Lighted work surfaces with strong props
- Demonstrations work along side
- Model the actions
- Do the action one time, then offer the prop
- Show one step at a time
- Show a NEW item, then cover the old



Verbal Cues that Help

- Call name
- Use simple noun, verb, or noun + verb
 - "Cookie?"
 - "Sit down"
 - "Let's go" (with gesture)
- Give simple positive feedback
- Listen for their words, then
 - use a few and leave a blank at the end of the sentence



Physical Cues that Help

- Show the motion or action wanted
- Touch the body part of interest
- Position the prop for use light touch
- Show the motion on yourself
- Use hand under hand guidance
- Offer the prop once started encourage their use of the item

Hand-Under-Hand Assistance





How to Help

- Provide step-by-step guidance & help
- Give demonstration show
- Hand-under-hand guidance after a few repetitions, uses utensils (not always well)
- Offer something to handle, manipulate, touch, gather
- Limit talking, noise, touch, other activities
- SUBSTITUTE don't SUBTRACT



To Connect with Ambers

- Make an Emotional Connection
 - Use props or objects
 - Consider PARALLEL engagement at first
 - Look at the 'thing', be interested, share it over....
 - Talk less, wait longer, take turns, COVER don't confront when you aren't getting the words, enjoy the exchange
 - Use automatic speech and social patterns to start interactions
 - Keep it short Emphasize the VISUAL



BAD Helper Habits to Break!

- Talking too much, showing too little
- Keep on pushing
- Doing for NOT with
- Stripping the environment
- Leaving too much in the environment
- Getting in intimate space
- Over or under stimulating
- Getting loud and forceful



Rubies



Hidden Depths
Red Light on Fine Motor
Comprehension & Speech Halt
Coordination Falters
Wake-Sleep Patterns are Gone



Rubies

Balance & coordination

Eating & drinking

Wake time & sleep time



Level 2 - Ruby

- Big movements walking, rolling, rocking
- Hand actions not fingers
- Tends toward movement unless 'asleep'
- Follows gross demonstration & big gestures for actions
- Limited visual awareness
- Major sensory changes
- Major movement skill loses
- Fine motor skill lost mouth & hands



Ruby Interests

- Walking a routine path
- Going forward
- Watching others checking them out
- Being close or having space
- Things to pick up, hold, carry, push, wipe, rub, grip, squeeze, pinch, slap
- Things to chew on, suck on, grind
- Rhythmic movements and actions



Ruby Care Issues

- Safe mobility fatigue, wandering, & falls
- Intake amount and safety
- Hydration interest, amount, safety
- Rest time & place night time waking
- Shadowing others invading places
- Not staying not settling for meals
- Reactions to hands on care sensation
- Identifying & meeting needs



More Ruby Issues

- Contractures
- Skin well being bruises, tears, rashes
- Pressure or friction
- Infections UTI, yeast, URI, pneumonias
- Swallowing
- Circulation



Visual Cues that Help

- Demonstrate what you want
- Give big movements to copy
- Move slowly & with rhythm
- Present cues in central visual field about 12-18 inches out
- Hold things still allow exploration
- Offer your hand
- Smile while offering support



Verbal Cues that Help

- Call name to get attention at 6' out
- Use 'song' to connect
- Give 1-3 words only
- Combine verbal direction with gesture or demo
- Give one 'action' cue at a time
- Match tone/inflection to intent
- Give positive 'Strokes' with attempts



Physical Cues that Help

- Hand-under-hand
- Touch body part to be moved or used
- Place hand/foot then gesture
- Offer comfort touch as desired before task attempt
- Back rubs
 - Flat and slow to calm
 - Finger tips and quick circles to awake



How to Help

- SLOW yourself DOWN
- Hand under hand
- Move with first then guide
- Learn about patterns of 'needs'
- Use music and rhythms help get or stop movement
- Use touch with care
- Combine cuing & do SLOW



BAD Helper Habits to Break!

- Touching too quickly startling
- Leaning in intimate space invasion
- Talking too loudly
- 'Baby-talking'
- Not talking at all
- Not showing by demonstrating
- Trying to understand what is said, by being confrontational



Pearls



Hidden in a Shell
Still & Quiet
Easily Lost
Beautiful - Layered
Unable to Move – Hard to Connect
Primitive Reflexes on the Outside



Pearls

- The end of the journey is near
- Multiple systems are failing
- Connections between the physical and sensory world are less strong
- We are often the bridge the connection
- Many Pearls need our permission to go
 - They are still our moms, dads, spouses, friends
 - They will go in their own time
 - IF we don't try to change what is



Level 1 - Pearl

- Immobile can't get started
- Bed or chair bound frequently falls to side or forward
- Has more time asleep or unaware
- Has many 'primitive' reflexes present -Startles easily
- May cry out or mumble 'constantly'
- Increases vocalizations with distress
- Difficult to calm
- Knows familiar from unfamiliar
- Touch and voice make a difference in behaviors



Pearl Interests

- Internal cues
- Pleasant and familiar sounds & voices
- Warmth and comfort
- Soft textures
- Pleasant smells
- 'Good' tastes
- Smooth and slow movement
- Just right touch and feel



Primitive Reflexes to Consider

- Startle reflex
 - Sudden movement causes total body motion
- Grasp reflex—
 - touch palm grips hard can't release
- Sucking reflex
 - sucks on anything near mouth
- Rooting reflex
 - Turns toward any facial touch and tries to eat



More Reflexes

- Bite reflex
 - Any touch in mouth causes bite down
- Tongue thrust
 - Anything in mouth causes tongue to push forward and out
- Withdrawal rebound
 - Pull away from stretch
- Gag reflex
 - Any touch to tongue causes gag



Typical Positioning – Why?

- Constant muscle activity causes 'contractures'
 - shortening can't relax
- Stronger muscles cause typical 'fetal' positioning
- Pulling against contractures is painful
- Shortened muscles cause some areas to:
 - Not get air become 'raw' or 'irritated'
 - Rub or press against other body parts
 - Get too much pressure can't move off



Pearl Care Issues

- Not interacting much
- Crying out can't make needs known
- Skin & hygiene problems
- Weight loss
- Reflexes make care challenging
- Repeated infections
- Not eating or drinking
- Not able to sit up safely



Visual Cues to Help

- Get into supportive position
- Place your face in the central field of vision
- Make sure light comes from behind the person – into your face
- Bring up lights carefully
- Move slowly so they can follow you
- Place items to be used in central field



Verbal Cues to Help

- Keep your voice deep & calm
- Put rhythm in your voice
- Tell what you are doing and what is happening while you give care
- Reflect emotions you think you see
- Offer positive comments & familiar phrases as you offer care
- Quiet down, if signaled to do so



Touch Cues to Help

- Use firm, but gentle palm pressure at joints to make contact
- Always try to maintain contact with one hand while working with the other
- Once physically connected keep it
- Use flats of fingers and palms for care
- Always use hand under hand when doing something 'intense'



How to Help

- Hand under hand help & care or hand on forearm, if hand/arm movement is poor
- Check for reflexes modify help & approach to match needs
- GO SLOW
- Use calm, rhythmic movements & voice
- Come in from back of extremities to clean
- Stabilize with one hand & work with other



How to Help?

- Gather all supplies for the task before getting started
- Increase warmth of the room for bathing
- Use warm towels & light weight blankets
- GO SLOW
- Use circular, rotational movements to relax joints for care
- Provide skin care fragile & dry skin



BAD Help Habits to BREAK

- Hurry Get it done quickly
- Don't talk to talk over or about
- Don't check for primitive reflexes prior to helping
- Use both hands to give care
- Clean from the front use prying motions
- Focus on tasks not the relationship
- Forget to look for the Pearl







Time to Practice







- Going to the doctor
- Having help come in or moving into a more 'protected' environment
- Managing a new medical condition
- Not wanting to spend any money for help or firing the help!
- Giving away money or jewelry
- What about driving?



- "What should I do now?"
- "I need to get to work/find my mom/go home... Can you help me?"
- Clothes on wrong and they are dirty
- I haven't shaved in three days
- I just ate, but I say I haven't
- Someone has taken my wallet/pocket book I want to call the police!



- Face Sensitivity Issues
 - Eating, Mouth care, Shaving
- Getting clean issues
- Getting into things OR breaking things
- Taking things
- Annoying others approach & touch
- Exploring invading space and place
- Not wanting to do when it's time to do



- Won't sit down for meals
- Spits out meats and rice
- Can't settle down at night keeps coming back out
- Keeps following when you need to give care to someone else
- Grabs things and pulls on them
- Won't sit on the toilet



- Not knowing how to connect
- Trying to get the person clean
- Calling out, or grimacing
- Won't take a bite, or a drink
- Won't swallow or chokes or has wet voice
- Is hard to move, gets rigid
- Keeps eyes closed, doesn't seem to respond



Learn more about Teepa at www.teepasnow.com.

Visit www.pinesofsarasota.org/amazon for Teepa Snow DVDs of the following titles:

- Activities: "Filling the Day with Meaning"
- Progression of Dementia: Seeing Gems Not Just Loss
- It's All In Your Approach
- The Art of Caregiving
- The Journey of Dementia
- Lewy Body Dementia: It Isn't Alzheimer's or Parkinson's Disease-What Everyone Needs to Know
- End of Life Care & Letting Go
- Maintain Your Brain: Dementia Risk Reduction & Life After Diagnosis
- Dental Care for People with Dementia
- Improving Emergency Services for Dementia Patients
- El Arte de Cuidar Spanish ONLY Version of "The Art of Caregiving"
- Frontotemporal Dementias
- Coming soon: Improving Hospital Stays for People with Dementia

