



Welcome to the Positive Approaches to Dementia Care ECHO

January through June 2025

Disclosure

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1QHP53034, Geriatrics Workforce Enhancement Program, for \$1,001,457. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by, HRSA, HHS or the U.S. Government.

Schedule

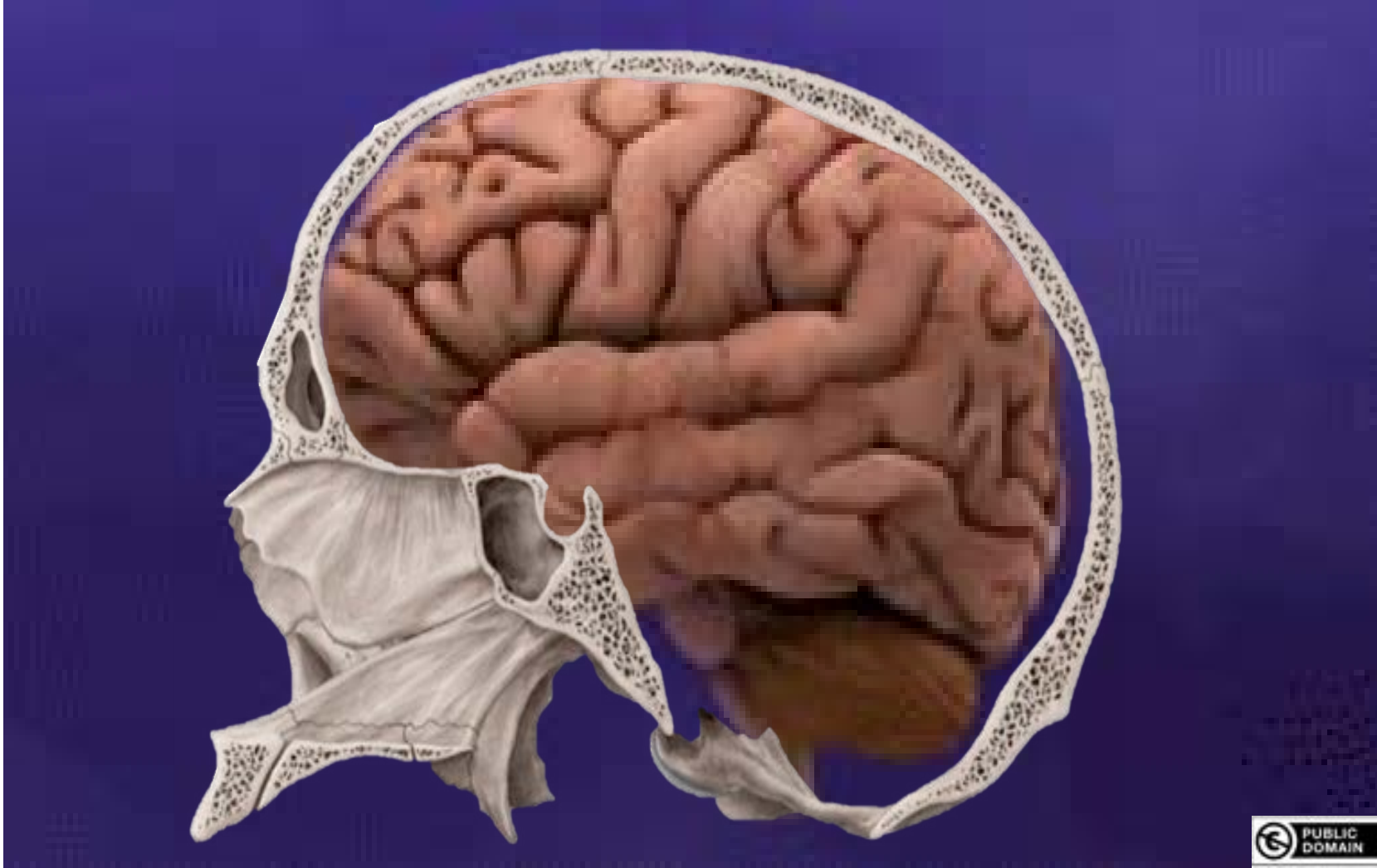
- Session 1 – Dementia: What's Retained?
- Session 2 – What is a Positive Approach to Care?
- Session 3 – Sensory Changes
- Session 4 – Communicating Effectively
- Session 5 – Personal Care
- Session 6 - "I'm looking for the thing!": How to Identify Unmet Needs
- Session 7 - What's Behind Aggression in Dementia?

Dementia: What's Retained, Not Just What's Lost

Beth A. D. Nolan, Ph.D.

Chief Public Health Officer

Teepa Snow Positive Approach to Care Mentor



As brain cells die the brain shrinks in size

Let's see what changes inside:



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WHICH
ONE?

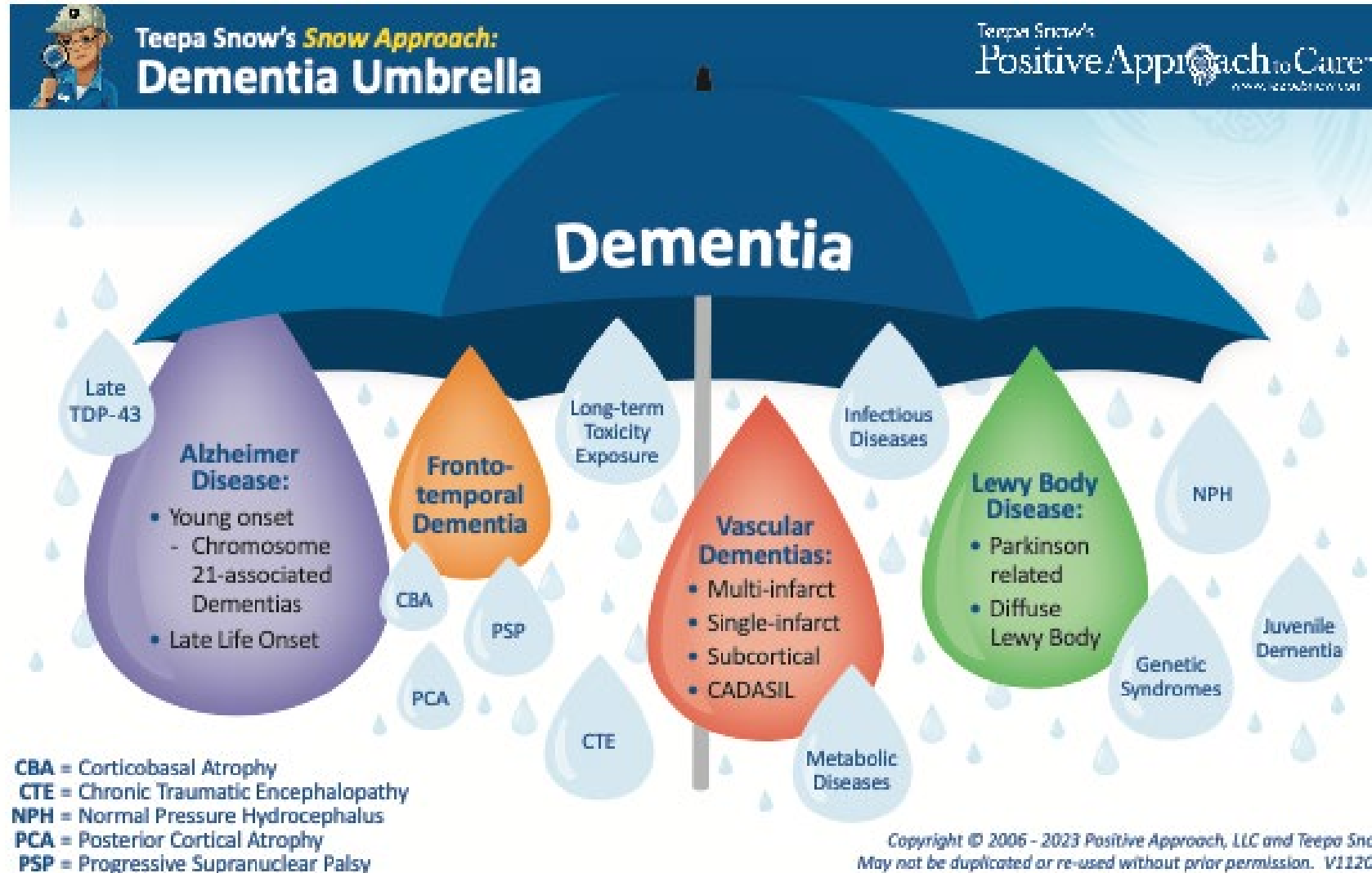


**Joanna
Fix, PhD**

**Br John-Richard
Pagan, MA-MFT, CG**



A better understanding of the difference between dementia and Alzheimer...



Four Truths About Dementia:

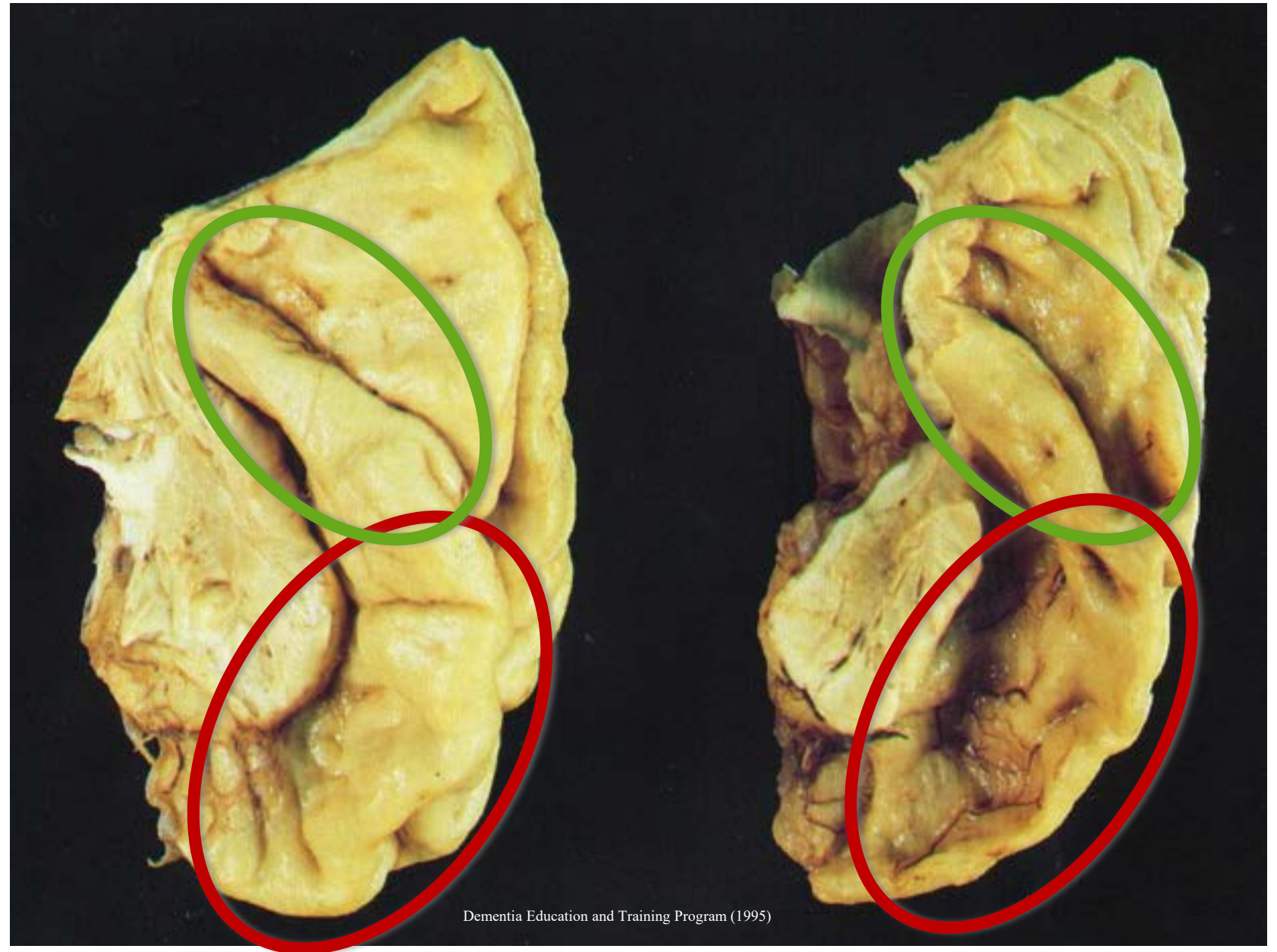
1. **At least 2 parts of the brain are dying- one related to memory and another part**
2. **It is chronic – can't be fixed**
3. **It is progressive – it gets worse**
4. **It is terminal – it will kill, eventually**

Four More Truths About Dementia:

1. Things do not work the way they *used to* – abilities are changing
2. This is a *new normal* – can't go back to before
3. It is not going to *stabilize* and yet change can be dealt with – with support
4. Getting *support* that works is essential as things continue to change

Hearing Sound
Unchanged

**BIG Language
CHANGE**



Dementia Education and Training Program (1995)

Limit Words – Keep it Straight Forward!

Visual matched WITH verbal using **Positive Action Starters:**

- **First, Reflect:** matched intensity with sincerity (if needed).
- **Short & Simple:** *It's about time for...* tap your watch/wrist.
Or Here's your socks. Hold up sock.
- **Step by Step:** *Let's go this way.* Point.
- **Choice:** *Coffee or tea?* Raise coffee cup then tea bag.
- **Help:** *I could use your help.* Implied compliment on skill.
- **Try:** *Let's just try.* Pointing to the exercise band.

Acknowledge their response/reaction.... **And then WAIT!!!**

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Welcome to the Positive Approaches to Dementia Care ECHO

Session 2: What is a Positive Approach to Care?

Wednesday February 19, 2025 2:00-3:00 p.m. (EST)



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What is a Positive Approach to Care?

Teepa Snow, MS, OTR/L, FAOTA

Founder and CEO, Positive Approach to Care®

Co-Founder, Snow Approach Foundation, Inc.

The GEMS® States of Brain Change:



Sapphire State: Typical Aging

Diamond State: Clear, Sharp, Faceted, Highly Structured

Emerald State: On the Go with Repeating Patterns

Amber State: Caution Light, Caught in a Moment of Time

Ruby State: Red Light on Skills, Hidden Depths

Pearl State: Hidden Within in a Shell, Quiet Beauty

Why Use the GEMS® States?

They help us:

- Understand the different brain states that we all experience, so we may recognize our own state and its impact on our interactions
- Get beyond the terms *dementia* and *Alzheimer* and speak with less negativity and stereotyping
- Enable us to offer effective support for an individual's specific brain state
- Focus on abilities, rather than just disabilities

Sapphire State:



- Typical aging brain
- Able to be flexible and adaptable
- Able to consider the perspectives of others
- Able to support the other GEMS States



Diamond State:



- Sharp, hard, rigid, inflexible, can cut
- Many facets, still often clear, can really shine
- Are usually either *joiners* or *loners*
- Can complete personal care in familiar place
- Usually can follow simple, prompted schedules
- Misplaces things and can't find them
- Resents takeover or bossiness
- Notices other people's misbehavior and mistakes
- Varies in self-awareness
- Uses old routines and habits
- Controls important roles and territories, uses refusals



Emerald State:



- Changing color
- Not as clear or sharp, more vague
- On the go, need to *do*
- Flaws may be hidden
- Time traveling is common
- Are usually *doers* or *supervisors*
- Do what is seen, but miss what is not seen
- Must be in control, but not able to do it correctly
- Do tasks over and over, or not at all



Amber State:



- Amber Alert - Caution!
- Caught in a moment
- All about sensation and sensory tolerance, easily over or under-stimulated
- May be private and quiet, or public and noisy
- Limited safety awareness
- Often focused on their own needs and wants
- Lots of touching, handling, tasting, mouthing, manipulating
- Explorers, get into things, invade space of others
- Do what they like and avoid what they do not like



Ruby State:



- Big, repetitive, strong movements are possible
- Rhythm: can sing, hum, pray, sway, or dance
- Notices exaggerated facial expressions
- Can react to emotion in tone of voice
- Limited skill in mouth, eyes, fingers, and feet
- Can mimic or copy big actions and motions
- Monocular vision – loss of depth perception
- Balance and coordination very limited
- Basic needs will require monitoring and support



Pearl State:



- Hidden in a shell: still, quiet, easily lost
- Beautiful and layered
- Spends much time asleep or unaware
- Unable to move, bed or chairbound, frequently falls forward or to side
- May cry out or mumble often, increases vocalizations with distress
- Can be difficult to calm, hard to connect with
- Knows familiar from unfamiliar
- Primitive reflexes
- The end of the journey is near, multiple systems failing
- Connections between the physical and sensory world are less strong but we are often the bridge



Teepa Snow's GEMS® State Model allows us to recognize how every brain can change based on internal and external factors. While dementia will cause chemical and physical changes to one's brain, other factors, such as discomfort, stress, or hunger, can affect all of our abilities in the moment. Observing these changes and recognizing what abilities are available in this moment are key to connecting and offering the *just right* support.



Sapphire

True blue
Healthy brain
Normal aging
Flexible
Adaptable
Optimal cognition
Can vary pace
Sometimes misses a word
Can provide support for other GEMS
States with proper self-care and support
Less peripheral awareness with age



Diamond

Clear – Sharp
Many facets
Lives by habit and routine
Likes familiar, dislikes change
Blames or dismisses errors
Short delays possible
Word-finding changes
Can cut and shine
Scuba vision



Emerald

Green
On the go with purpose
Flawed
Seeks independence or connections
Repeats
Misses details
One thing at a time
Misses or skips words
Travels in time and place
Binocular vision



Amber

Changing yellow
Caught in a moment of time
More curious than cautious
Focused on sensory needs
Lives in the moment
Copies actions, not tasks
Highly varied response speed
Language challenged
Resists dislikes, seeks likes
Can confuse objects



Ruby

Strong red
Retains strength, not skills
Big/strong actions
Has rhythm
Notifies tone of voice
In motion or still
Typically very slowed
Chatty or silent
Imitates actions
Monocular vision



Pearl

Hidden in a shell
Ruled by reflexes
Short moments of connection
Mostly immobile
Expresses unmet needs with distress
Reacts to touch
Extended delays are common
Single sounds or words
Can recognize familiar and liked
Limited visual regard



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Vision Center: Big Changes



Visual Field Changes by GEMS State:

Sapphire State: Loss of Peripheral Awareness with Typical Aging

Diamond State: Scuba Mask/Tunnel Vision

Emerald State: Binocular Vision

Amber State: Binocular + Object Confusion

Ruby State: Monocular Vision

Pearl State: Loss of Visual Regard



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Welcome to the Positive Approaches to Dementia Care ECHO

Session 3: Sensory Changes in dementia and how to support: An eye on vision

Wednesday March 19, 2025 2:00-3:00 p.m. (EST)



The GEMS® States of Brain Change

Sapphire State: Typical Aging

Diamond State: Clear, Sharp, Faceted, Highly Structured

Emerald State: On the Go with Repeating Patterns

Amber State: Caution Light, Caught in a Moment of Time

Ruby State: Red Light on Skills, Hidden Depths

Pearl State: Hidden within a Shell, Quiet Beauty

GEMS® Dementia Abilities

Based on Allen Cognitive Levels



- A Cognitive Disability Theory – OT based
 - Focus on abilities, rather than just disabilities
- Creates a common language and approach to providing:
 - ✓ Environmental support
 - ✓ Caregiver skill, support, and cueing strategies
 - ✓ Expectations for retained ability and lost skill
 - ✓ Promotes graded task modification
- Each Gem state requires a special ‘setting’ and ‘just right’ care
 - ✓ Visual, verbal, touch communication cues
- Each can shine
- Encourages in the moment assessment of ability and need
 - ✓ Accounts for chemistry as well as structure change

Progression of the Condition and Every Brain Throughout the Day



To the tune of
“THIS OLD MAN”





SAPPHIRE true, with change, we're key

The choice is ours, and we are free

To change our habits, to read, and think and do

We're flexible, we think it through!



DIAMOND bright, share with me

Right before, where I can be

I need routine and some different things to do

Don't forget, **I** get to **choose!**



EMERALD– Go, I like to do

I make mistakes, I may be through!
Show me only one – step – at – a – time
Stay a friend, and I'll be fine



AMBER – HEY!, I touch and feel

I seek sensations- I'm rarely still
I can do things, if I copy you
What I need is what I do!



RUBY – skill, it just won't go
Changing something must go **sloooooooow**
Use your body to show me what you mean
Guide, don't force me. Don't use speed!



Now a **PEARL**, I'm deep within
But I still feel things through my skin
Keep your offers always clear and slow
Use your voice to calm my soul.



Vision Changes

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



Dementia Education and Training Program. (1995). *Alzheimer's: A Broken Brain* [Brochure]. [Tuscaloosa, AL]: Dementia Education & Training Program.

BIG VISION CHANGES

1. Loss of Peripheral Awareness
2. Tunnel Vision
3. Binocular Vision
4. Binocular + Object Confusion
5. Monocular Vision
6. Loss of Visual Regard



25



Visual field at age 25
If alert and attentive

No cognitive impairment;
Changing Processing Speed



75



Visual field at age 75

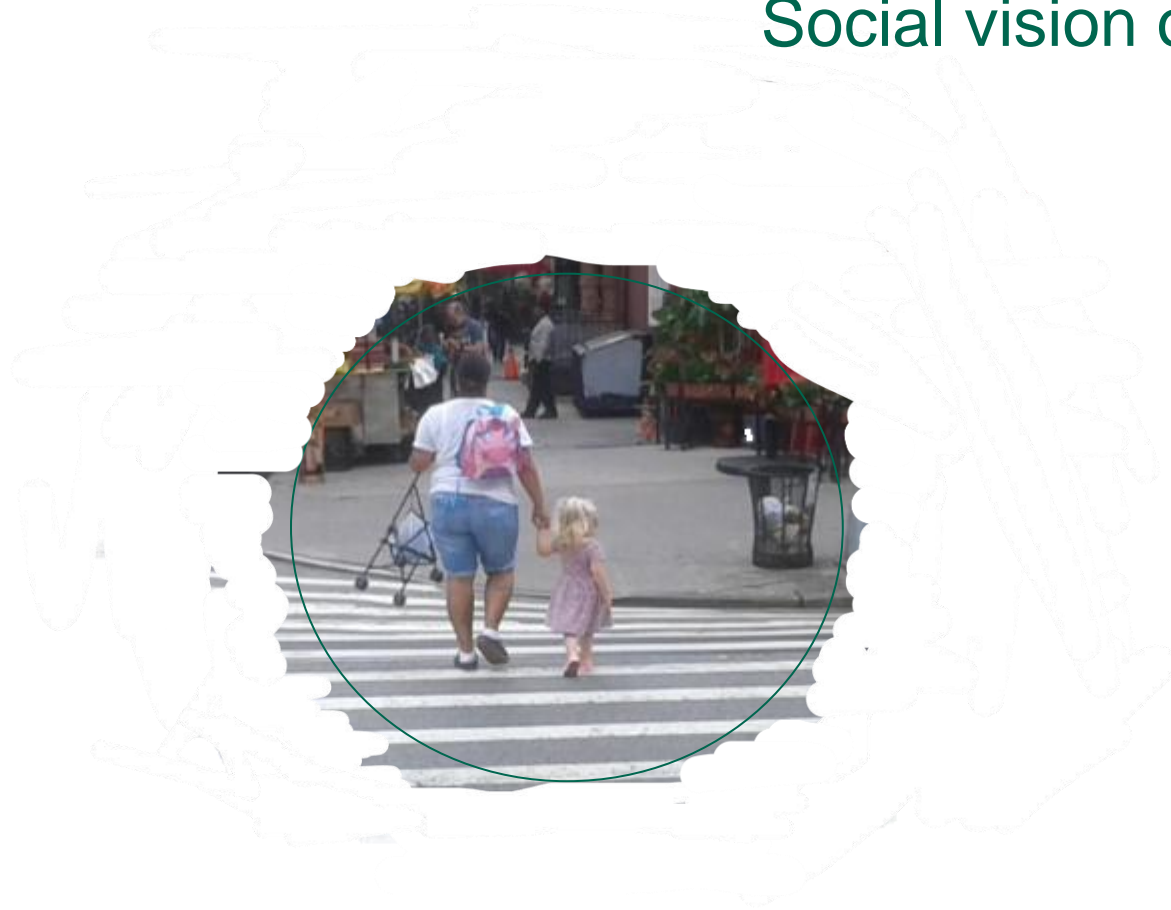
Early signs of dementia Even slower processing speed



Visual field with tunnel vision

Middle of dementia

Social vision or task vision – not both



Visual field with binocular vision

Late-State of Dementia

No depth perception— one piece at a time



Visual field with monocular vision

Late-State of Dementia

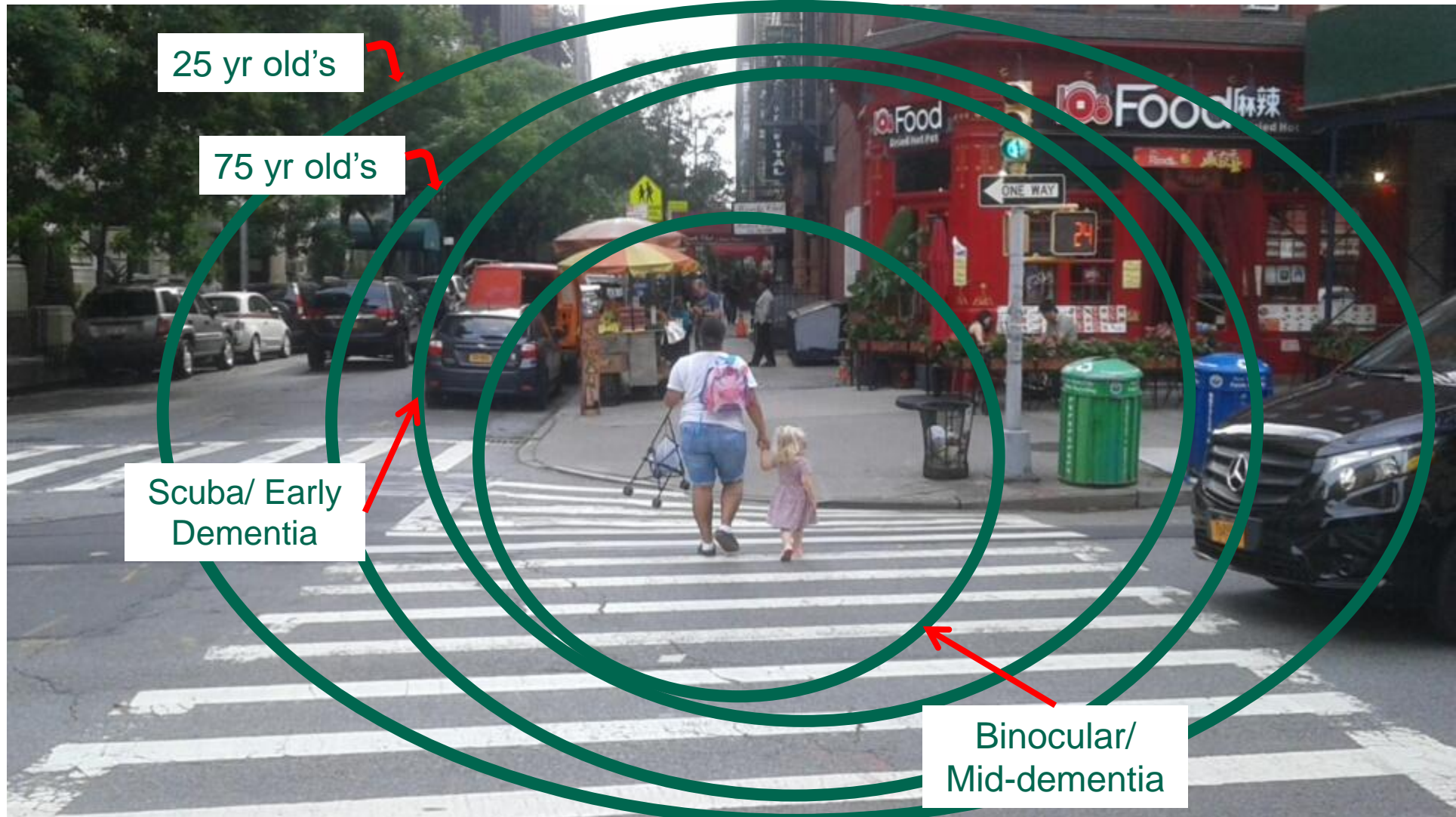


Visual field with monocular vision
Opening and closing eyes

Visual Cues by GEMS State

- **Diamond** – Message in scuba field
- **Emerald** – Objects in binocular field
- **Amber** – Object use demonstrated in binocular field
- **Ruby** – Hand or hand plus face in monocular field
- **Pearl** – Facial expression 18" away in midline

Visual Fields by Age and Brain State



e.g., Armstrong, R. A. (2009). Alzheimer's disease and the eye. *Journal of Optometry*, 2(3), 103–111.

Trick, G.L., Trick, L.R., Morris, P., & Wolf, M. (1995). Visual field loss in senile dementia of the Alzheimer's type. *Neurology*, 45, 68–74.



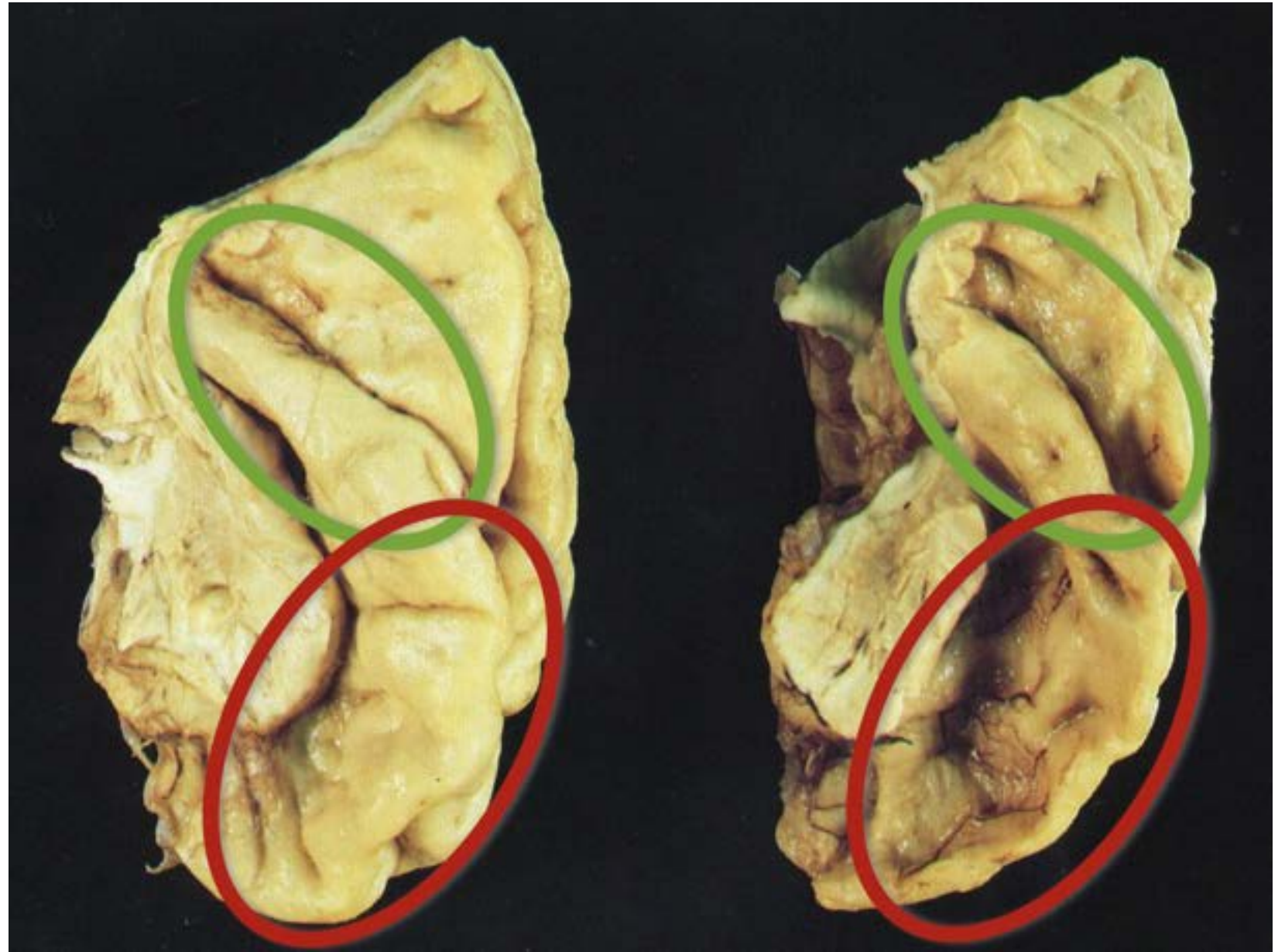
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Session 4: Adapting the Care Approach for Changes in Hearing and Language

Wednesday April 16, 2025 2:00-3:00 p.m. (EST)

Hearing Sound
Unchanged

**BIG Language
CHANGE**



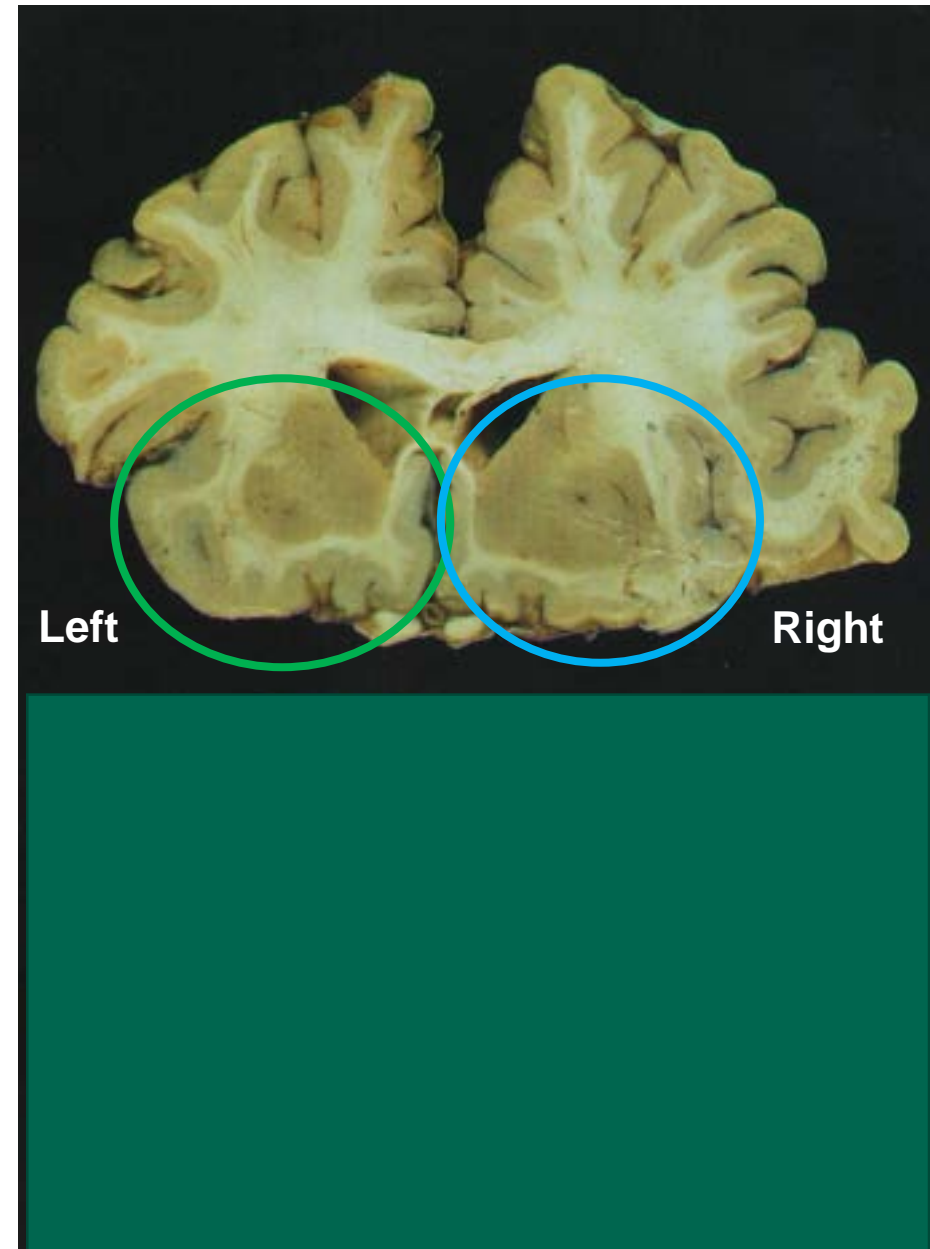
Dementia Education and Training Program. (1995). *Alzheimer's: A Broken Brain* [Brochure].
[Tuscaloosa, AL]: Dementia Education & Training Program.

Left Temporal Lobe

1. Vocabulary
2. Comprehension
3. Speech Production

Right Temporal Lobe

1. Forbidden Words
2. Social Chit Chat
3. Rhythm of Speech
4. Music, Poetry, Prayer, Counting
5. Automatic, Autonomic Movement



Asked:

**“Shut
the
door,
Buddy”**



Positive Action Starters (PAS)

First, **Reflect:** matched intensity with sincerity (if needed).

Second, matched visual cues WITH verbal using **PAS** :

**Limit words:
Keep it
Straight
Forward**

- **Short & Simple:** *It's about time for...* tap your watch/wrist.
Or Here's your socks. Hold up sock.
- **Step by Step:** *Let's go this way.* Point.
Or Lean forward. Motion forward with hand.
- **Choice:** *Coffee or tea?* Raise coffee cup then tea bag.
- **Help:** *I could use your help.* Implied compliment on skill.
- **Try:** *Let's just try.* Pointing to the exercise band.

Acknowledge their response/reaction.... **And then WAIT!!!**

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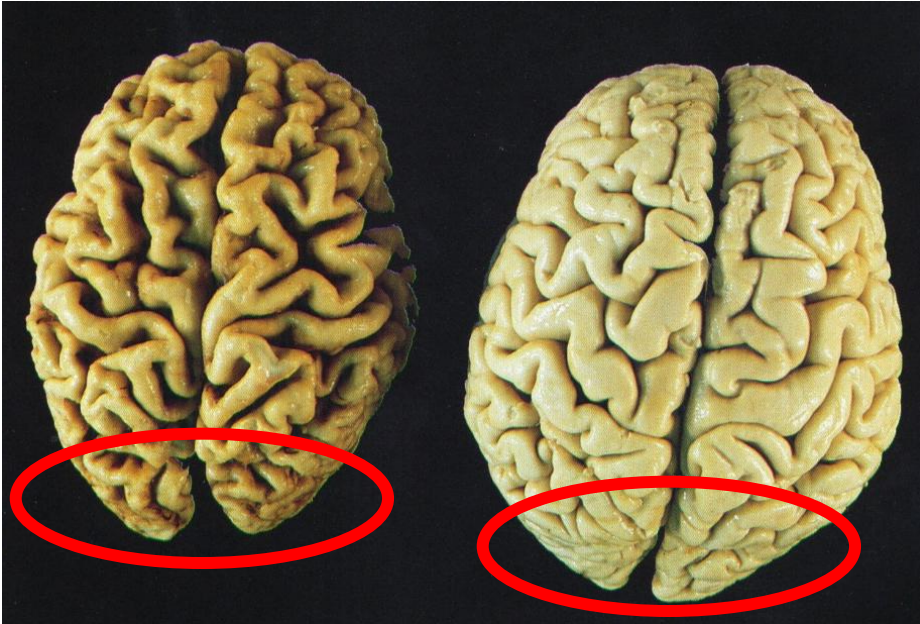
Welcome to the Positive Approaches to Dementia Care ECHO

Session 5: A Positive Approach to Personal Care Challenges

Wednesday May 21, 2025 2:00-3:00 p.m. (EST)

Vision Changes

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



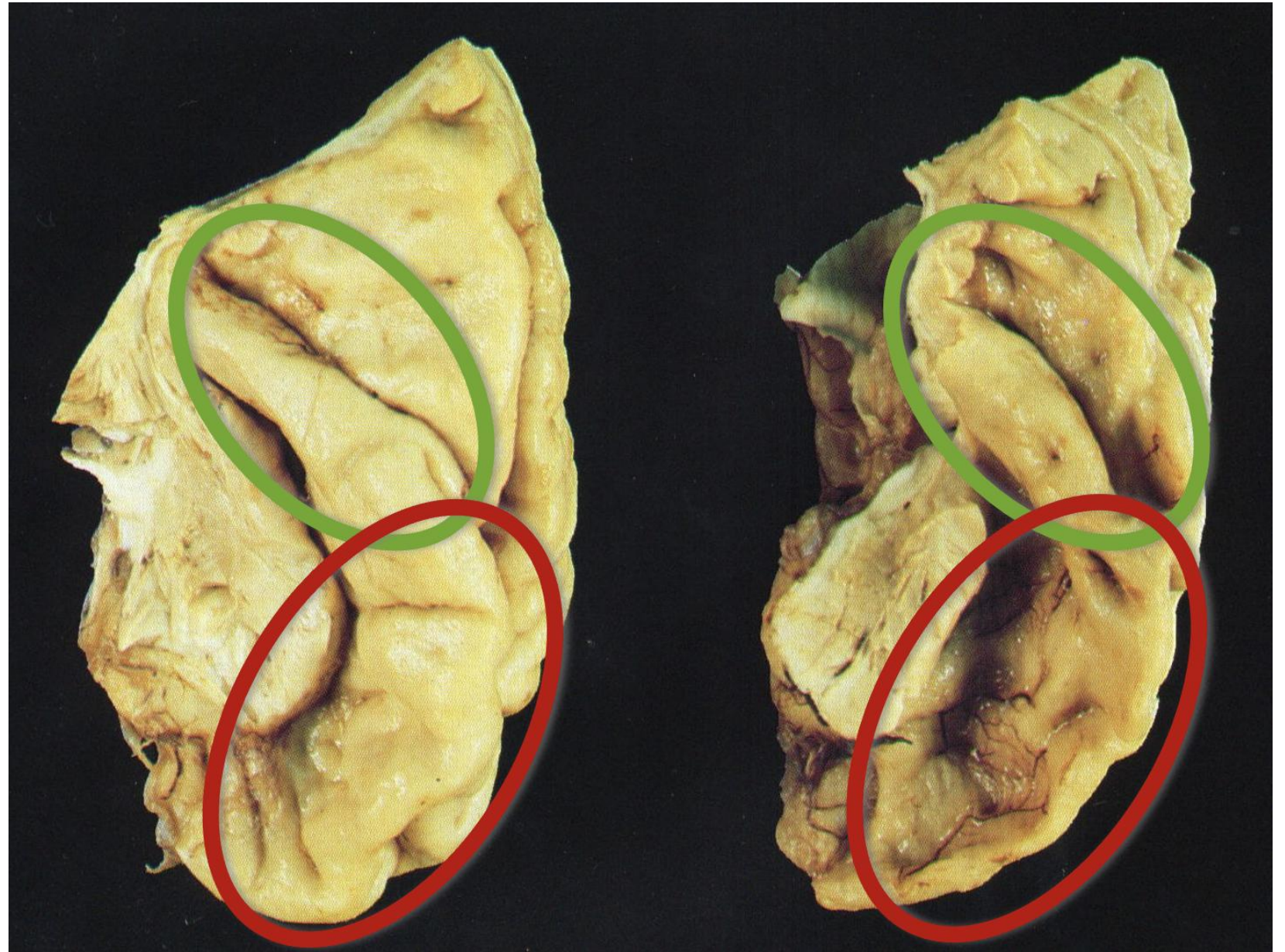
Dementia Education and Training Program. (1995). *Alzheimer's: A Broken Brain* [Brochure]. [Tuscaloosa, AL]: Dementia Education & Training Program.

BIG VISION CHANGES

1. Loss of Peripheral Awareness
2. Tunnel Vision
3. Binocular Vision
4. Binocular + Object Confusion
5. Monocular Vision
6. Loss of Visual Regard

**Hearing Sound
Unchanged**

**BIG Language
CHANGE**



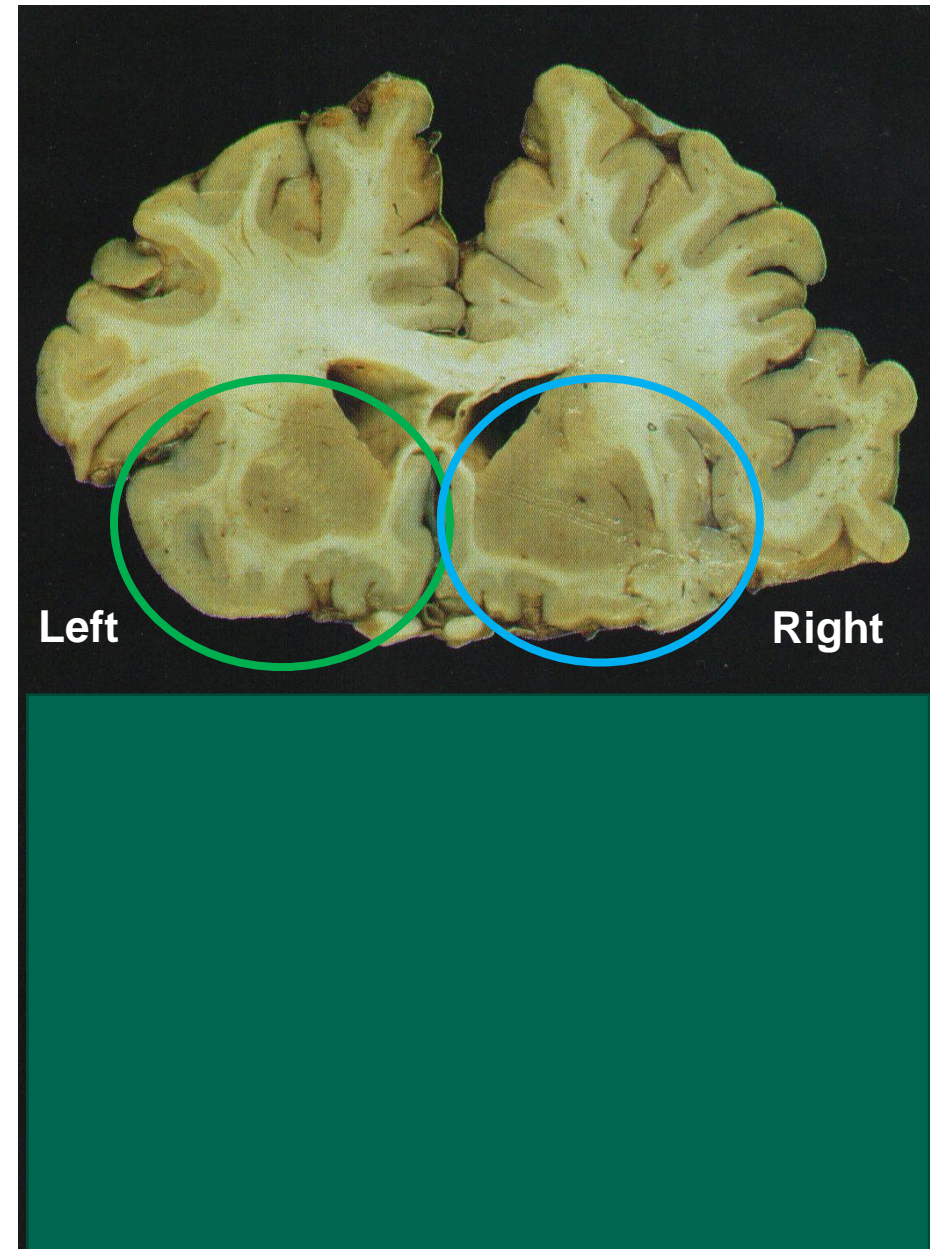
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Left Temporal Lobe

1. Vocabulary
2. Comprehension
3. Speech Production

Right Temporal Lobe

1. Forbidden Words
2. Social Chit Chat
3. Rhythm of Speech
4. Music, Poetry, Prayer, Counting
5. Automatic, Autonomic Movement



Positive Action Starters (PAS)

First, **Reflect**: matched intensity with sincerity (if needed).

Second, matched visual cues WITH verbal using **PAS** :

**Limit words:
Keep it
Straight
Forward**

- **Short & Simple:** *It's about time for...* tap your watch/wrist.
Or Here's your socks. Hold up sock.
- **Step by Step:** *Let's go this way.* Point.
Or Lean forward. Motion forward with hand.
- **Choice:** *Coffee or tea?* Raise coffee cup then tea bag.
- **Help:** *I could use your help.* Implied compliment on skill.
- **Try:** *Let's just try.* Pointing to the exercise band.

Acknowledge their response/reaction.... **And then WAIT!!!**



Welcome to the Positive Approaches to Dementia Care ECHO

Session 6: A Positive Approach to Personal Care Challenges

Wednesday June 18, 2025 2:00-3:00 p.m. (EST)



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Disclosure

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$999,715 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

Learning Objectives

- Describe at least one of the sensory changes that can occur with dementia.
- Discuss at least one example of brain function that may be retained in individuals living with brain change.
- Identify a technique or tool which may be useful when interacting with individuals living with brain change.

Housekeeping - Announcement

- This ECHO series continues July 2025 – June 2026.
- Current participants do not need to re-register.
- Monthly, 3rd Wednesday, 2:00-3:00 p.m.

July	August	September	October	November	December
7/16	8/20	9/17	10/15	11/19	12/17*

* Session with Teepa Snow

Core Panel

- Catherine Amarante, BSN, RN, GERO-BC
- Joanna Fix, PhD – Positive Approach to Care®
- Martha Ilsley, LPN – Skilled Nursing Facility Administrator
- Sally Matless, ThD – Family Member of Long-Term Care Resident
- Br. John-Richard Pagan, MA-MFT, CG, Positive Approach to Care®
- Daniel Stadler MD, CMD – Geriatrician, SNF Medical Director

"I'm looking for the thing!": How to Identify Unmet Needs

Beth A. D. Nolan, Ph.D. - Chief Public Health Officer

Teepa Snow's Positive Approach to Care ®



**Br John-Richard
Pagan, MA-MFT, CG**



**Joanna
Fix, PhD**

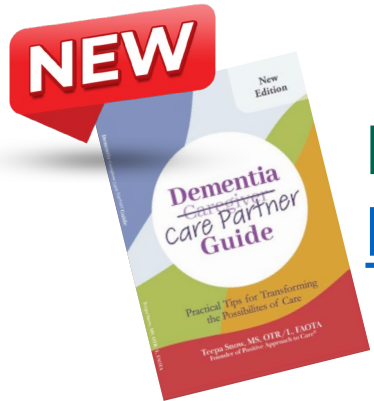
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Summary and Key Takeaways: All behavior has purpose and meaning.

- Eye contact, tone of voice, body language, and facial expressions matter (as much if not more than what is said).
- Don't make assumptions, do assessments.
- I give, you give, I give back to you (reflect what you said); “show me what you do with it”, reflect back. If you're not getting it use “tell me more”.
- Simplify, use fewer words, limit choices: “this or something else?”
- Take things one - step - at - a - time.
- Positive Action Starter: “I could really use your help.”

Wrap-Up

ECHO Program Meeting Evaluation Survey

<https://hitchcock.az1.qualtrics.com/jfe/form/SV5zrgY5I5uwHRmck>

ECHO Report

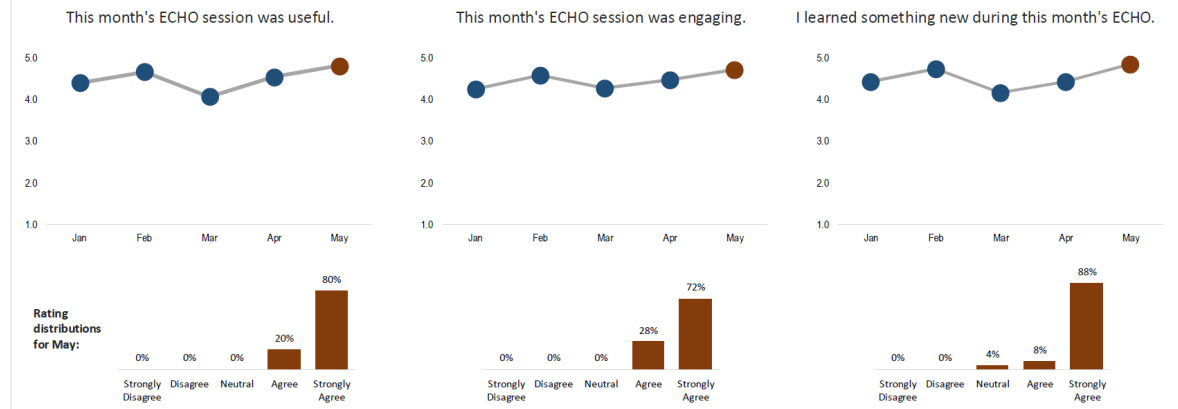
Respondents





52 individuals attended the May session, of whom **25 responded** to the evaluation survey. A **response rate of 48%** indicates a moderate level of participation among attendees, comparable to previous months.

Evaluation

Respondents were asked three questions around how useful and engaging the ECHO session was that month, as well as a question on whether the attendee learned something new during that month's session. Questions were asked on a 1 (strongly disagree) to 5 (strongly agree) scale.

In May, the average ratings around the usefulness of the session slightly increased (from 4.5 to 4.8). Ratings also slightly increased for session engagement (from 4.5 to 4.7) and for whether participants learned something (from 4.4 to 4.8).



	New strategies for communicating and building relationships with people dementia (e.g., Positive Action Starters, singing) <ul style="list-style-type: none"> "There are many reasons that personal care provokes negative responses from a dementia patient. Utilizing Positive Action Starters is a suggestion to make cooperation easier." "PAS-positive action starters will use this for sure, Have already typed up an AI generated version of this. All about approach."
	Other strategies for working with people with dementia <ul style="list-style-type: none"> "Using music for mobility." "Decrease stimulation."
	Greater awareness of the effects of dementia on vision <ul style="list-style-type: none"> "Visual changes with patients, keeping at arm's length." "The vision change. That was a great visual and reminder."
	New perspectives on people with dementia <ul style="list-style-type: none"> "The issue of trauma and personal care." "Opportunities present, not just deficits."



Up Next

- Next session: Wednesday July 16th 2:00-3:00 p.m. (EST)
- Please submit your cases/questions and view course resources at the: [DH iECHO site](#)
- Recordings will be posted on the D-H ECHO website <https://www.dartmouth-hitchcock.org/project-echo/enduring-echo-materials>