



# Welcome to the Positive Approaches to Dementia Care ECHO

January through December 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

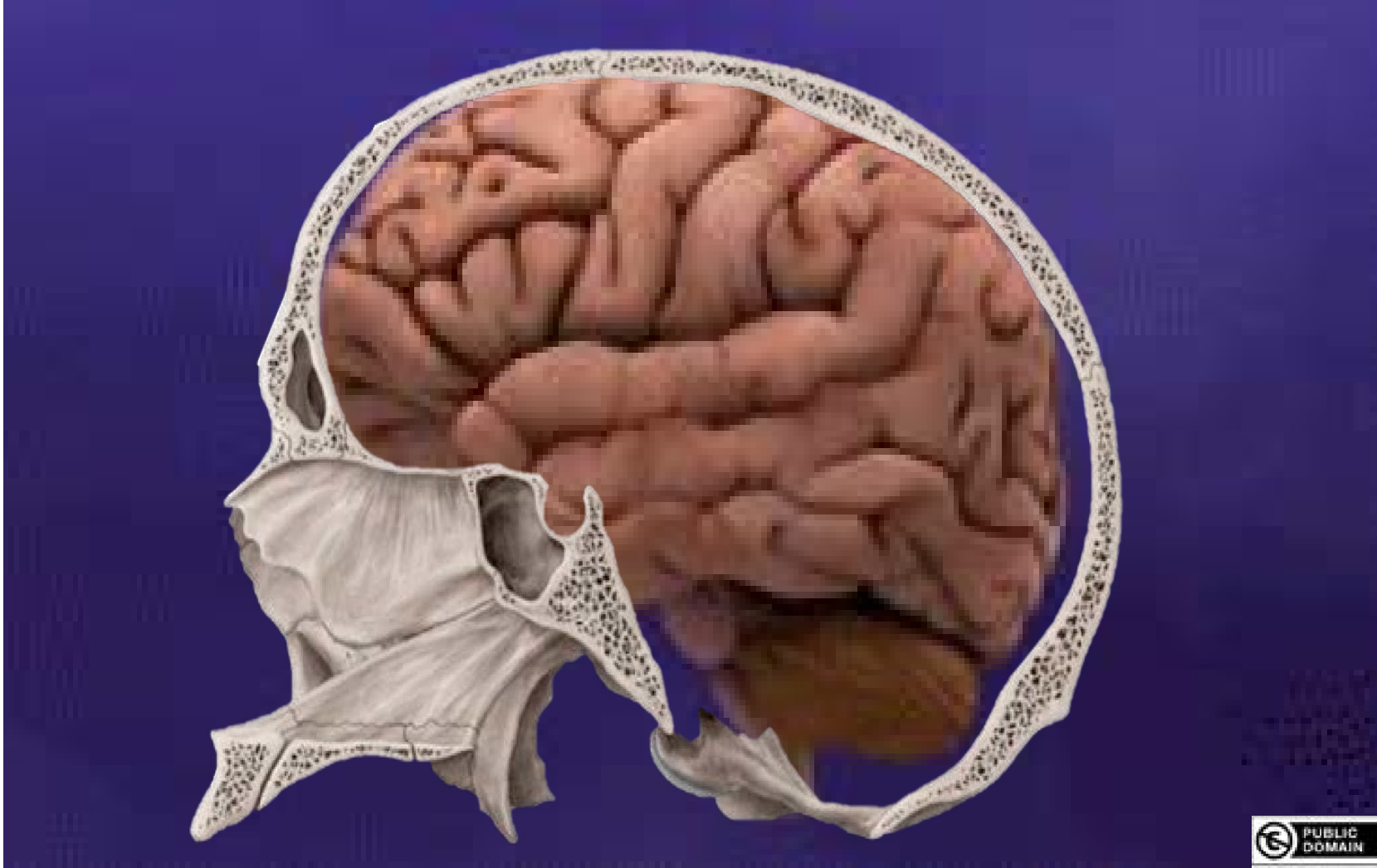
- [Session 1 – Dementia: What's Retained?](#)
- [Session 2 – What is a Positive Approach to Care?](#)
- [Session 3 – Sensory Changes](#)
- [Session 4 – Communicating Effectively](#)
- [Session 5 – Personal Care](#)
- [Session 6 - How to Identify Unmet Needs](#)
- [Session 7- What's Behind Aggression in Dementia?](#)
- [Session 8- Combativeness and De-escalation](#)
- [Session 9- Disinhibition](#)

# 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?

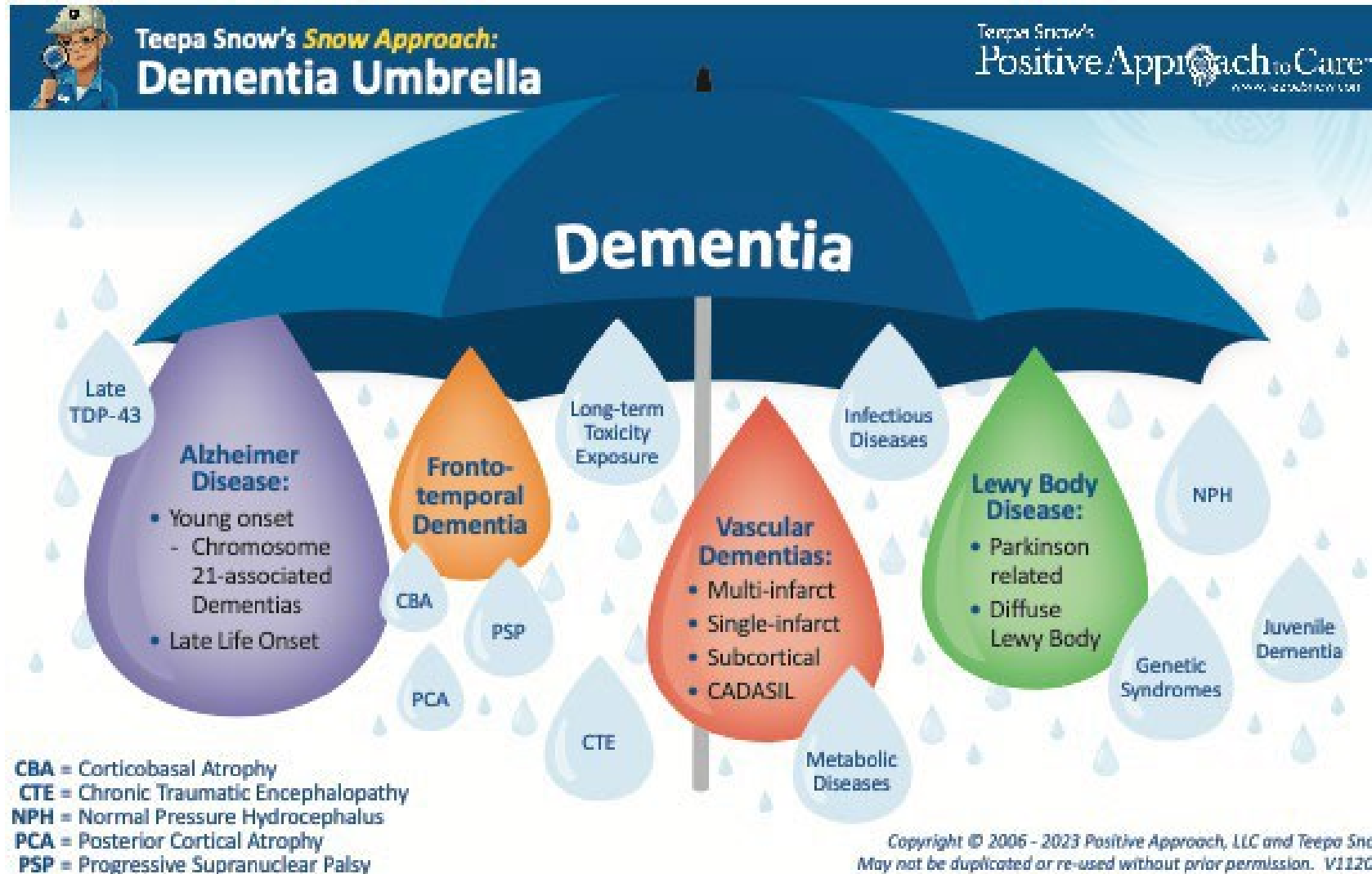


**Br John-Richard  
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**Joanna  
Fix, PhD**

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



# Four Truths About Dementia:

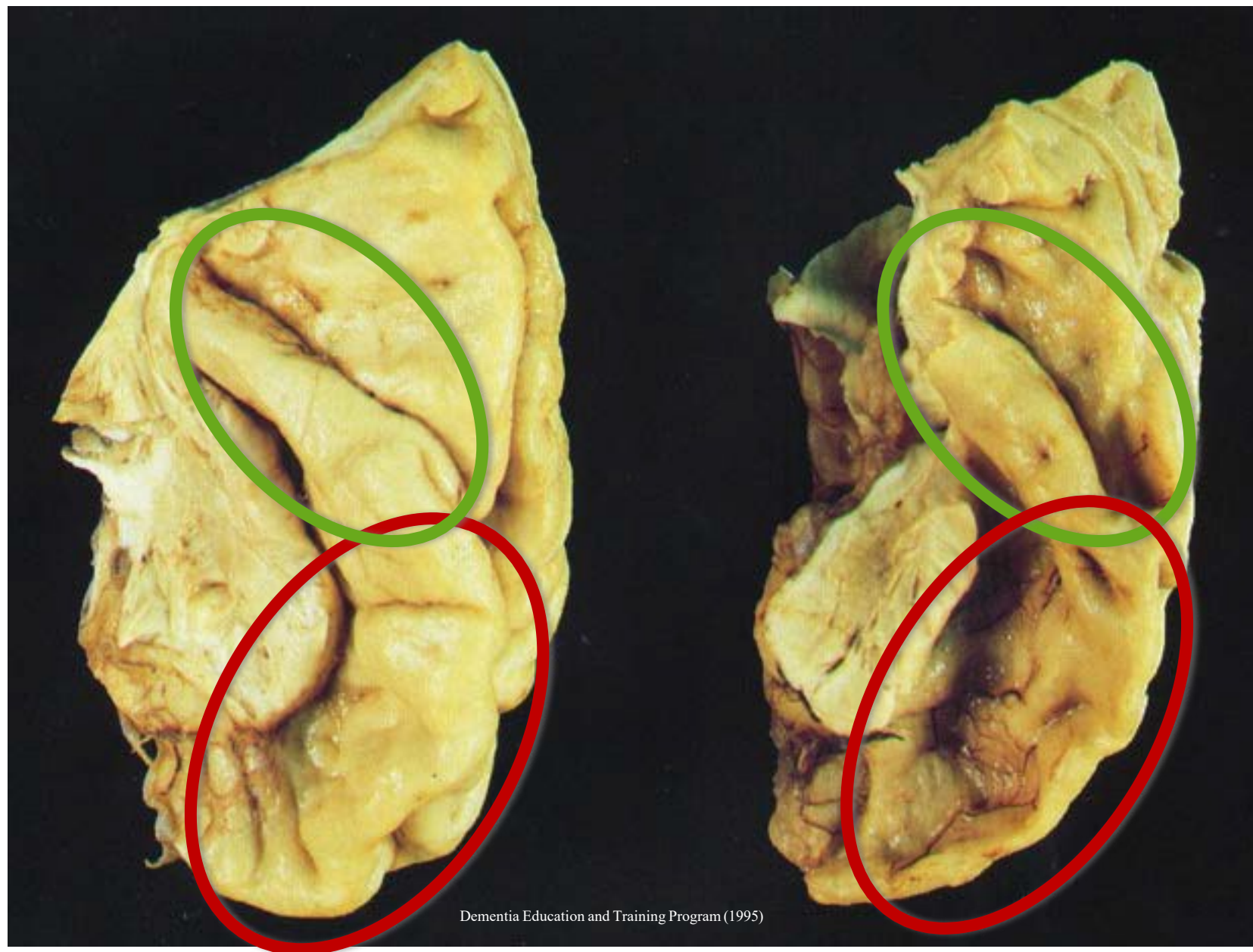
1. **At least 2 parts of the brain are dying- one related to memory and another part**
2. **It is chronic – can't be fixed**
3. **It is progressive – it gets worse**
4. **It is terminal – it will kill, eventually**

# 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!!!**

# Scan for Handouts

Or [www.teepasnow.com/presentations](http://www.teepasnow.com/presentations)



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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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Positive  
Approach  
to Care®  
[www.TeepaSnow.com](http://www.TeepaSnow.com)

# 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



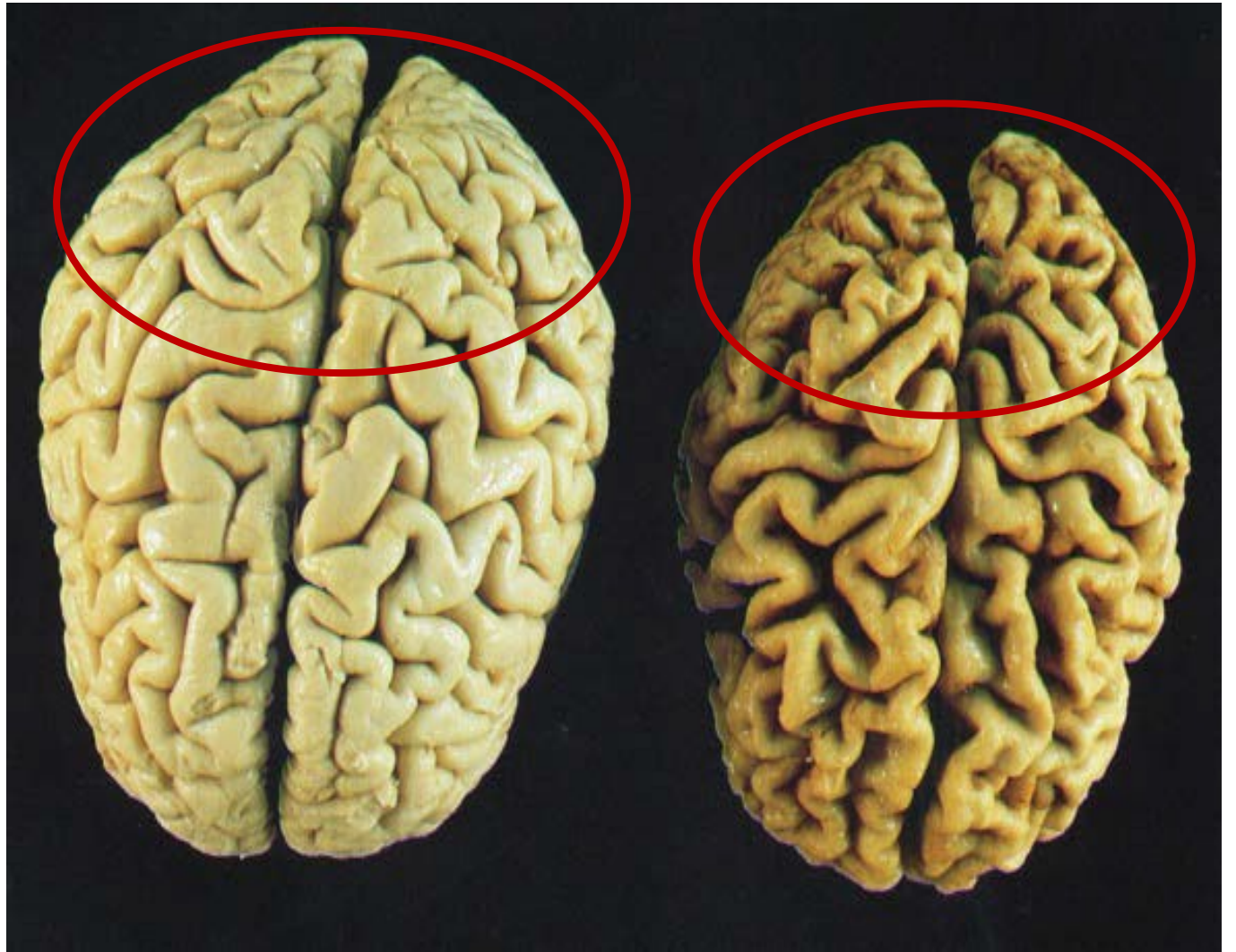
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# Vision Center: Big Changes



# 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 **slooooooow**

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.



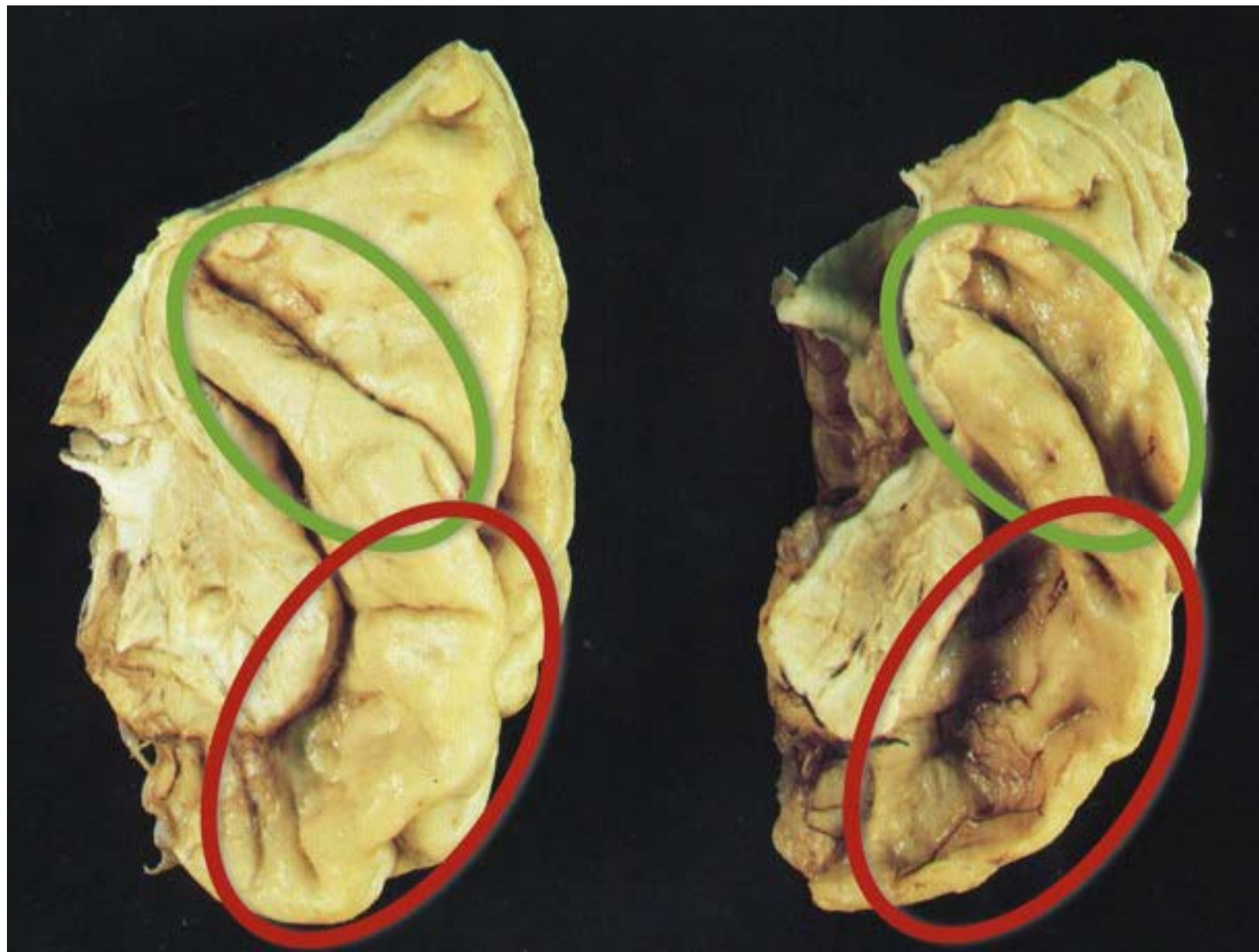
# Welcome to the Positive Approaches to Dementia Care ECHO

*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**



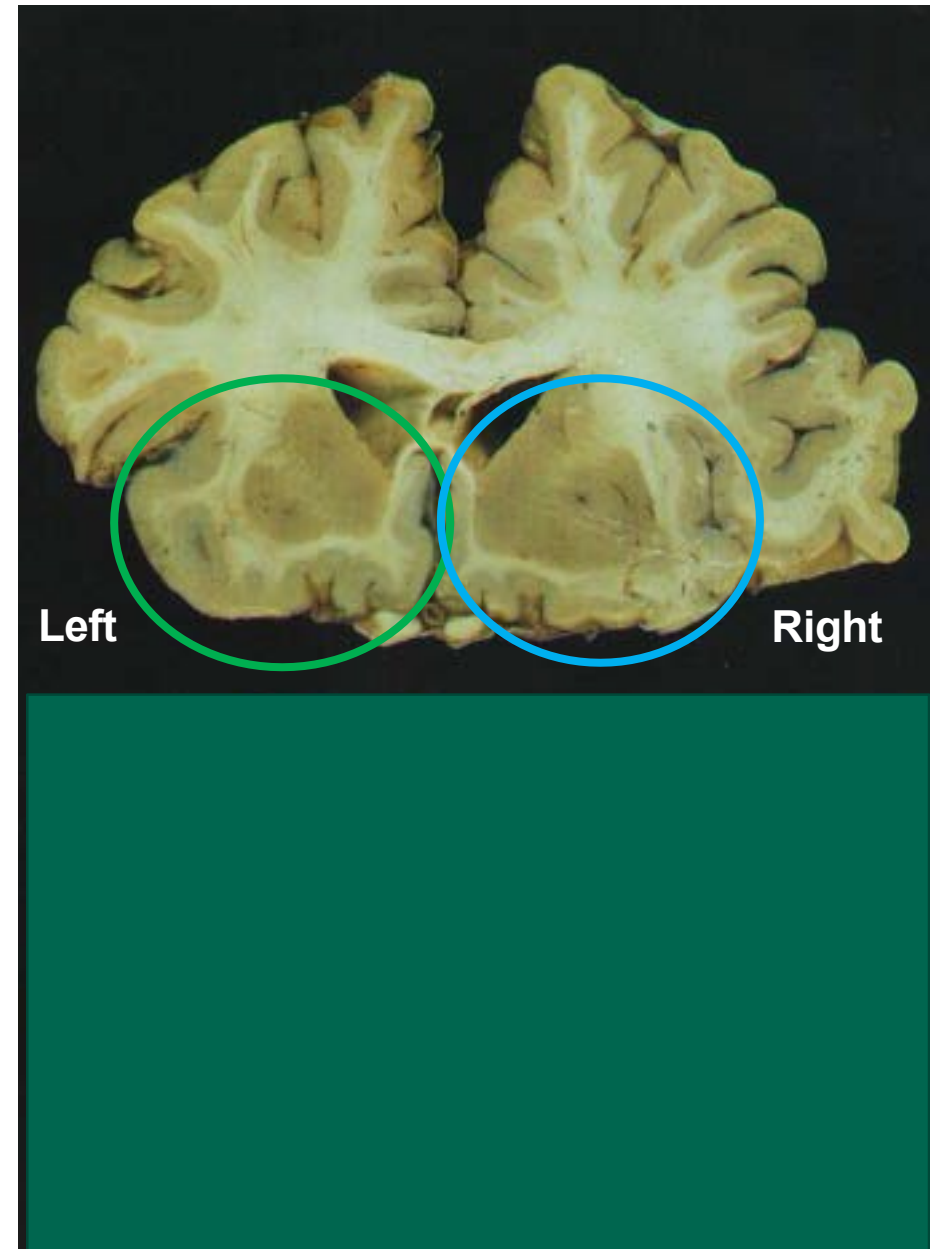
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[Tuscaloosa, AL]: Dementia Education & Training Program.

## 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)



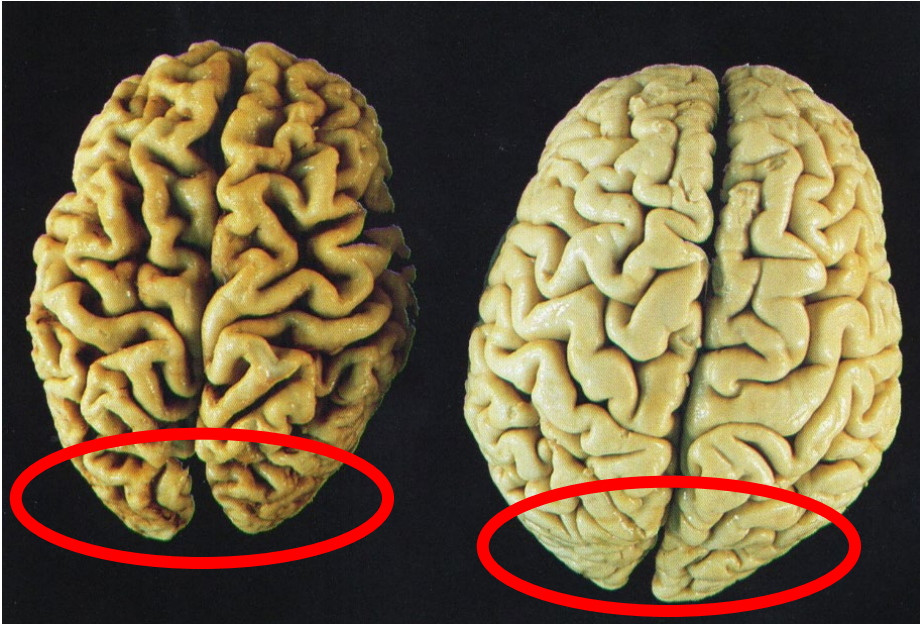
**Br John-Richard  
Pagan, MA-MFT, CG**



**Joanna  
Fix, PhD**

# Vision Changes

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



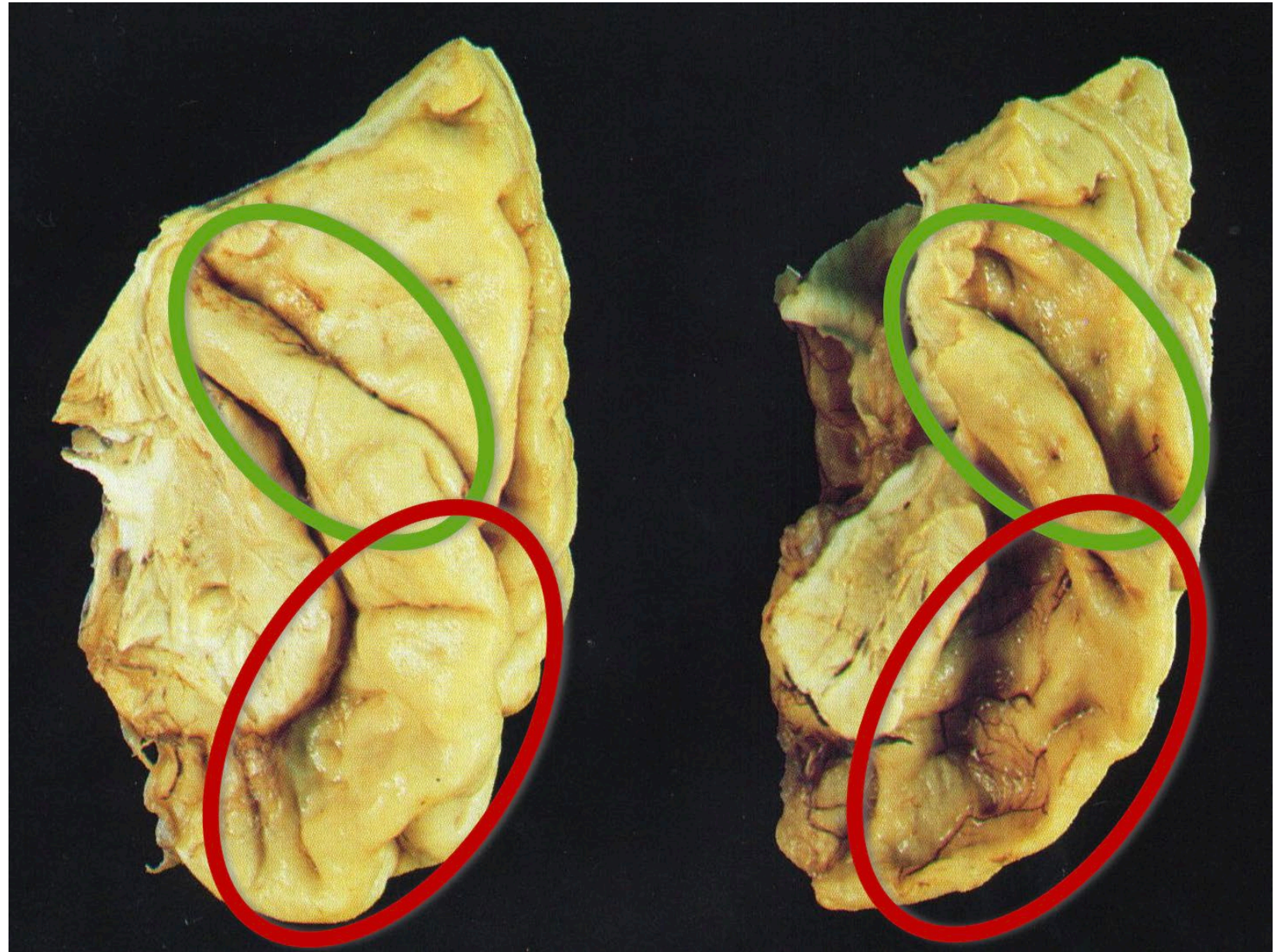
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## BIG VISION CHANGES

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**



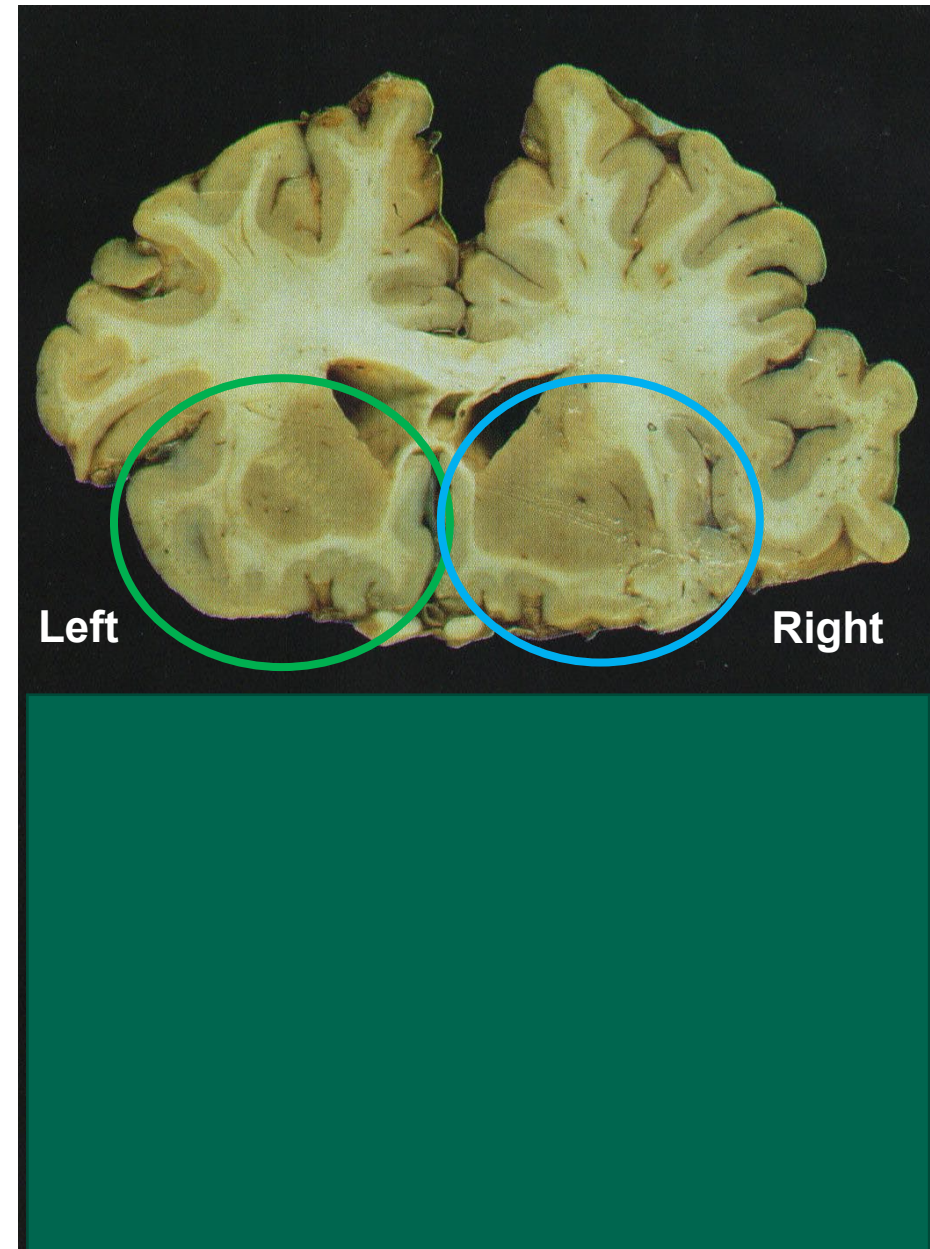
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[Tuscaloosa, AL]: Dementia Education & Training Program.

## 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



# 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!!!**

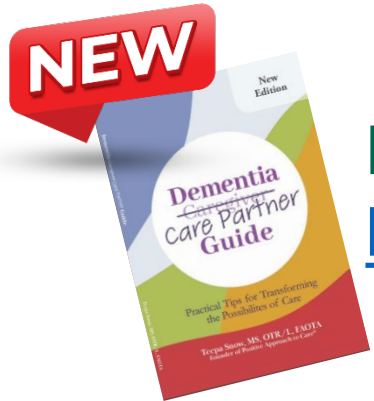
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**Joanna  
Fix, PhD**

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





# Welcome to the Positive Approaches to Dementia Care ECHO

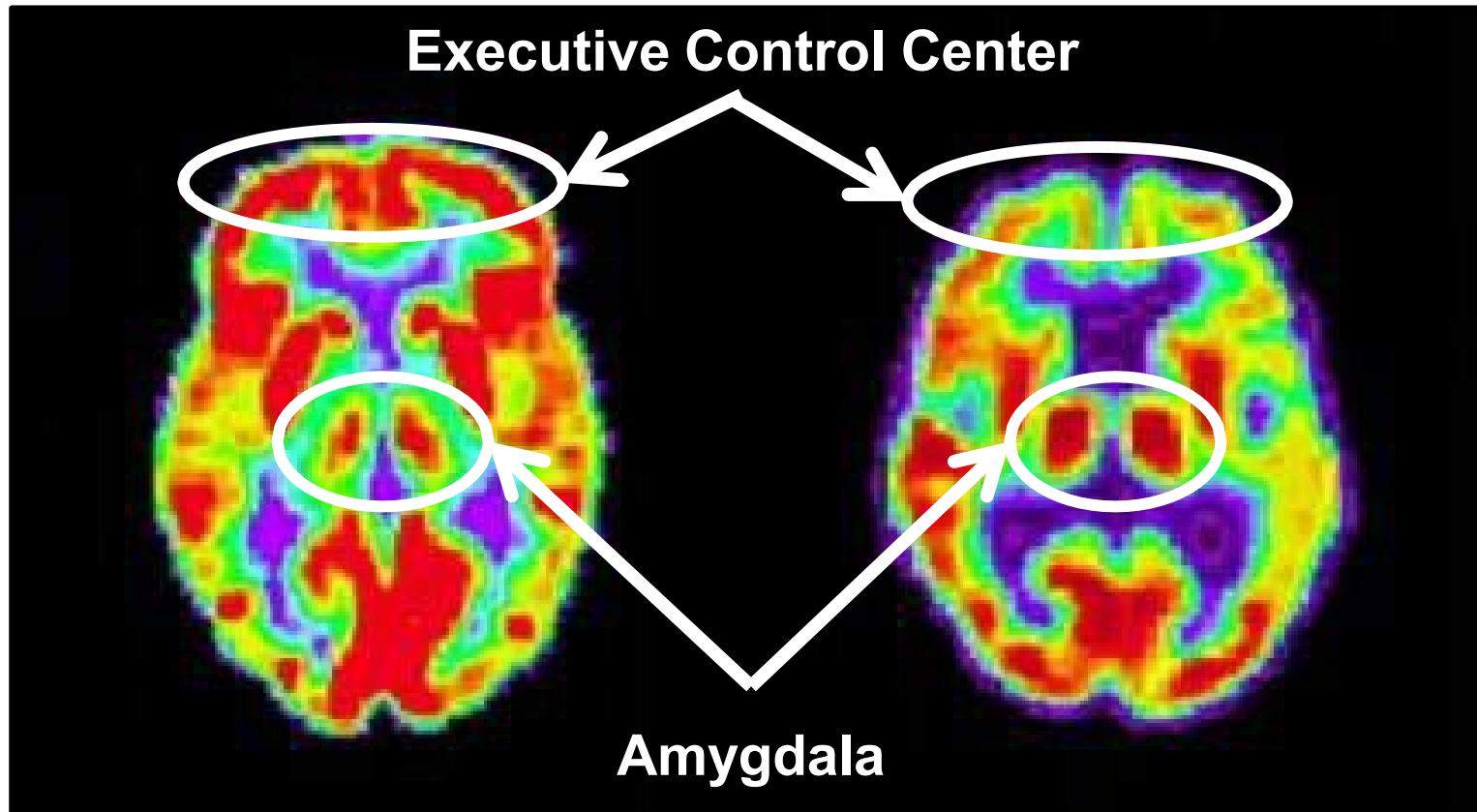
Session 6: How to Identify Unmet Needs

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

# Positron Emission Tomography (PET)

**Neurotypical  
Aging**

**Early  
Alzheimers**



When the amygdala is fired up, the executive control center is less effective

## Supportive Communication Pattern

Watch Olivia try to use her new skill to support Teepa AND herself to help Teepa meet her need!

You can find the video here:  
<https://www.youtube.com/watch?v=gLDK8i2cuss>

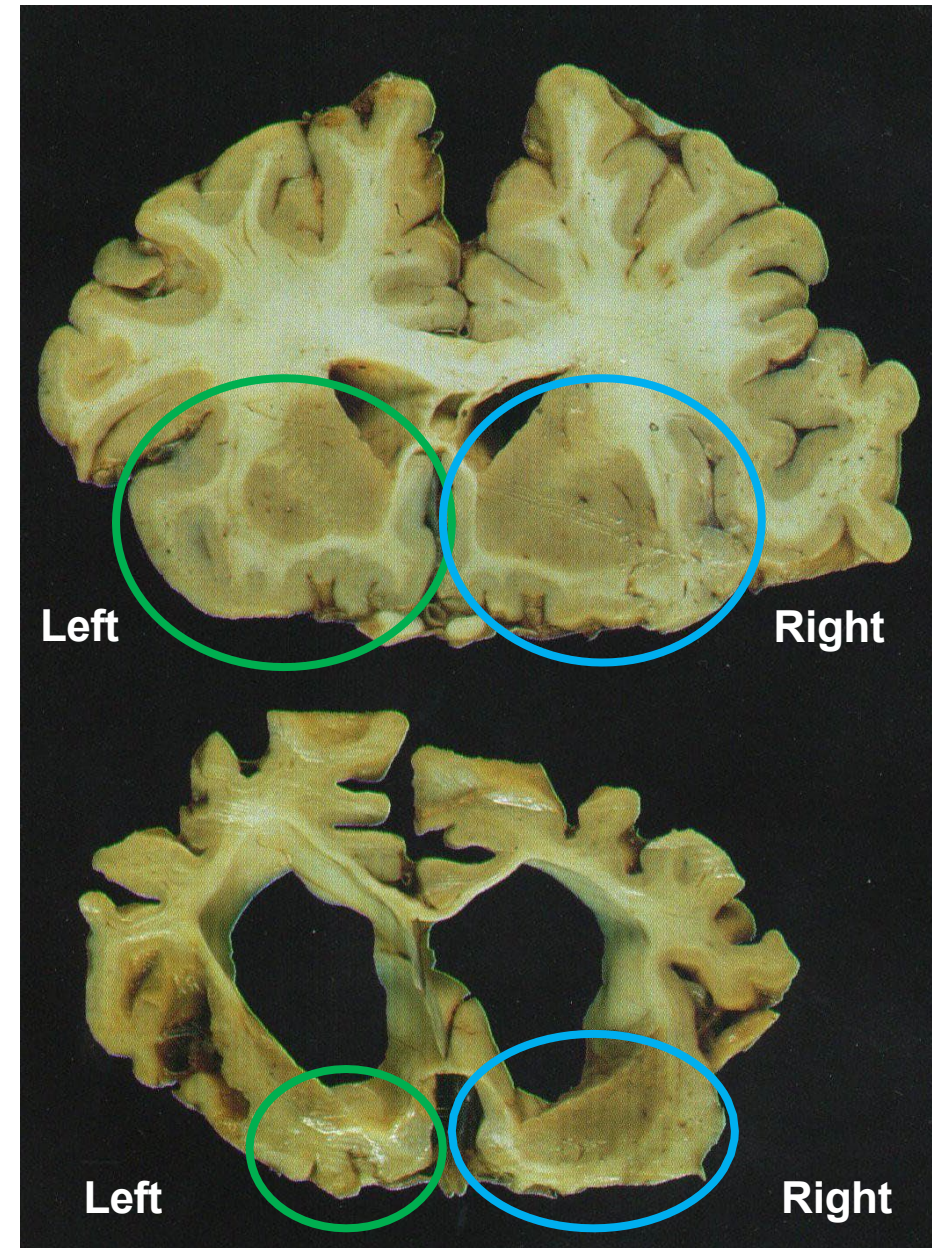


## Left Temporal Lobe – and significant changes:

1. Vocabulary
2. Comprehension
3. Speech Production

## Right Temporal Lobe - retained abilities:

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



Dementia Education and Training Program (1995)

# Positive Action Starters (PAS)

- First, and every time **Reflect**: matched intensity with sincerity. Second, matched visual cues **WITH** verbal using **PAS** :

- **Short & Simple**: *It's about time for...* tap your watch/wrist.

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!!!**

*Or Here's your socks.*

**Limit words:  
Keep it  
Straight  
Forward**

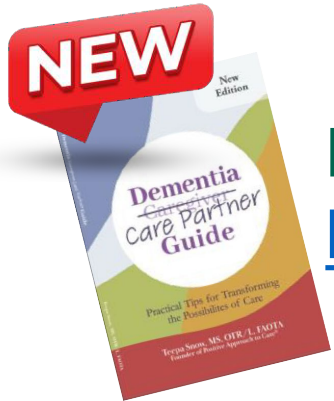
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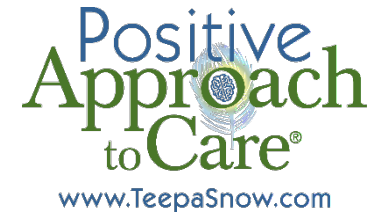
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# Welcome to the Positive Approaches to Dementia Care ECHO

*Session 7: What's Behind Aggression in Dementia?*

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



**Joanna  
Fix, PhD**

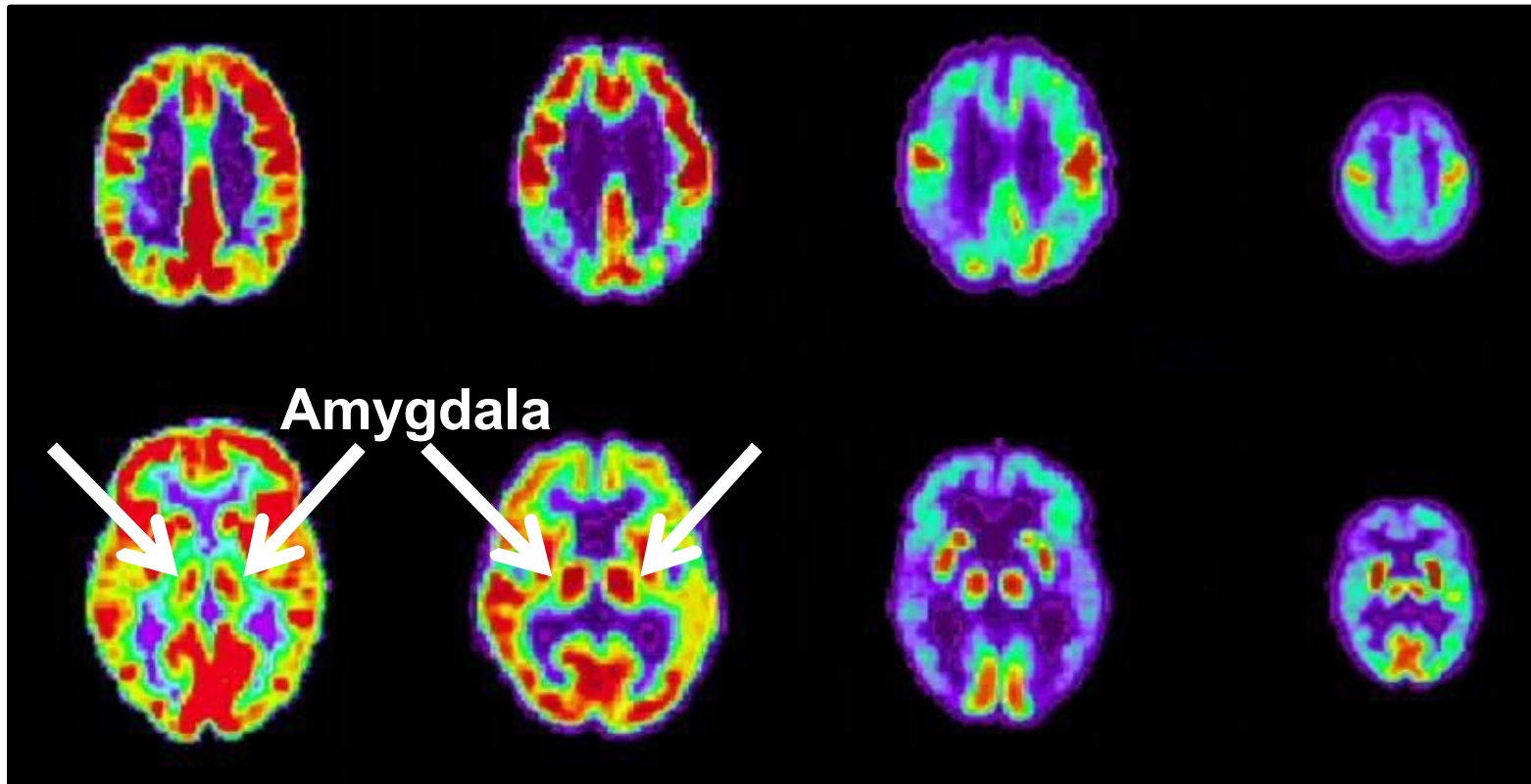
**Br John-Richard  
Pagan, MA-MFT, CG**



# Positron Emission Tomography (PET)

## Alzheimer's Disease Progression vs. Neurotypical Brains

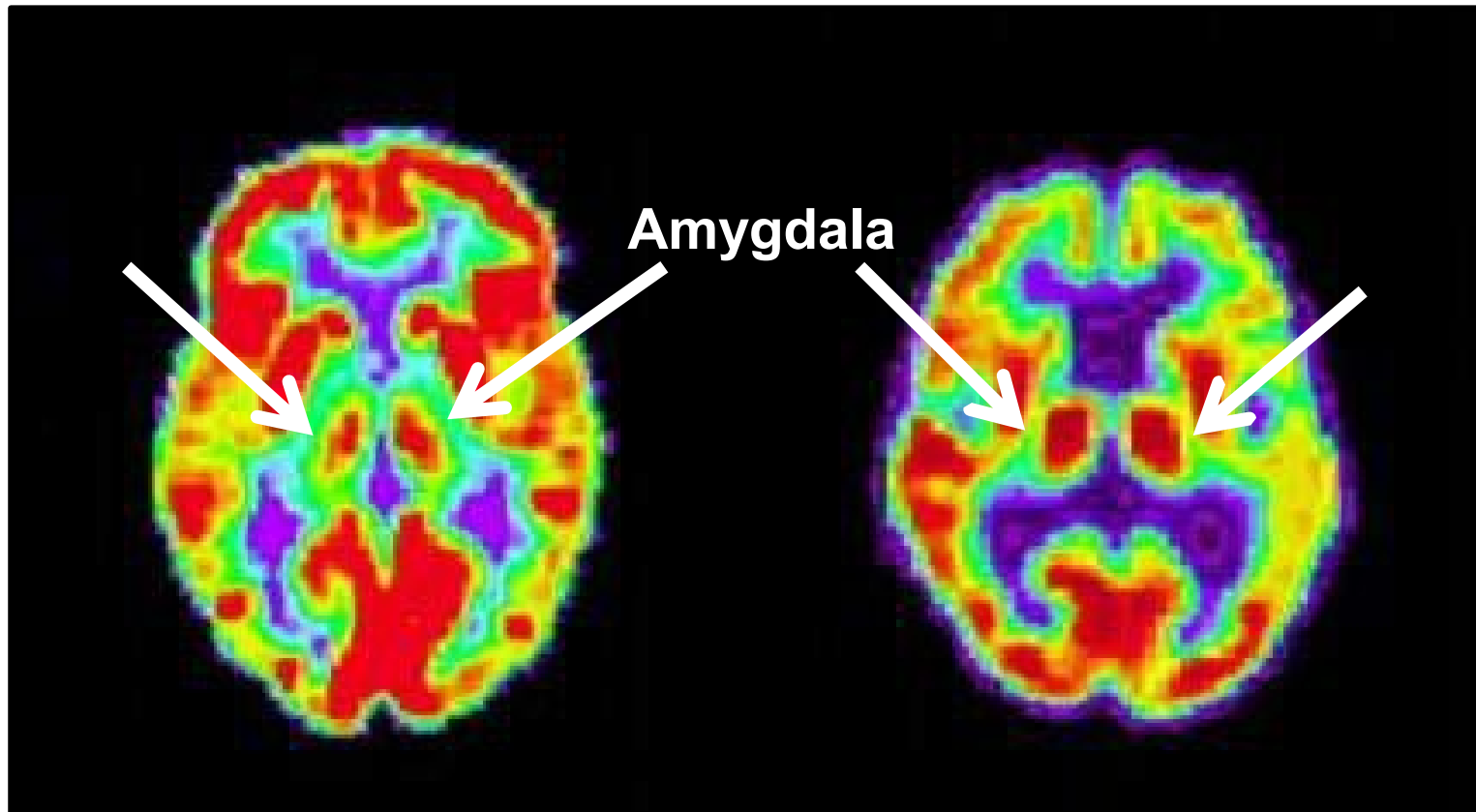
Neurotypical Aging      Early Alzheimer's      Late Alzheimer's      18 month old child



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

**Neurotypical  
Aging**

**Early  
Alzheimers**



# The Power of the Apology

## Five Ways to Acknowledge Dissatisfaction

Teepa Snow's  
Positive Approach to Care  
www.teepasnow.com



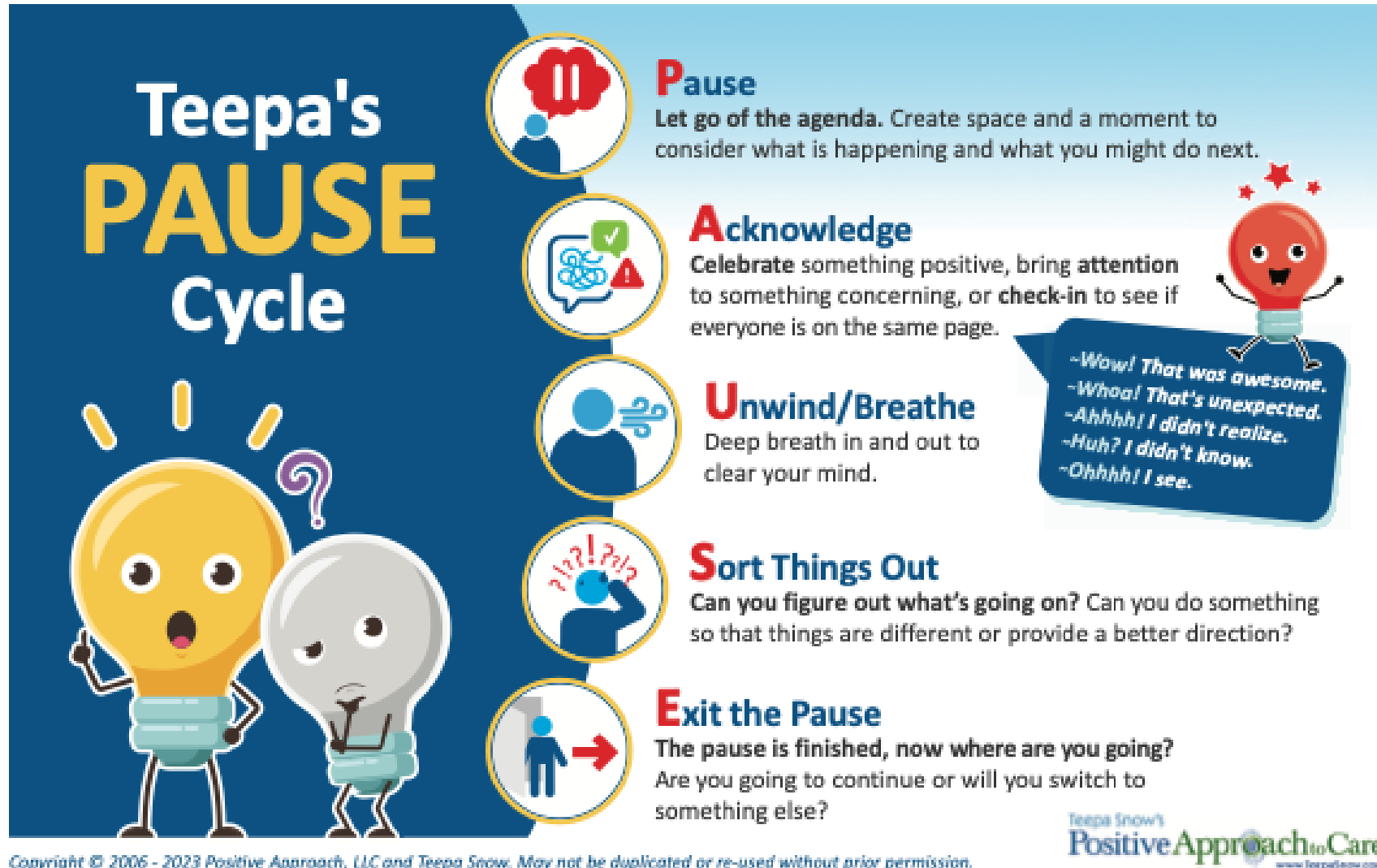
### Acknowledge Dissatisfaction

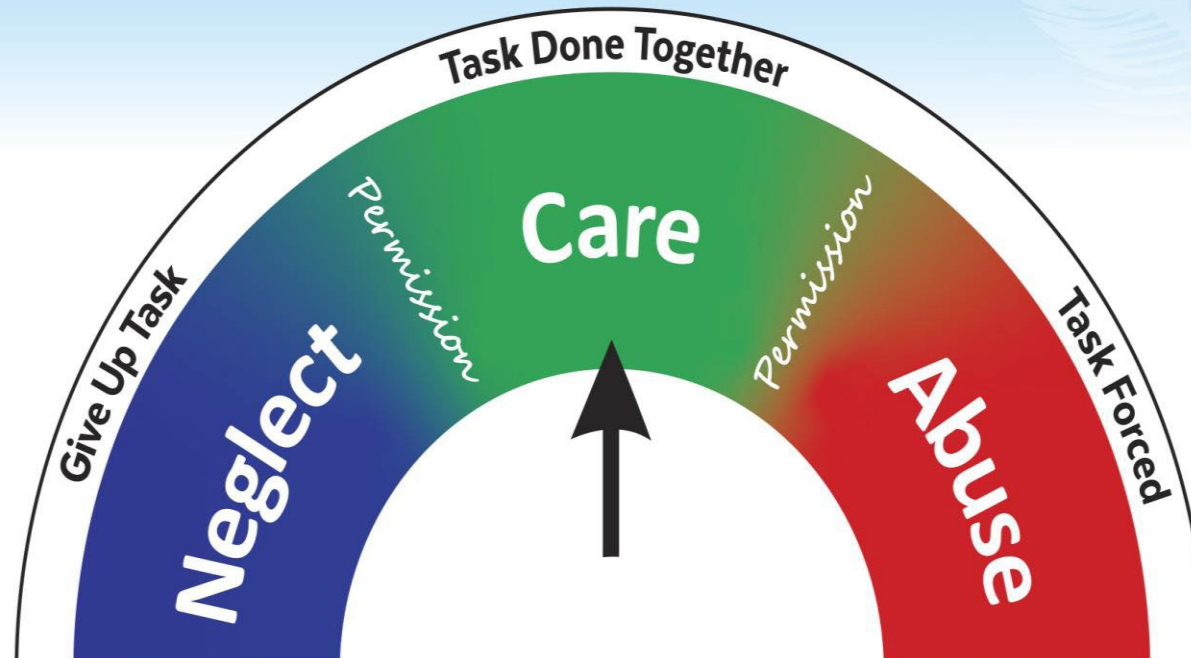
To connect with someone, acknowledge what you are seeing with matching facial expressions and tone. This is a seek and should invite a response versus being an assumption statement.

It seems like I made you angry = *seek*  
I made you angry = *assumption*



# The Power of the Pause





*Permission*  
is the fine line between neglect, care, and abuse.

## Moving into Person Centered Care with Brain Change

### Neglect

#### Focused on:

- You
- Rule following
- Right to refuse
- Not having time or knowing how to negotiate
- Unaware of language changes, only using words to communicate
- Assuming the person understands what I say
- Company/supervisor said not to do it if the person refuses
- **Success** = Document the refusal and move on to the next task/person
- **Failure** = Families or regulators are not satisfied

### Care

#### Focused on:

- Us
- Person living with brain change's comfort
- Using time to connect and determine what will work and what is not okay
- Using multi-modal cues to connect and communicate
- Right to informed consent
- Guiding/supporting to see what is possible at the time
- Only doing what is within the boundaries of what the person can tolerate
- **Success** = We are both okay with what we do
- **Failure** = I could not figure out how to connect or communicate - no relationship and no care

### Abuse

#### Focused on:

- Me
- Task completion
- Not negotiating
- Unaware of language changes, only using words to communicate
- Believing the person doesn't understand what I believe needs to be done based on my training and experience
- Company/supervisor said to get the task done
- **Success** = Document completed tasks, behaviors, or injuries
- **Failure** = I couldn't get the task done or I had to go back later

# Vision Changes

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



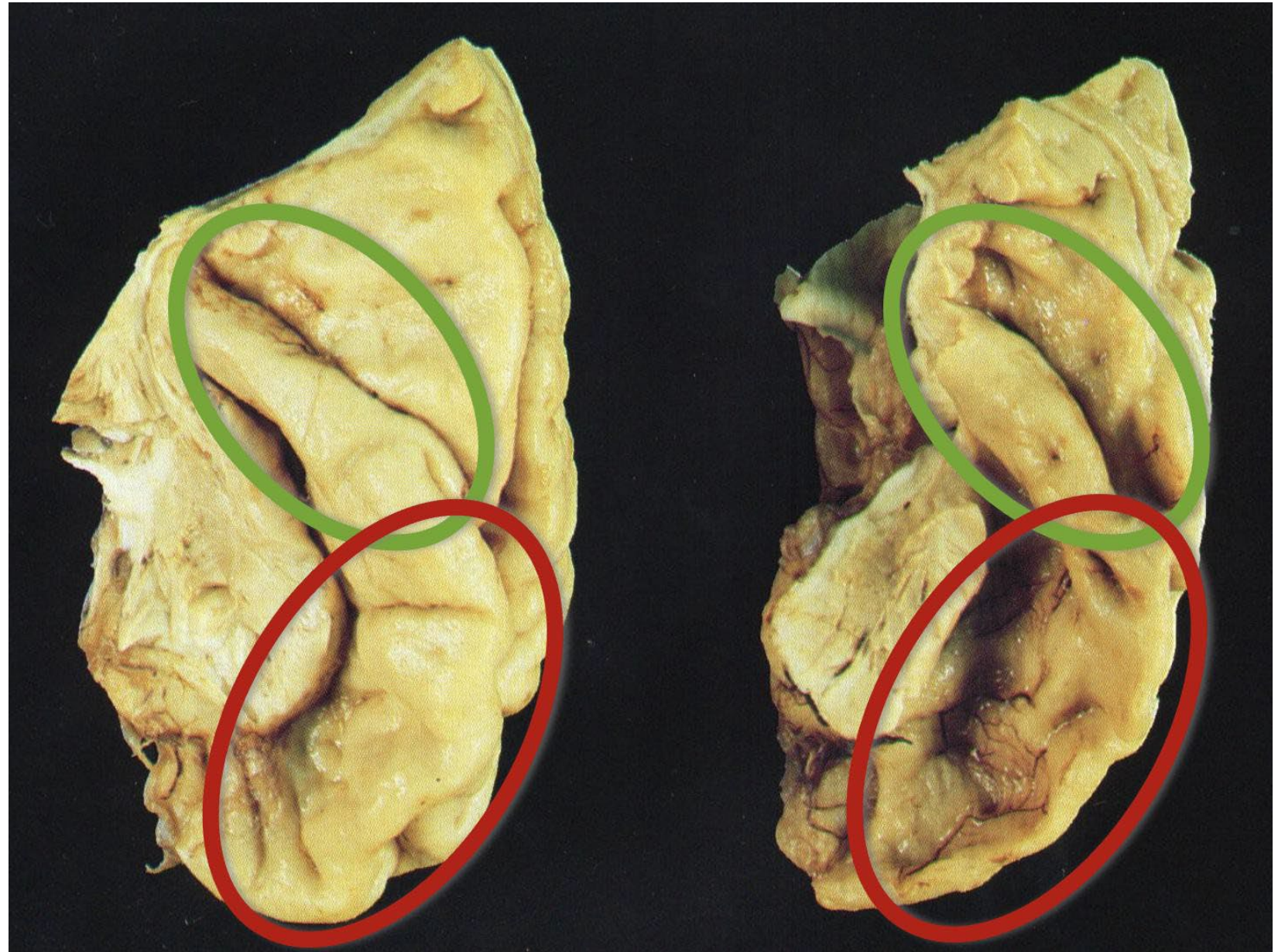
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## BIG VISION CHANGES

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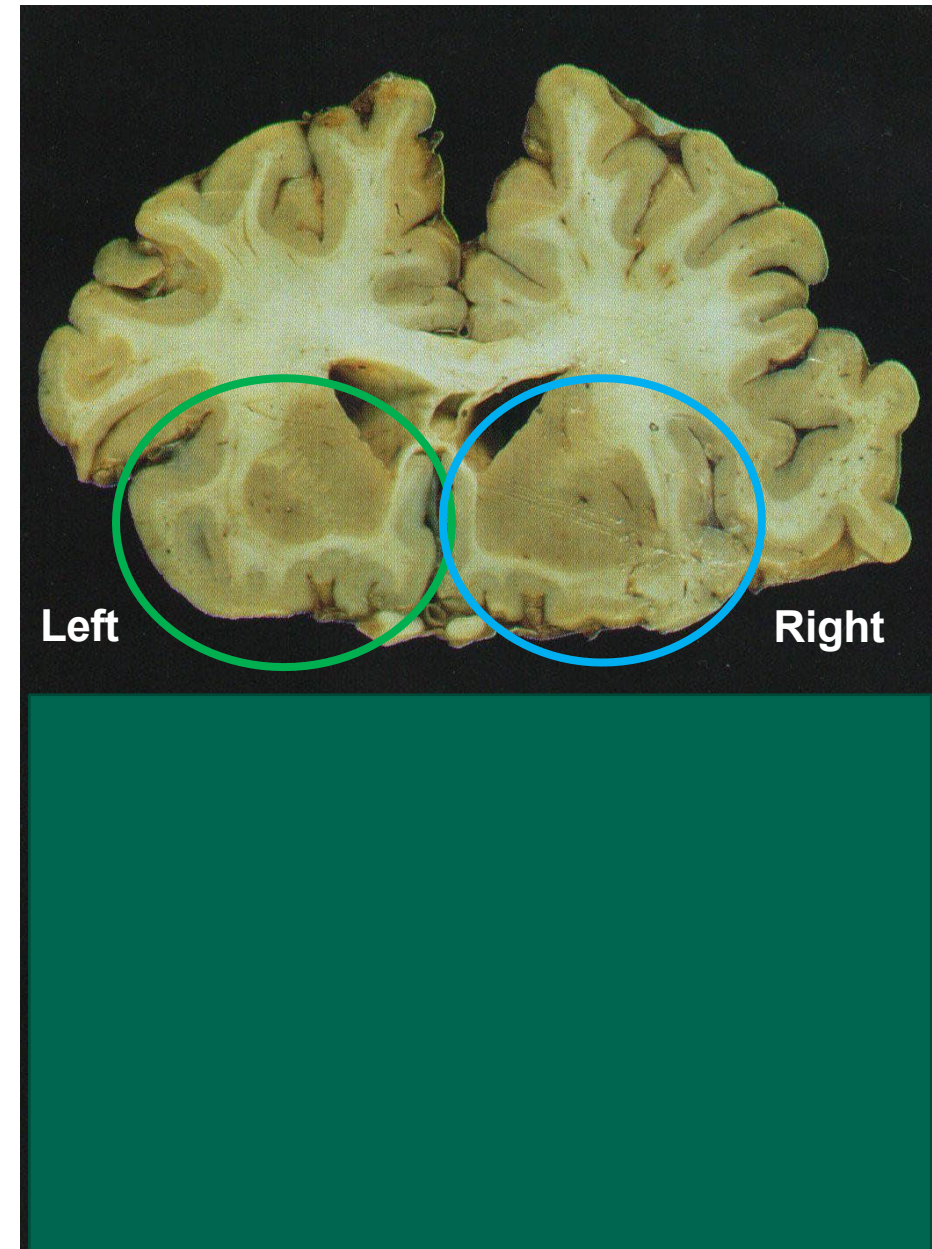
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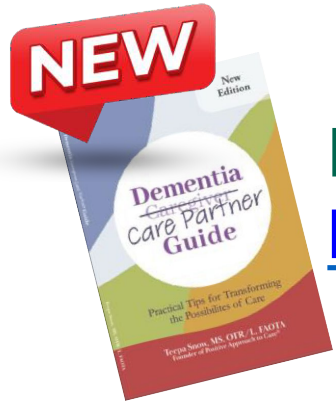
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# Welcome to the Positive Approaches to Dementia Care ECHO

*Session 9: Disinhibition: Unfiltered Behaviors, Emotions, Impulses*

Wednesday September 17, 2025 2:00-3:00 p.m. (EST)

# Disinhibition: What's happening in the brain?

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

Teepa Snow's Positive Approach to Care ®



**Joanna  
Fix, PhD**

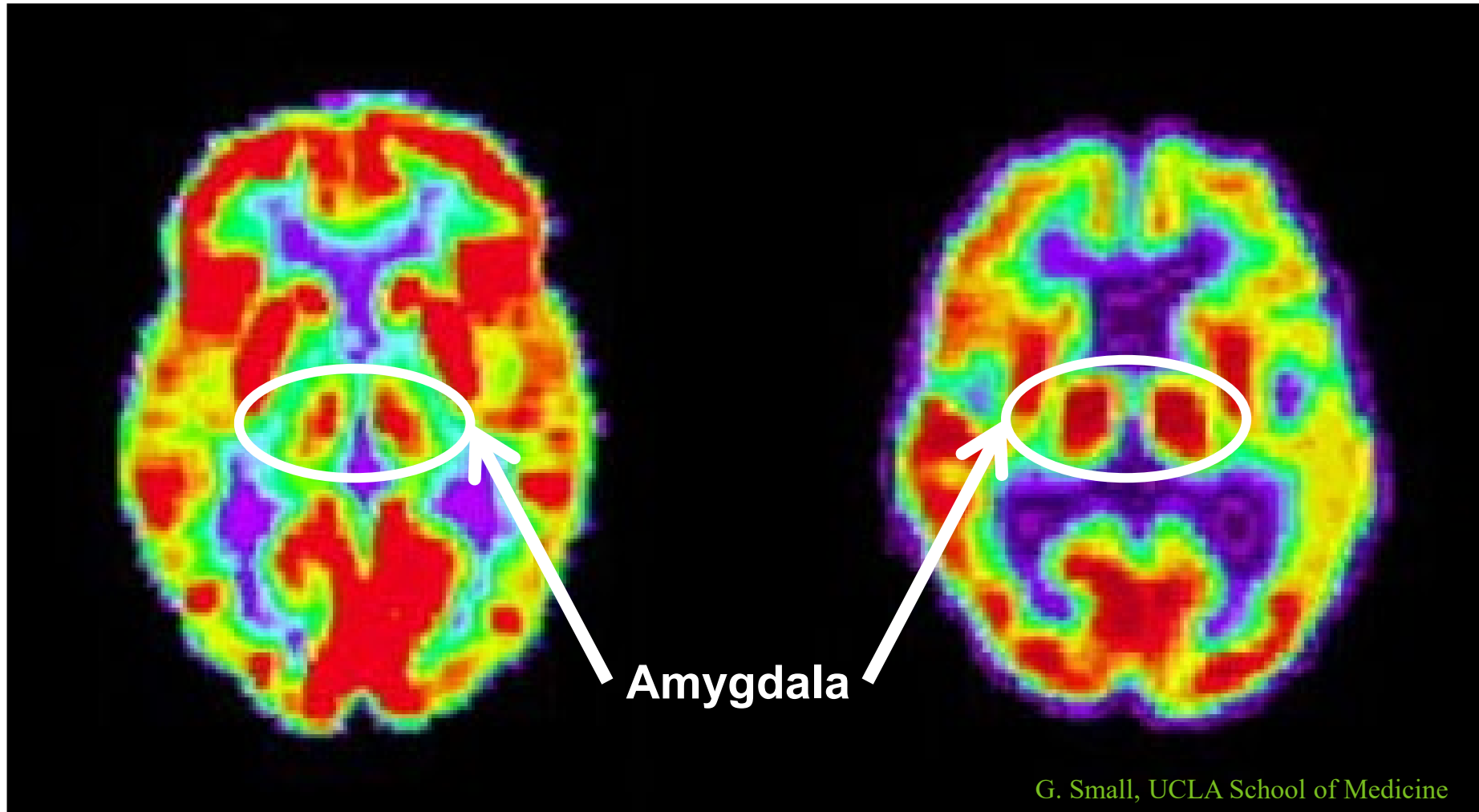
**Br John-Richard  
Pagan, MA-MFT, CG**



# Positron Emission Tomography (PET)

**Neurotypical Aging**

**Early Dementia**





# 6 Pieces of the Puzzle for Individuals: Problem Solving Model

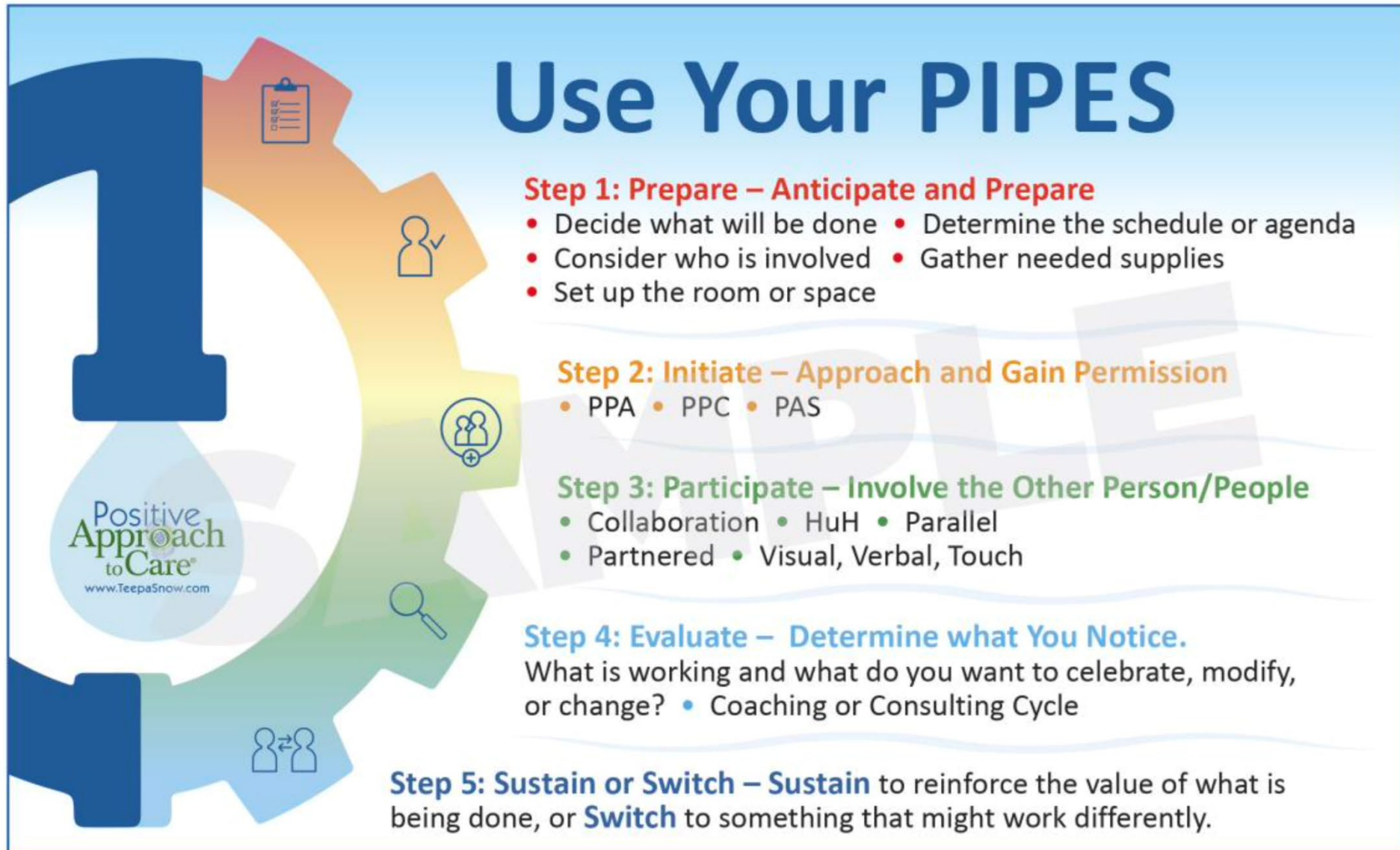
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# 5 Ps

- ☐ Place
- ☐ People
- ☐ Props
- ☐ Programming
- ☐ Possibilities

## Use Your PIPES Around the 5Ps

### 1. Place - What is the physical space involved?

- What in the setting or environment needs to change?
- What is missing?
- What is working well?
- What is not working well?

### 2. People - Who are the people involved?

- What do we know about them?
- What do they need to be aware of?
- What do they need to know how to do?
- Have they ever seen better interactions or outcomes?

### 3. Props - What are the physical and visual objects involved?

- What are the objects and items around, and do they meet expectations?
- Are there substitutions or alternatives available to better match interests and abilities?

### 4. Programming - What is the planned use of time involved?

- How is time being used and how long do people have to wait for support?
- How much time does staff have to offer support for each person?
- What do the rhythms of each day look like for the various people involved?
- Is there balance for all involved of:
  - Purposeful engagement
  - Pleasurable enjoyment
  - Personal care completion
  - Rest and restoration periods

### 5. Possibilities - What are the possible changes involved?

- What could we try, or what is a new pathway or synaptic pattern we want to attempt?
- How will we know if we are making any meaningful progress?
- Which of the other Ps could/should we vary?



# 6 Pieces of the Puzzle for Individuals: Problem Solving Model

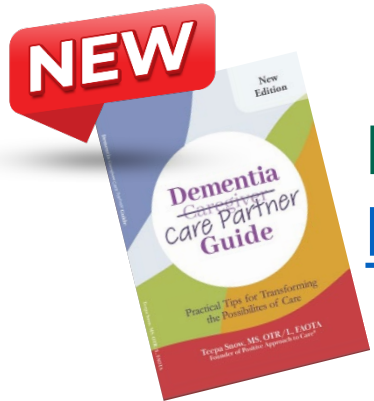
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# Welcome to the Positive Approaches to Dementia Care ECHO

*Session 8: Combativeness and De-escalation*

Wednesday August 20, 2025 2:00-3:00 p.m. (EST)



**Joanna  
Fix, PhD**

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



# Examples of What is Usually Called “Challenging” Behaviors

- ‘Losing’ Important Things
- Getting Lost – time, place
- Unsafe task performance
- Repeated calls & contacts
- Refusing help & care
- ‘Bad mouthing’ about staff
- Making up stories - confabulation
- Undoing what is done
- Swearing/cursing, sex talk, slur
- Making 911 calls
- Mixing day & night
- Sleep problems
- Not following care/rx plans
- No initiation – can’t get started
- Not talking any more
- Infections & pneumonias
- Paranoid/delusional thinking
- Shadowing - following
- Eloping or Wandering
- Hallucinations
- Getting ‘into’ things
- Threatening caregivers
- Problems w/intimacy & sexuality
- Being rude - intruding
- Feeling ‘sick’ – not doing ‘anything’
- Use of drugs or alcohol to ‘cope’
- Striking out at others
- Contractures & immobility
- Falls & injuries
- Problems w/ eating or drinking
- Perseveration – can’t stop repeating
- Undressing in public OR not changing when needed

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# 5 Emotional Indicators of Distress & Top 5 Human Needs



## 5 Emotional Expressions

**Anger:** irritated – angry – furious

**Sadness:** dissatisfied – sad – hopeless

**Isolation:** missing someone – lonely – abandoned  
 missing freedom – trapped – imprisoned

**Fear:** anxious – scared – terrified

**De-valued:** disengaged – bored – purposeless/useless  
 distracted – antsy – exit seeking

**Input:** nourishment, hydration, medication, O2

**Energy:** Wake-sleep cycles, Revved up/Tired out.  
 Energy from within, from without

**Elimination:** Getting rid of excess waste products  
 (e.g., urine, feces, sweat, saliva, mucus, hair)

**Discomfort:** Liking or not liking... 4Fs and 4Ss

*Friendly Familiar Functional Forgiving; Sensory Social Space Surface-to-Surface*

**PAIN!!!:** Physical Social Emotional Spiritual (joints, internal/external systems)

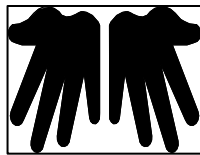
# How you help... connect



● **See (Visual cues)**



● **Hear (Verbal cues)**



● **Touch (Tactile cues)**

- 4<sup>th</sup> – Emotionally
- 5<sup>th</sup> – Personally (Individually / Spiritually)

# Three Zones of Human Awareness

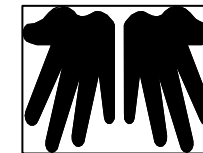
- 6 ft away or more - Public Space –  
Visual Interactions / Awareness



- 6 ft to arm's length - Personal Space –  
Conversations & Friendship



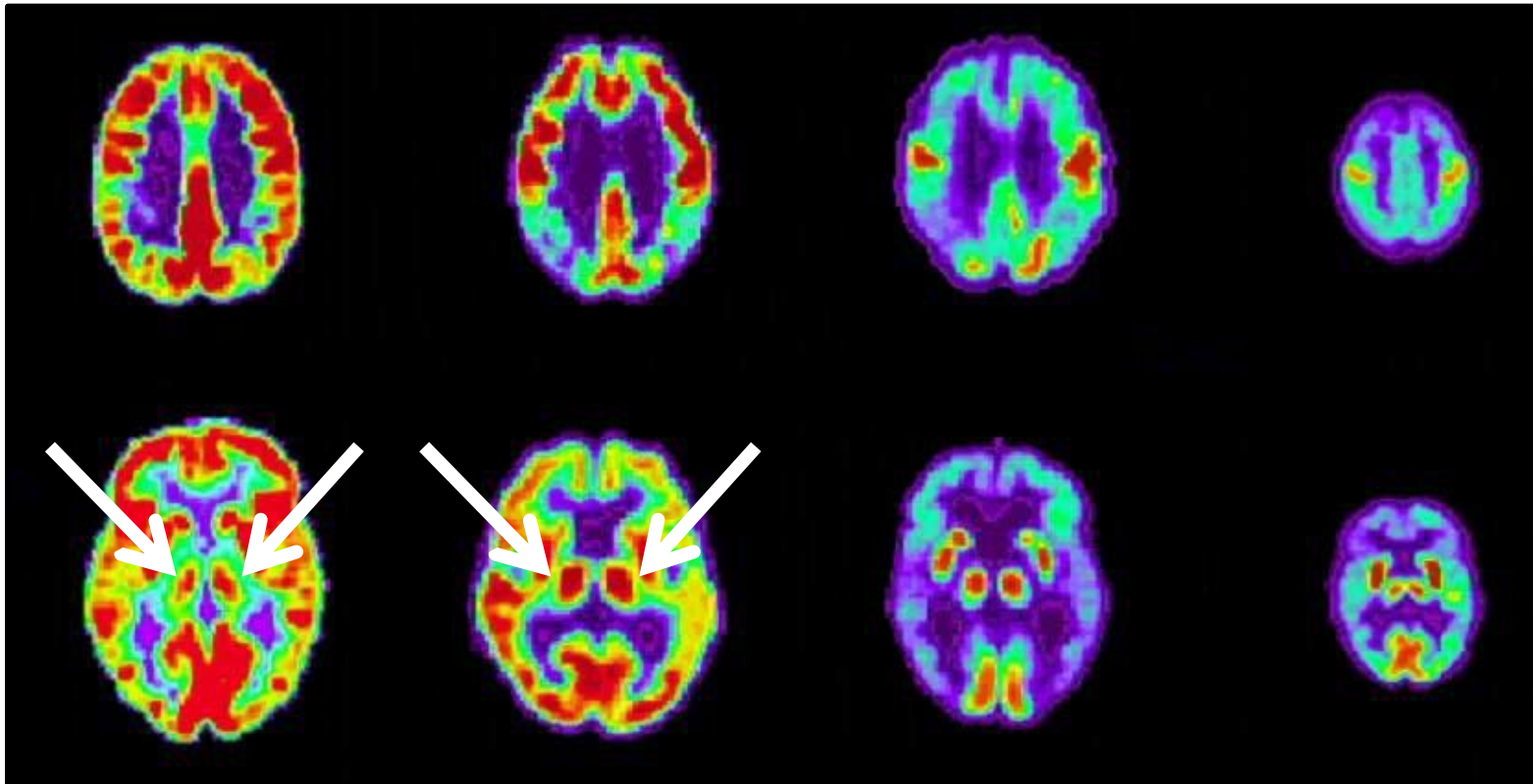
- Touch/Physical Contact - Intimate Space –  
Intense Physical Closeness



# Positron Emission Tomography (PET)

## Alzheimer's Disease Progression vs. Neurotypical Brains

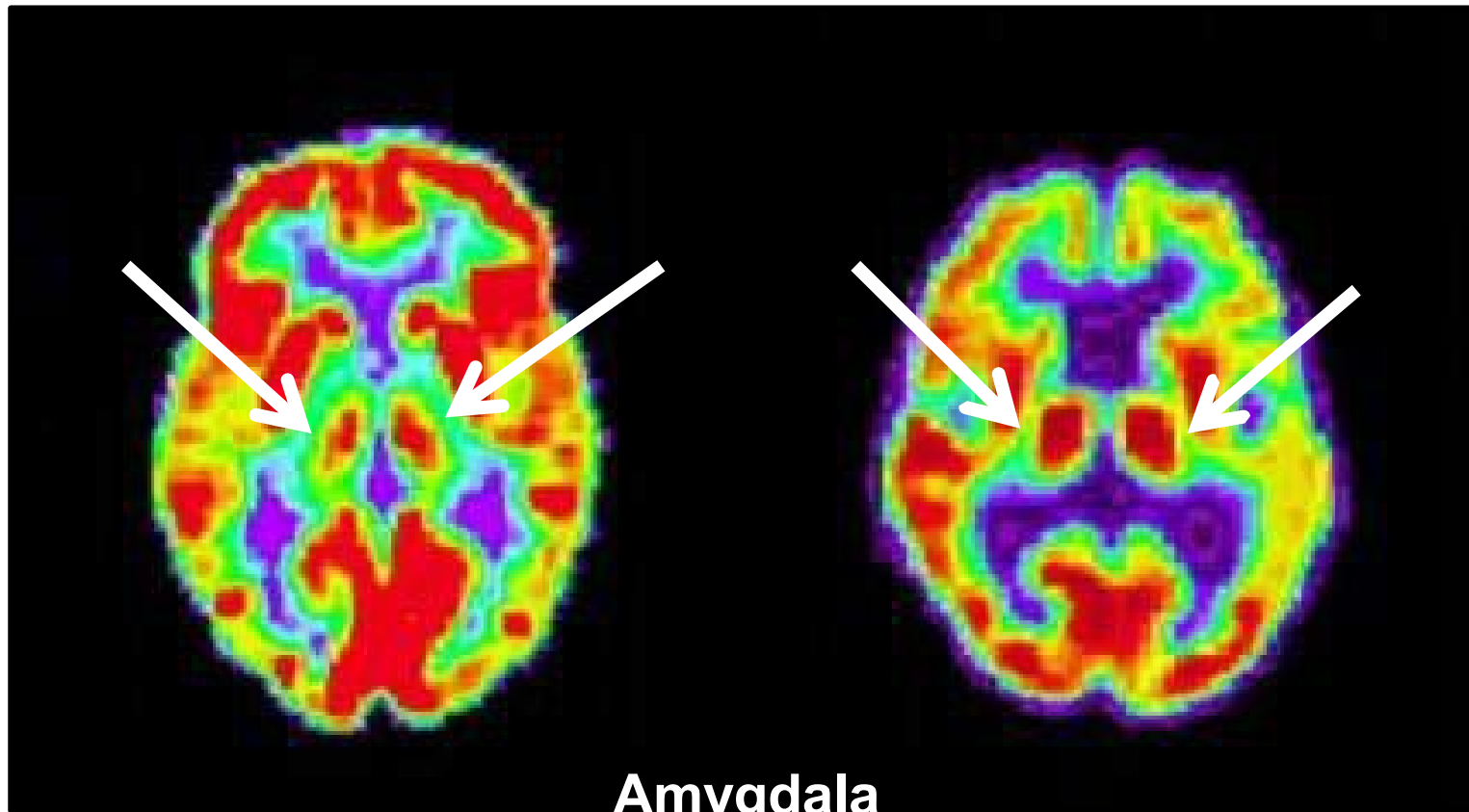
**Neurotypical  
Aging**      **Early  
Alzheimers**      **Late  
Alzheimer's**      **18 month  
old child**



# Positron Emission Tomography (PET)

Neurotypical Aging

Early  
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# The Power of the Apology

## Five Ways to Acknowledge Dissatisfaction

Teepa Snow's  
Positive Approach to Care  
www.teepasnow.com



### Acknowledge Dissatisfaction

To connect with someone, acknowledge what you are seeing with matching facial expressions and tone. This is a seek and should invite a response versus being an assumption statement.

It seems like I made you angry = *seek*  
I made you angry = *assumption*



# The Power of the Pause





*Permission*  
is the fine line between neglect, care, and abuse.

## Moving into Person Centered Care with Brain Change

### Neglect

#### Focused on:

- You
- Rule following
- Right to refuse
- Not having time or knowing how to negotiate
- Unaware of language changes, only using words to communicate
- Assuming the person understands what I say
- Company/supervisor said not to do it if the person refuses
- **Success** = Document the refusal and move on to the next task/person
- **Failure** = Families or regulators are not satisfied

### Care

#### Focused on:

- Us
- Person living with brain change's comfort
- Using time to connect and determine what will work and what is not okay
- Using multi-modal cues to connect and communicate
- Right to informed consent
- Guiding/supporting to see what is possible at the time
- Only doing what is within the boundaries of what the person can tolerate
- **Success** = We are both okay with what we do
- **Failure** = I could not figure out how to connect or communicate - no relationship and no care

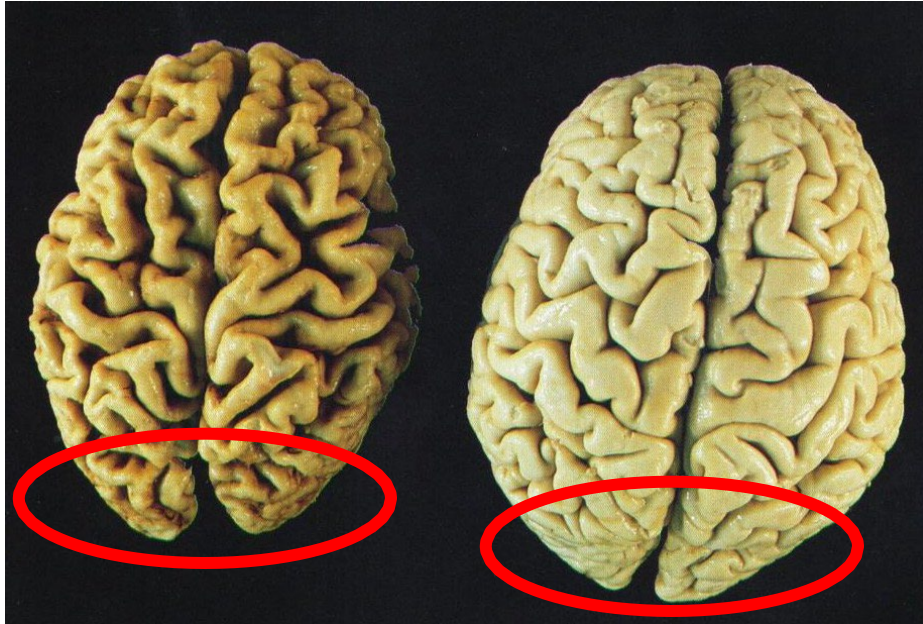
### Abuse

#### Focused on:

- Me
- Task completion
- Not negotiating
- Unaware of language changes, only using words to communicate
- Believing the person doesn't understand what I believe needs to be done based on my training and experience
- Company/supervisor said to get the task done
- **Success** = Document completed tasks, behaviors, or injuries
- **Failure** = I couldn't get the task done or I had to go back later

# Vision Changes

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



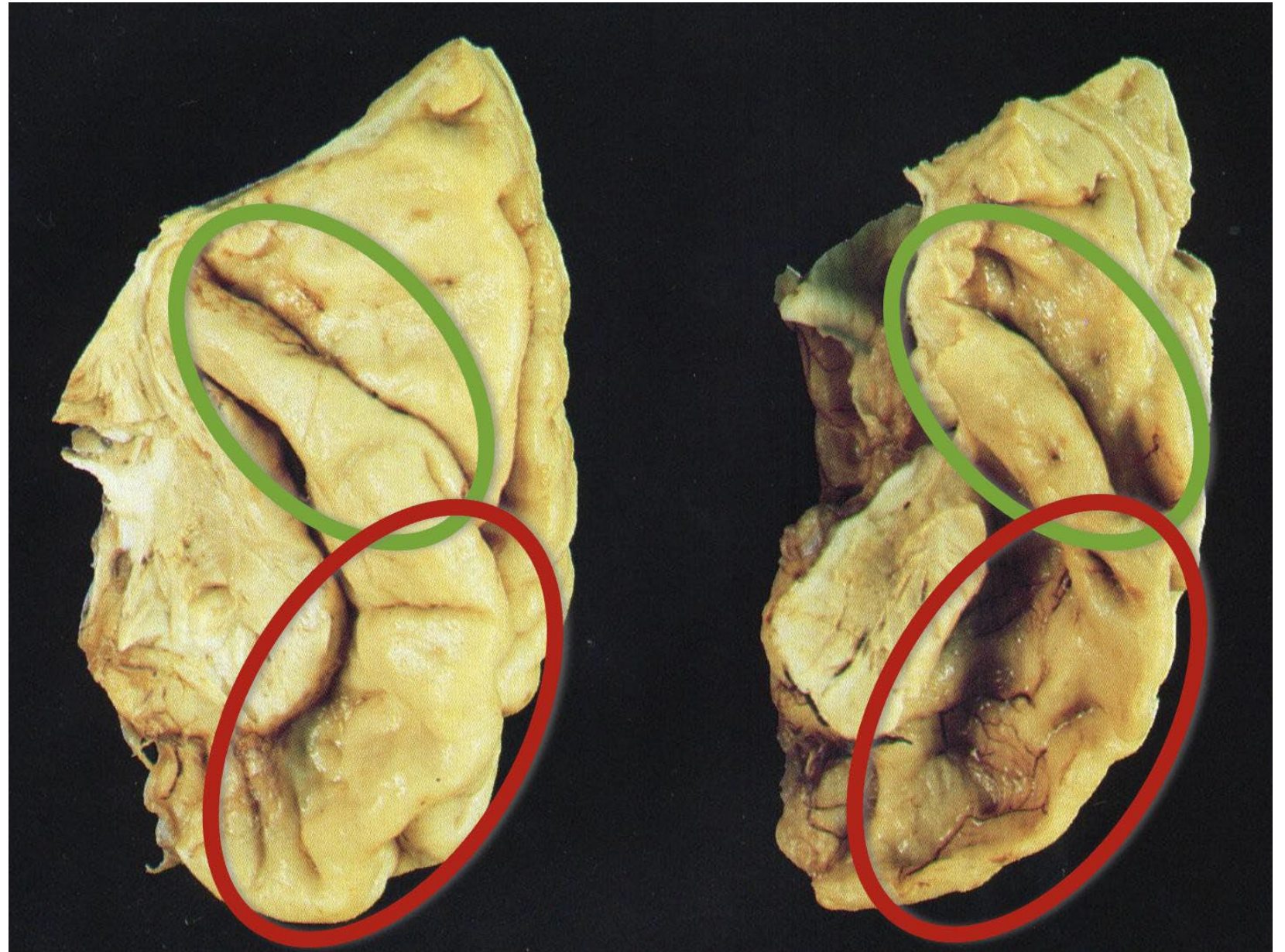
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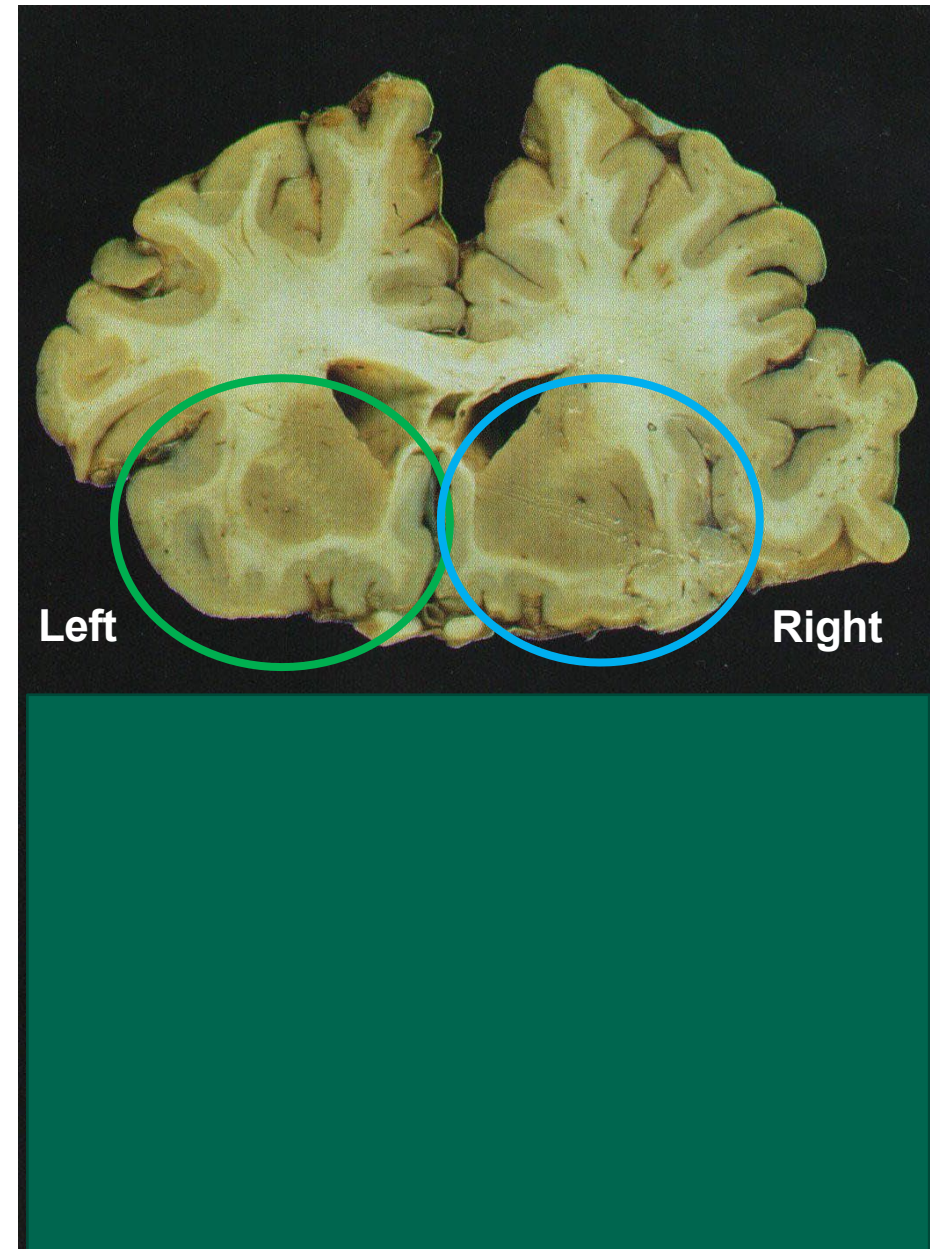
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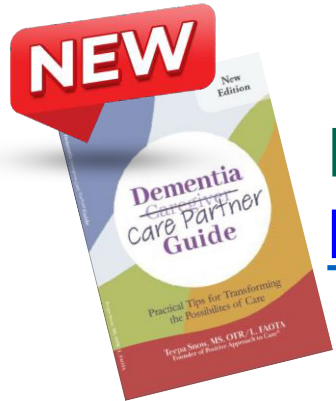
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