Positive Approach [™] to Care: Enhancing Communication with People Living with Dementia



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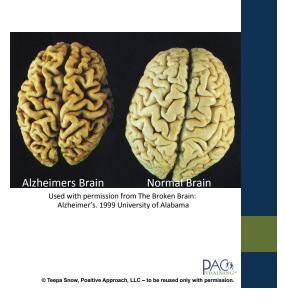
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Find additional videos and resources at www.teepasnow.com

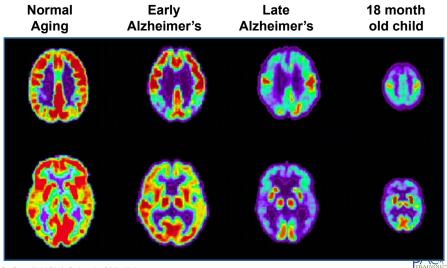


Four Truths About Dementia

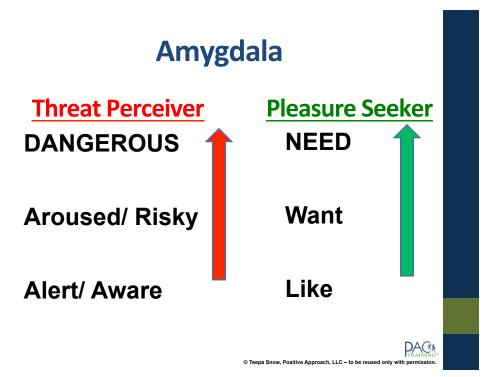
- 1. At least 2 parts of the brain are dying
- 2. It is chronic and can't be fixed
- 3. It is progressive and will get worse
- 4. It is terminal



Positron Emission Tomography (PET) Alzheimer's Disease Progression vs. Normal Brains



G. Small, UCLA School of Medicine



Primitive Brain is in Charge of:

Survival –

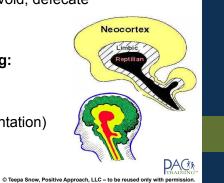
- Autonomic protective fright, flight, fight + hide or seek
- Pleasure seeking meeting survival needs & finding joy

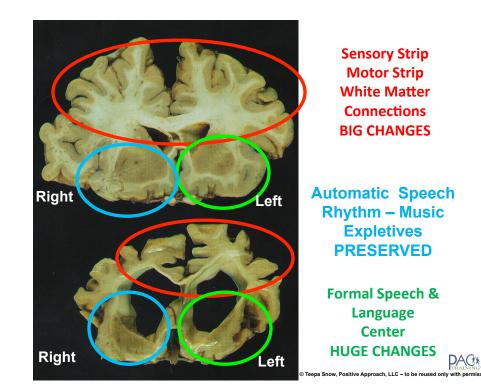
Thriving – Running the Engine

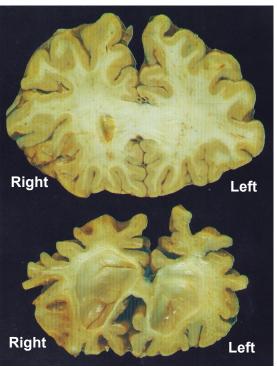
- Maintain vital systems (BP, BS, O₂sat, Temp, pain)
- Breathe, suck, swallow, digest, void, defecate
- · Circadian rhythm
- Infection control

Learning New and Remembering:

- Information
- Places (spatial orientation)
- Passage of Time (temporal orientation)



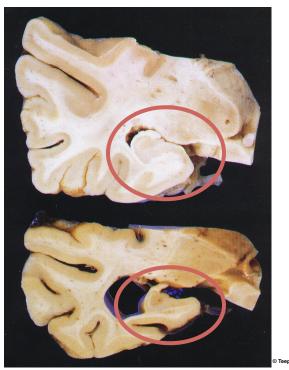




Executive Control Center

- Impulse Control
- Be Logical
- Make Choices
- Start-Sequence-Complete-Move On
- Self Awareness
- See Others' Point of View

PACON TRAINING



Hippocampus BIG CHANGE

Learning & Memory Center

- Navigation (Way finding)
- Learning and memory
- Spatial orientation

PACE TRAINING"

Vision Changes

With each new level of vision change, there is a decrease in safety awareness.



BIG VISION CHANGES

- 1. Loss of Peripheral Awareness
- 2. Tunnel Vision
- 3. Binocular Vision
- 4. Binocular +

Object Confusion (discriminating senses)

- 5. Monocular Vision
- 6. Loss of Visual Regard

3 Zones of Human Awareness	3 Ways to We take in Data
1. Public Space	1. Visual
• 6 ft or more away for awareness	What we see
2. Personal Space	2. Verbal
 6 ft to arm's length -for conversations 	What we hear
3. Intimate Space	3. Touch
• Arm's length or closer -for intense closeness	What we touch & feel
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Positive Physical Approach™

- 1. Stop moving 6 ft out
- 2. Greet: Hi sign (open by face), say name
- 3. Move hand into a handshake position
- SLOWLY come in from the front
 -within visual range (or starts there)
- 5. Move into Supportive Stance
- 6. Hand shake-move into 'Hand-under-Hand®'
- 7. Move to side; Get low -sits or kneels
- 8. Make connection (wait for their response!)
- 9. Deliver a message using V-V-T cues



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Hand-under-Hand[™] Assistance

✓ Helps assist doing WITH, not for

✓ Helps protect their:

fingers, wrist, arm

✓ Helps protect us:



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Gives you cues before a PLWD wants to strike out

Snow Positive Appr

✓ Gives them something to squeeze/grab onto

Helps direct gaze – eye-hand coordination

✓ Pressure in the palm is calming

Positive Personal Connections (PPC) **Greet or Meet** 1. Introduce yourself and use their preferred name "Hi ____, I am ____." or, "I am ____ and you are?" 2. Say something NICE Indicate something about them of value "Nice shirt!" "You are one of the smartest people I know" 3. Be friendly Share about you then leave a blank "I'm from Michigan, and you're from ...?" 4. Notice something Point out something in the environment **Be curious** 5. Explore a possible unmet like, want or need PAG © Teepa Snow, Positive Approach, LLC - to be reused only

Give SIMPLE INFO

- Visual matched WITH verbal
 - It's about time for ... tap your watch/wrist
 - Let's go this way. Point
 - Here's your socks. Hold up their sock
 - Coffee or tea? Raise coffee carafe then tea bag
- DON'T ask questions you DON'T want to hear the answer to...
- Acknowledge their response/reaction
- LIMIT words Keep it SIMPLE

And then WAIT!!!!

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Positive Action Starters (PAS)

- Help Be sure to compliment their skill in this area, then ask for help. "I could use your help..."
- 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."
- Choice Try using visual cues to offer two possibilities or one choice with something else as the other option. "Coffee or Tea?" "This? Or something else?"
- 4. Short and Simple Give only the first piece of information, *"It's about time to ..."*
- 5. Step by Step Only give a small part of the task at first, "Lean forward...."

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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.

PAGE TRAINING"



Five Expressions of Emotional Distress

Angry irritated – angry – furious

Sad dissatisfied – sad – hopeless

Lonely solitary – lonely – abandoned/trapped Scared

anxious - scared - terrified

Bored disengaged – bored – useless

Five Physical Needs

Intake hunger or thirst

Energy tired or revved up

Elimination need to go or did

Discomfort temperature or sensations

PAIN!!! joints, internal or external systems

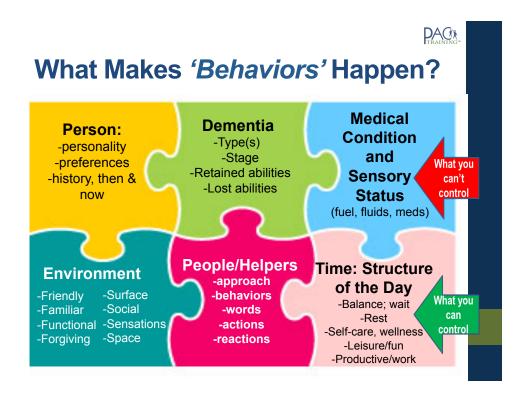
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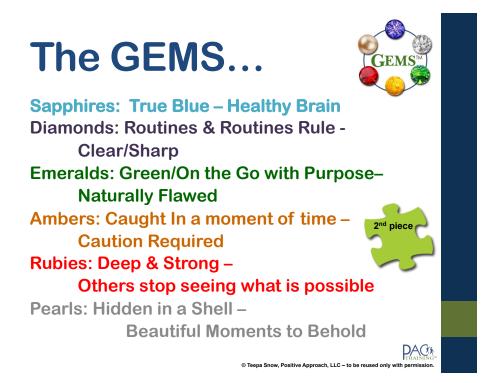
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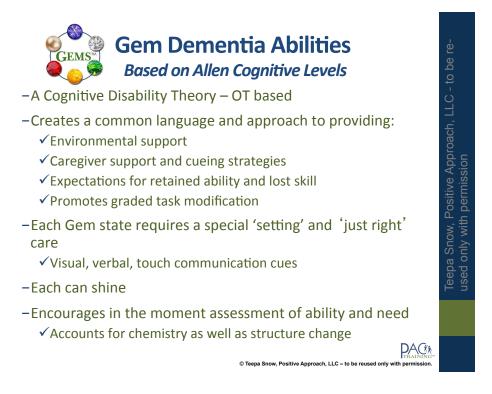
Dementia Challenge Situations

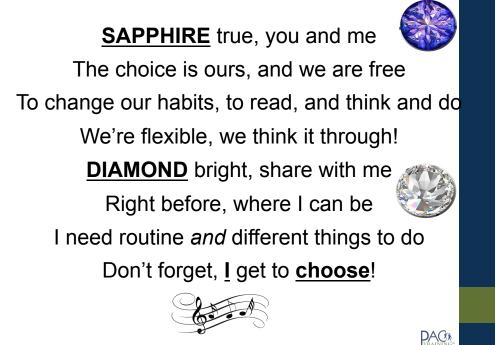
- A woman who will spend the day beating the chairs and tables loudly with a musical instrument
- Any approach is met with "GIT!"
- If you persist,
 "she will swat ya."
- She refuses all offers of water, sitting down, or going to the bathroom

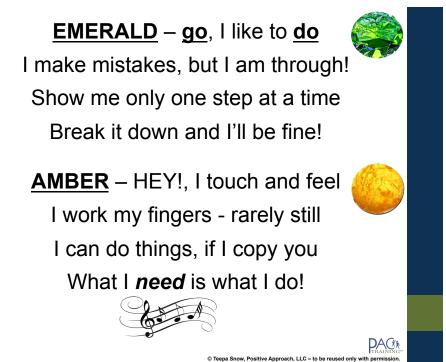












<u>**RUBY</u></u> – skill – it just won't go Changing something must go <u>slow</u> Use your body to show me what you need Guide, don't force me. Don't use speed!</u>**

Now a **PEARL**, I'm near the end But I still feel things through my skin Keep your handling always firm and slow Use your voice to calm my soul.



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- Optimal Cognition: flexible in capacity
- Slowing down: needs more time to process yet not change ability
- True to self: likes/dislikes are the same
- Able to learn: takes practice
- Stress, fatigue, or pain can induce Diamond moments
- Time to recharge or heal can restore to Sapphire



- Routines and Rituals Rule: likes familiar
- May resist change or won't let things go
- Rigid under pressure: limited perspective
- Becoming protective: may be territorial
- Repeats self: hard to integrate new information
- Can cover mistakes in social interaction



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- Desires independence: noticeable ability change
- Vocabulary and comprehension diminishing
- Communication becoming vague
- May neglect personal care routines
- On the go: needs guidance and structure
- Difficulty finding way to and from places
- May be lost in time



- Focused on sensation
- Will react to how things: look, sound, feel, smell, taste
- Lives in the moment: not socially aware
- No safety awareness: typically very busy
- Difficulty understanding and expressing needs
- No ability to delay needs or wants
- Needs help with tasks: may resist
- Hard to connect with: may exhaust care partners

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Delirium

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- Person is still there
- Moments of connection take time and will be short
- Knows familiar: unmet needs may cause distress
- Unable to move by themselves: fetal position, still and quiet
- Primitive reflexes have taken over: difficulty swallowing
- Brain failure shuts down body: diminishes need too eat or drink

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Care Partners need to give permission to let go

Delirium

- **Onset** sudden. Hours to days
- Hx & Duration 'cured' or 'dead' short
- Alertness & Arousal-fluctuates, hyper or hypo-
- Orientation responses highly variable
- Mood & Affect- highly variable dependent
- **Causes** physiological physical, psychological
- Tx condition ID & Treat what is WRONG
- **Tx behavior** manage for safety only short term only, don't mask symptoms

Depression

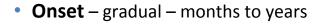
- Onset recent. Weeks to Months
- Hx & Duration
 until treated or death; months to years
- Alertness & Arousal
 not typically changed
- Orientation responses "I don't know,"
 "Why are you bothering me with this?",
 "I don't care."
- Mood & Affect flat, negative, sad, irritated
- Causes situational, seasonal or chemical
- Tx of condition meds, therapy, physical activity
- Tx of behavior schedule & environmental
 - support, help combined with meds

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Dementia

Depression

Dementia



- Duration progressive till death
- Alertness & Arousal gradual changes
- Orientation responses right subject, but wrong info, angry about being asked, or asks back
- Mood & Affect triggered changes
- Causes brain changes 60-70 types
- Tx of condition—chemical support; AChEIs & glut mod-
- **Tx behavior** environment, help, activity, drugs

Determine 1st– Is this Delirium, Dementia, OR Depression?

- Delirium can be dangerous & deadly
- Get a good behavior history look for change
- Assess for possible PAIN or discomfort
- Assess for med changes or side effects
- Assess for physiological issues dehydration, blood chemistry, O₂ sat
- Assess for infections





Be Aware of Acute Confusion

Symptoms

- Suddenly worse
- Very different
- · Very agitated
- Having hallucinations
- More extreme
- Harder to work with
- More confused



Causes...

Medications

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- Fever
- Infection
- Dehydration
- New place
- More restrictions
- Medical condition is worse

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2nd – Is it Dementia or Depression

- Depression is treatable
- Many elders with 'depression' describe themselves as having 'memory problems' or having 'somatic' complaints
- Look for typical & atypical depression
- Look for changes in appetite, sleep, self-care, pleasures, irritability, 'can't take this', movement, schedule changes



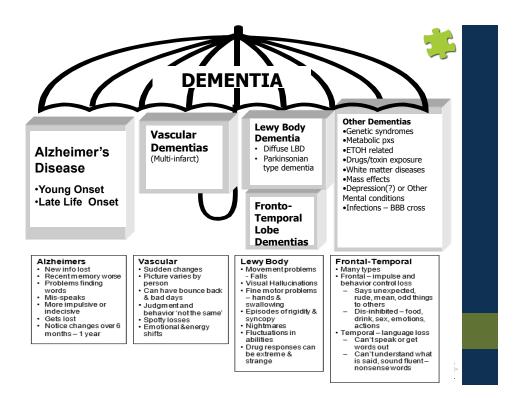


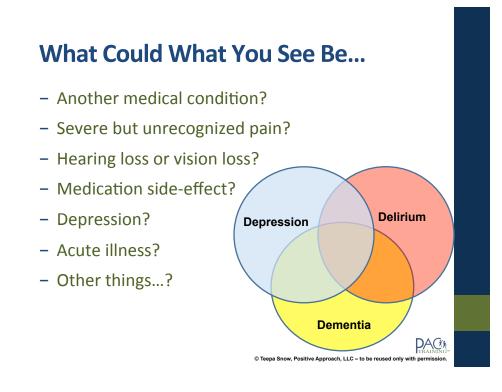
3rd – If it looks like dementia...

- Explore possible types & causes
- Explore what care staff & family members know and believe about dementia & the person
- Determine stage or level compared with support available & what we are providing
- Seek consult and further assessment, if documentation does NOT match what you find out









Medical Condition & Sensory Status*



- •Fuel and fluids
- Other medical & psychiatric conditions
 - Sensory status vision, hearing, sense of touch, balance, smell, taste

4th Piece

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Medications and treatments

*may have ability to modify or attenuate some of these

Environment: 4 F's & 4 S's

4 F's: Friendly, Familiar, Functional, Forgiving

- What helps? What hurts?
- We control whether it is supportive
- Physical (sensory experience)
- People or how to engage socially
- Programming: to support what they like and what they need

4 S's: Surface, Social, Sensations, Space

- Surface: Sit-stand-lie down-work
- Social: People-activities-role-expectations
- Sensations: See-hear-feel-smell-taste
- Space: Intimate-personal-public

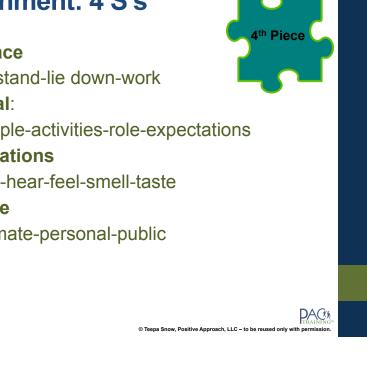
Environment: 4 S's

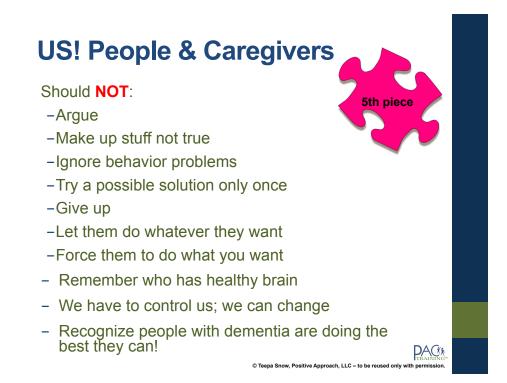
- 1. Surface Sit-stand-lie down-work
- 2. Social: People-activities-role-expectations 3. Sensations

See-hear-feel-smell-taste

4. Space

Intimate-personal-public





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Draw a Circle of Your Day

1. Productive

- Make Me Feel Valued & Needed
- Work? Volunteer? Grandbaby sitting?
- 2. Leisure Activities Having Fun
 - Social & solitary preferences (active/passive options)

6th piece

- What do you do for FUN or entertainment
- 3. Self Care & Wellness
 - Personal care, physical activity & mental stimulation
 - ADLs, Eating (could be Leisure!), Exercise, Dr's visit
- 4. Rest & Restoration
 - Recharging batteries & spiritual well-being
 - Sleep, Church, Message, Nails, Just sitting
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