



Welcome to the Positive Approaches to Dementia Care ECHO

July through December 2025



Geriatric Center of Excellence



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 7- What's Behind Aggression in Dementia?](#)
- [Session 8- Combativeness and De-escalation](#)
- [Session 9- Disinhibition](#)
- [Session 10 – Perseveration](#)
- [Session 11- Depression](#)
- [Session 12- Eating and Brain Change](#)



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)

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

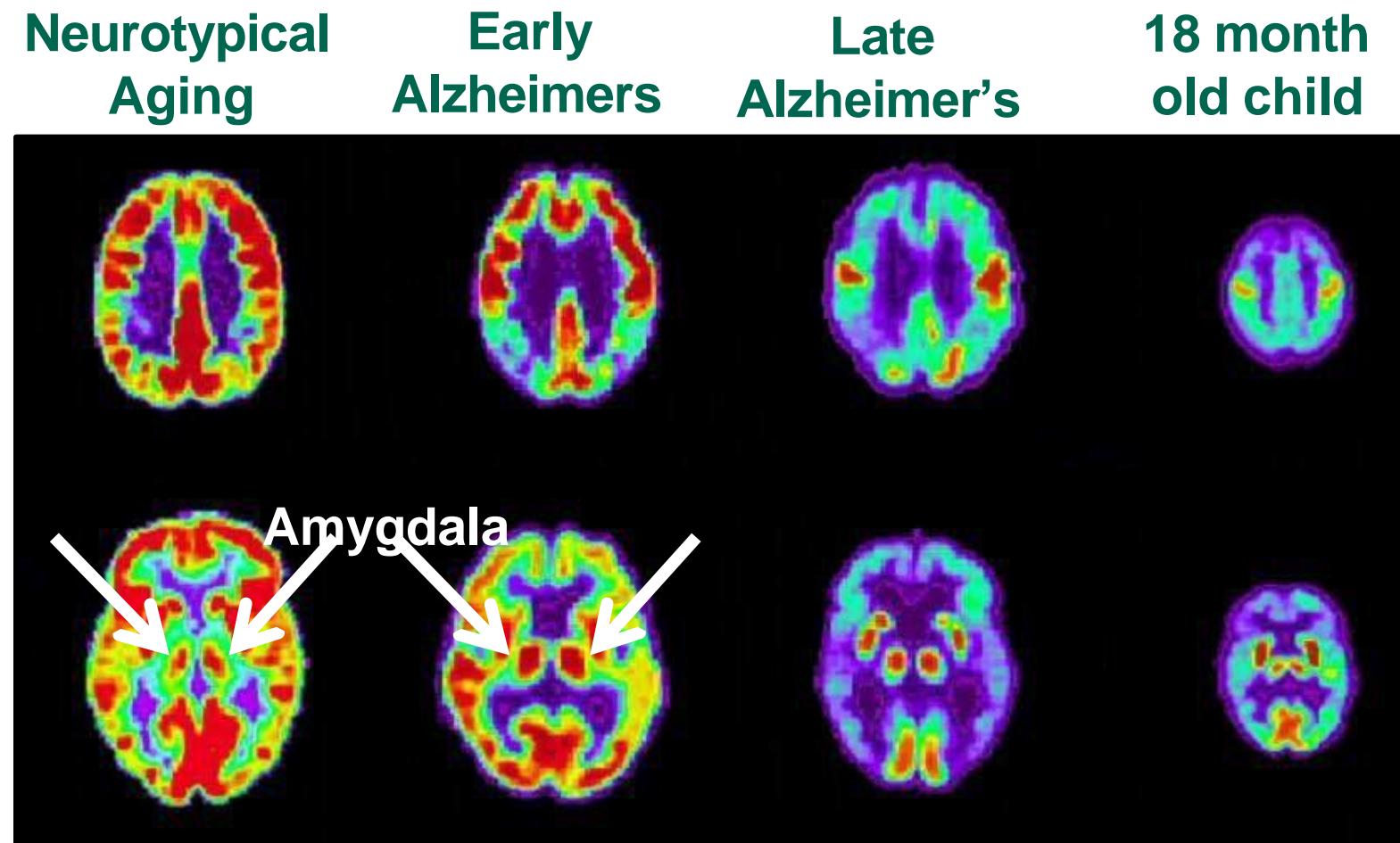


**Joanna
Fix, PhD**



Positron Emission Tomography (PET)

Alzheimer's Disease Progression vs. Neurotypical Brains



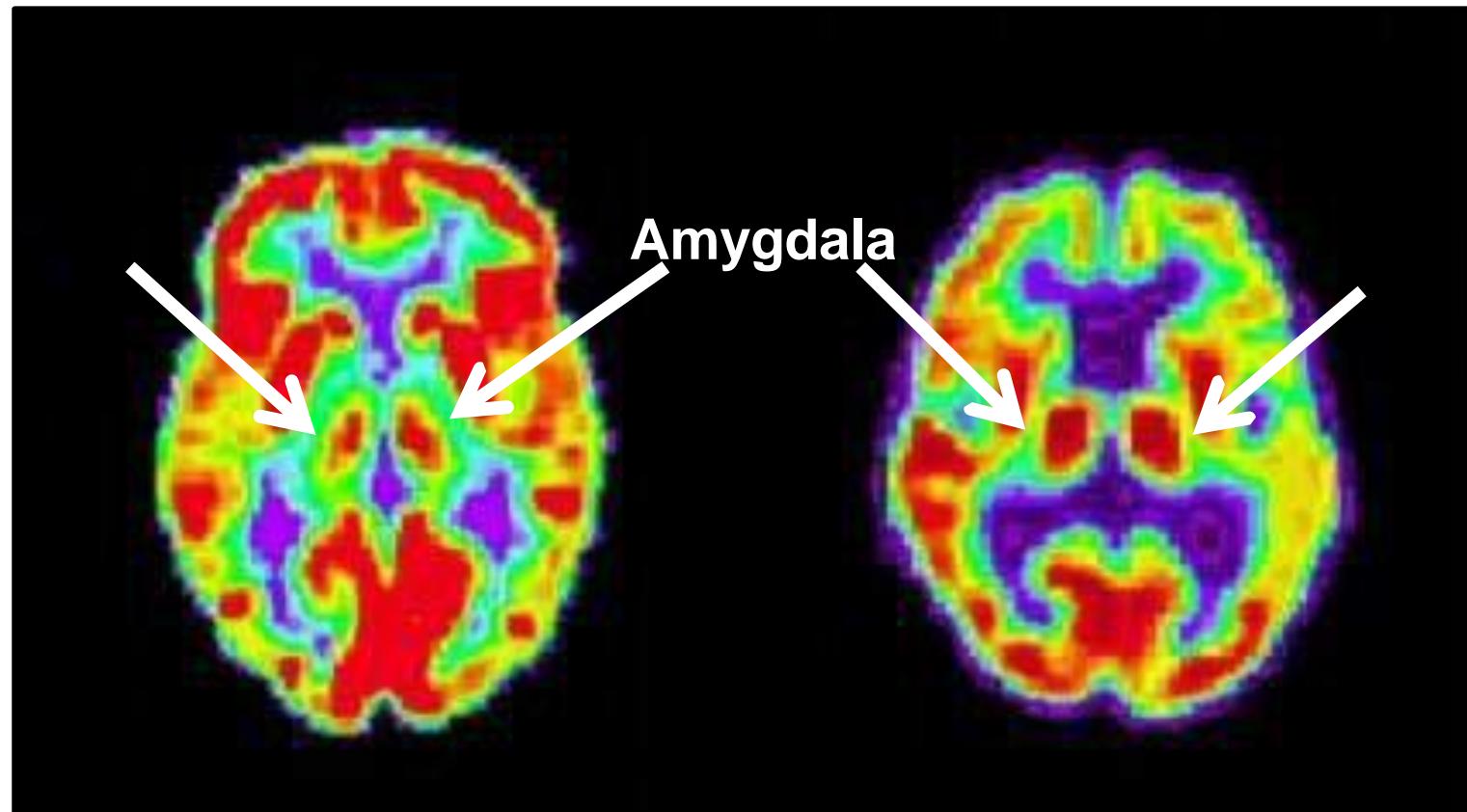
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**Neurotypical
Aging**

**Early
Alzheimers**



G. Small, UCLA School of Medicine

The Power of the Apology

Five Ways to Acknowledge Dissatisfaction

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Acknowledge Dissatisfaction

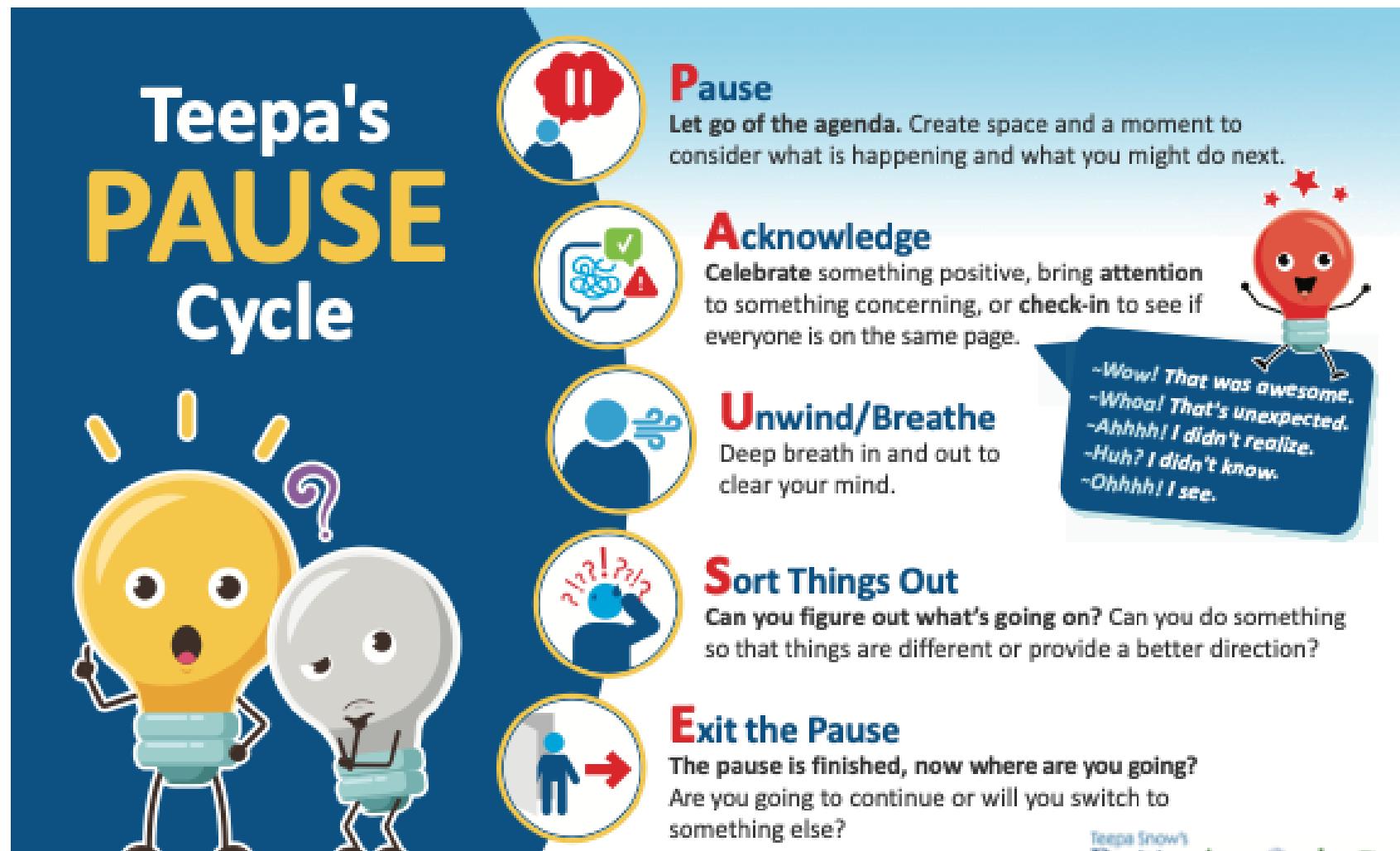
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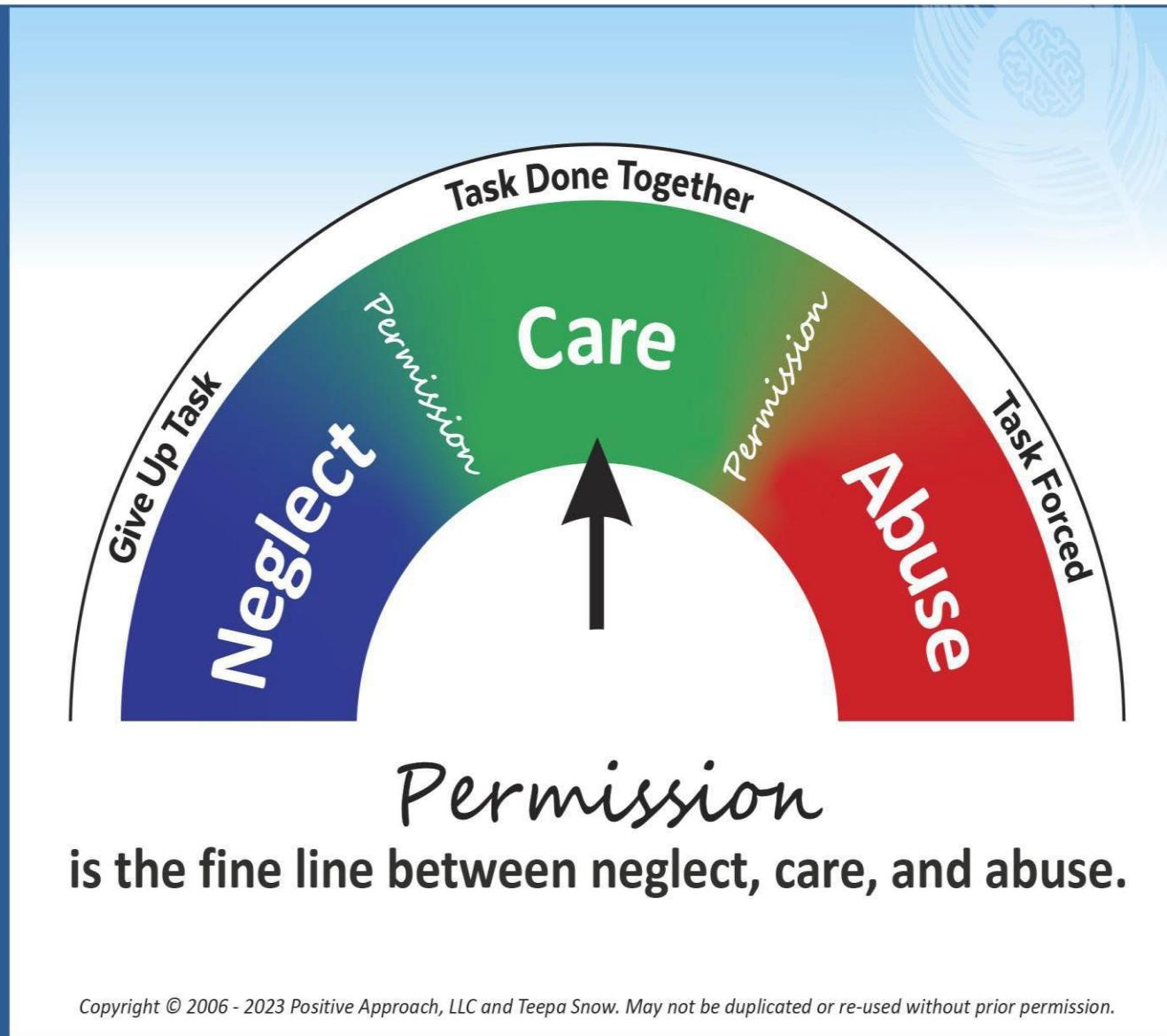
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The Power of the Pause



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Moving into Person Centered Care with Brain Change

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- You
- Rule following
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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
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- Guiding/supporting to see what is possible at the time
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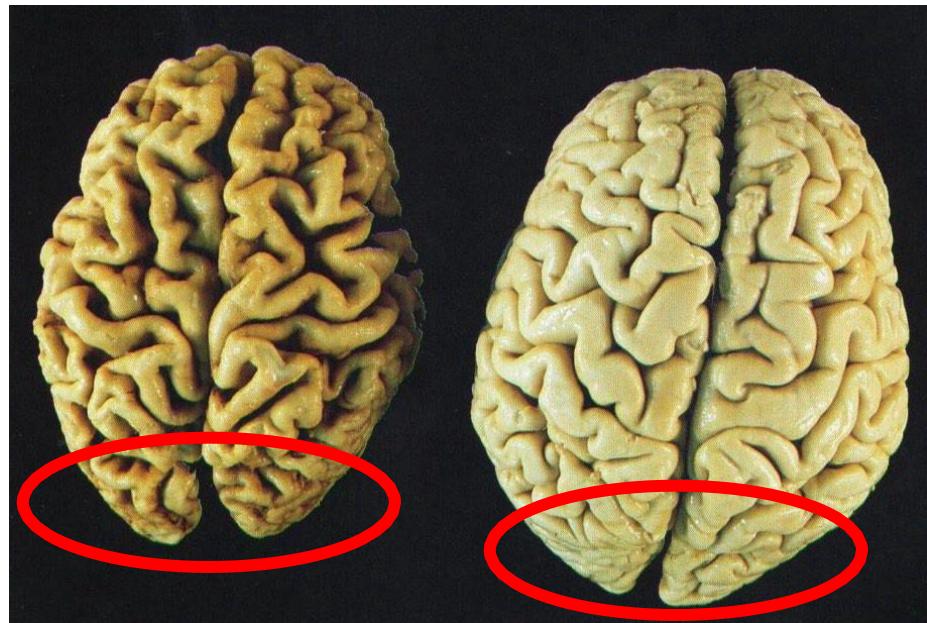
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Vision Changes

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



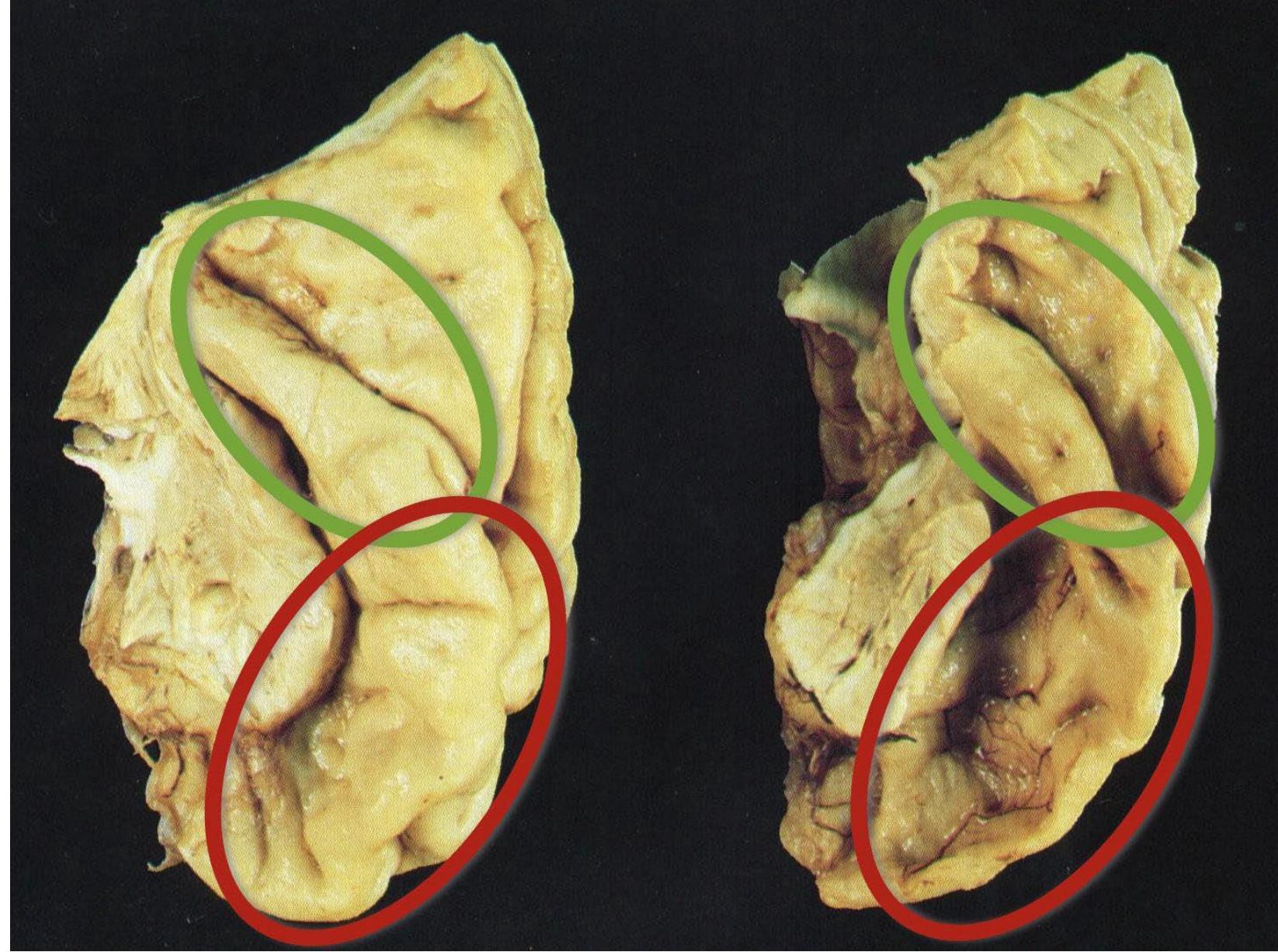
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**BIG VISION
CHANGES**

- 1. Loss of Peripheral Awareness**
- 2. Tunnel Vision**
- 3. Binocular Vision**
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**Hearing Sound
Unchanged**

**BIG Language
CHANGE**



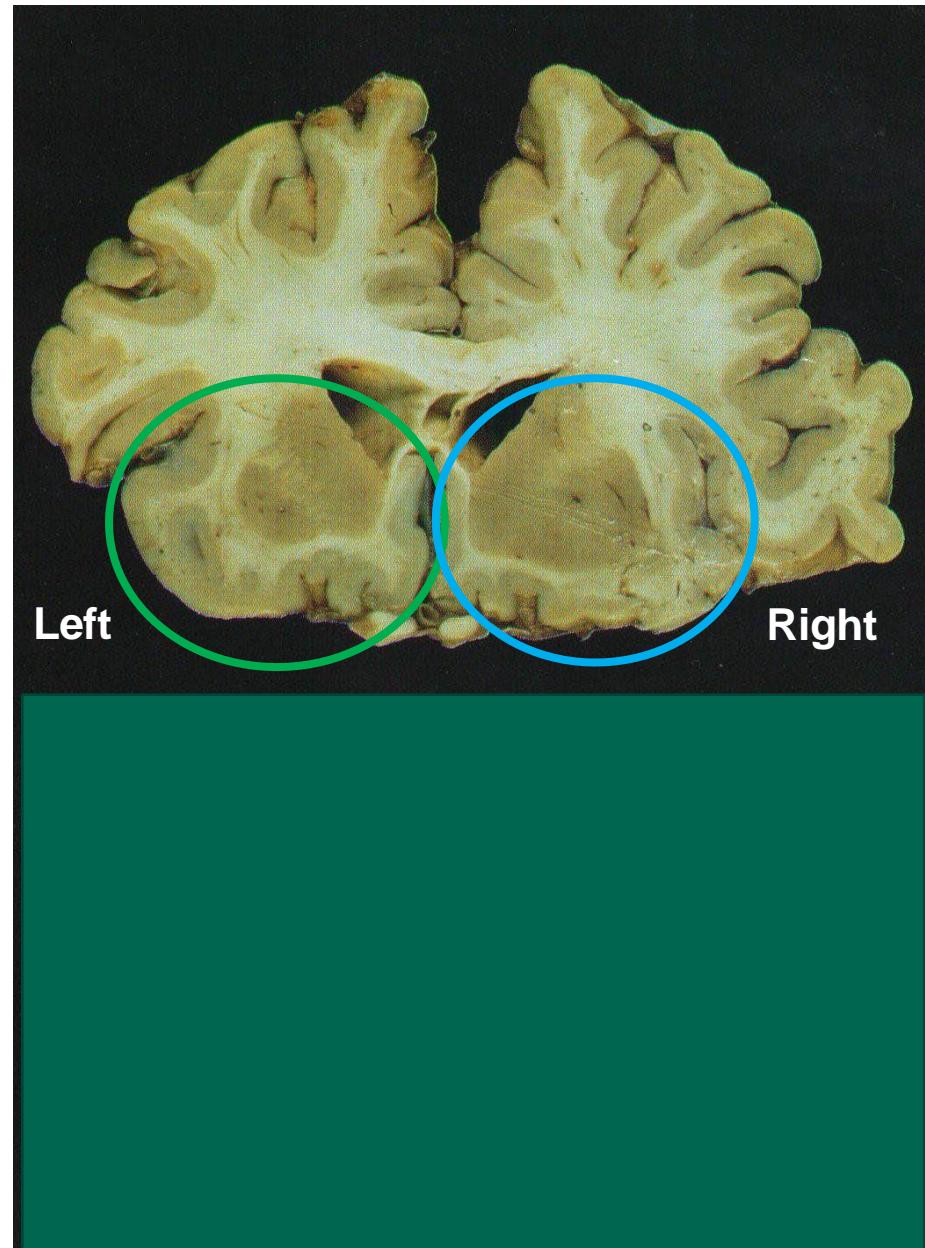
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Left Temporal Lobe

1. Vocabulary
2. Comprehension
3. Speech Production

Right Temporal Lobe

1. Forbidden Words
2. Social Chit Chat
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4. Music, Poetry, Prayer, Counting
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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.
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.
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- **Try:** *Let's just try.* Pointing to the exercise band.

Limit words:
**Keep it
Straight
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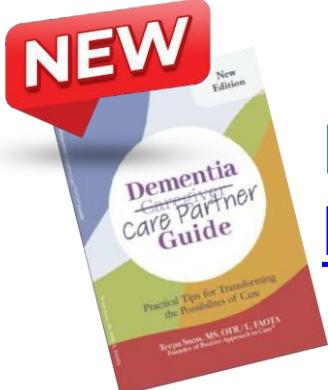
Acknowledge their response/reaction.... **And then WAIT!!!**

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Session 8: *Combativeness and De-escalation*

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

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



**Joanna
Fix, PhD**



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
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- 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
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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)

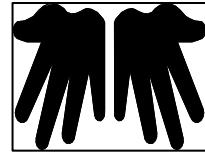
How you help... connect



○ See (Visual cues)



○ Hear (Verbal cues)



○ Touch (Tactile cues)

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

Three Zones of Human Awareness

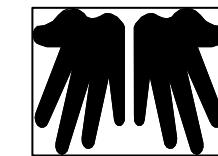
- 6 ft away or more - Public Space –
Visual Interactions / Awareness



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

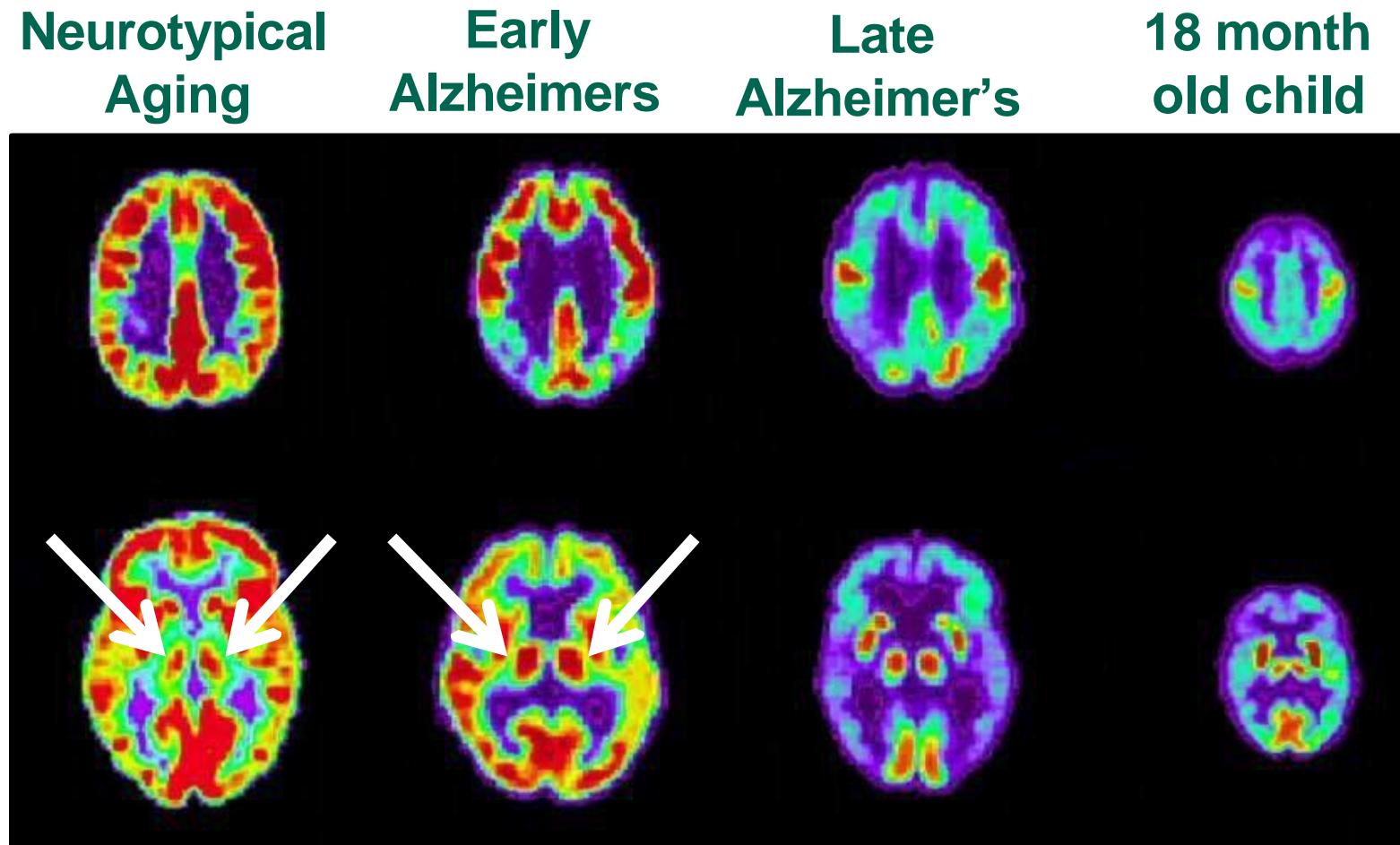


- Touch/Physical Contact - Intimate Space –
Intense Physical Closeness



Positron Emission Tomography (PET)

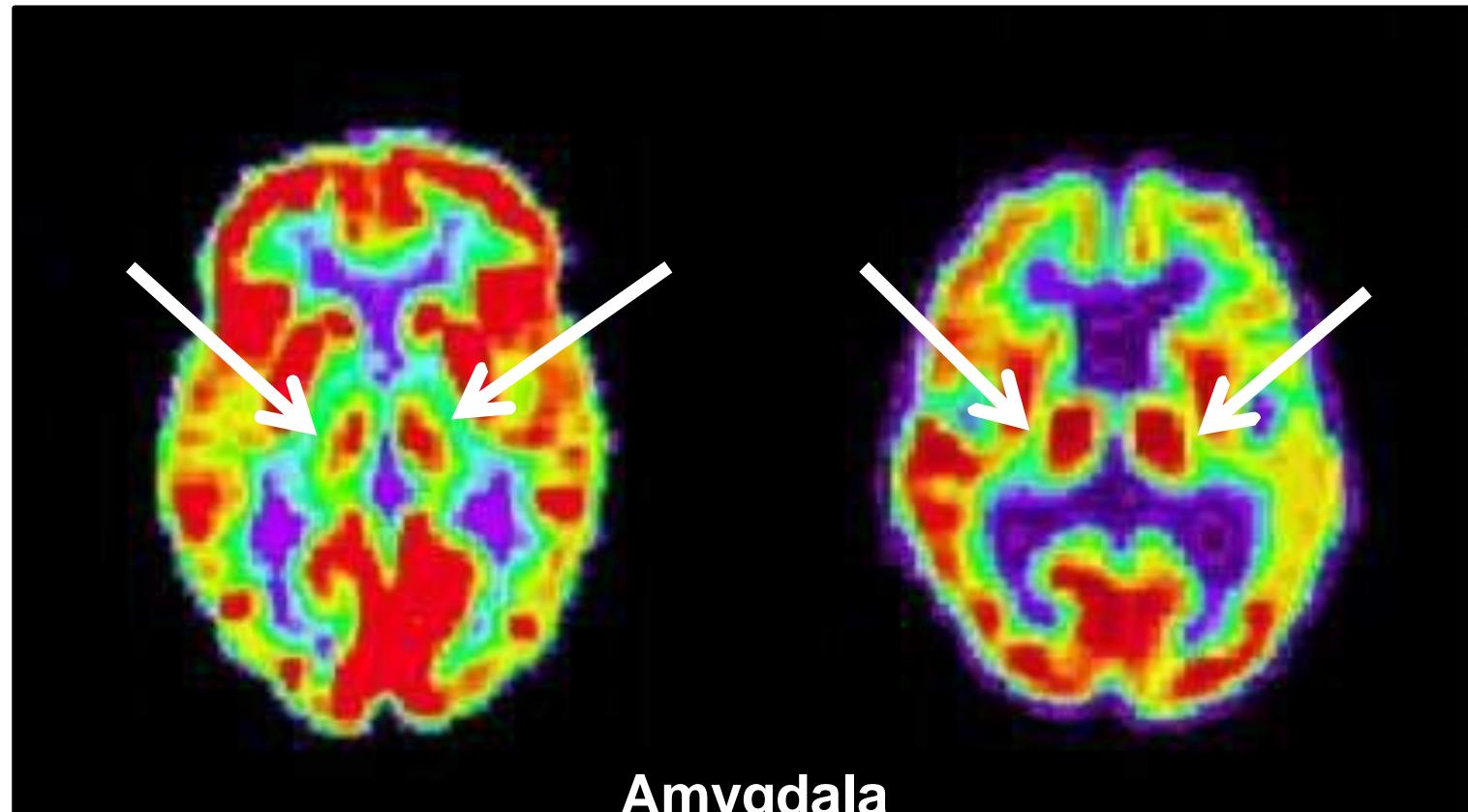
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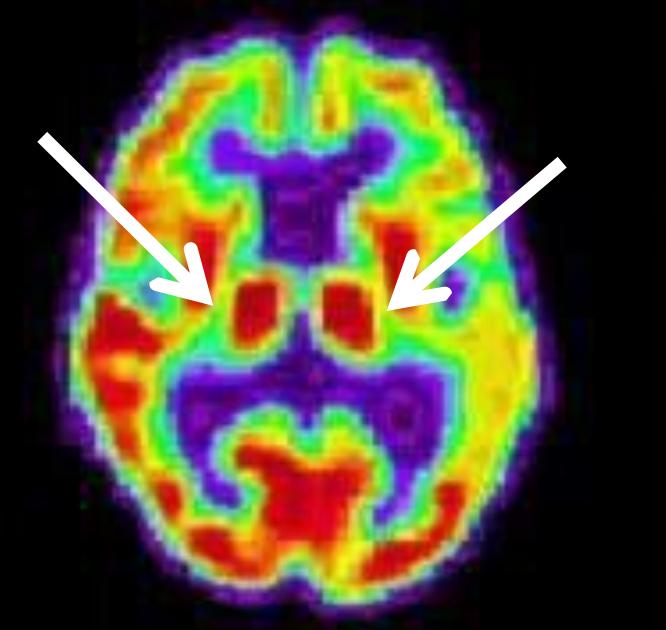
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Amygdala

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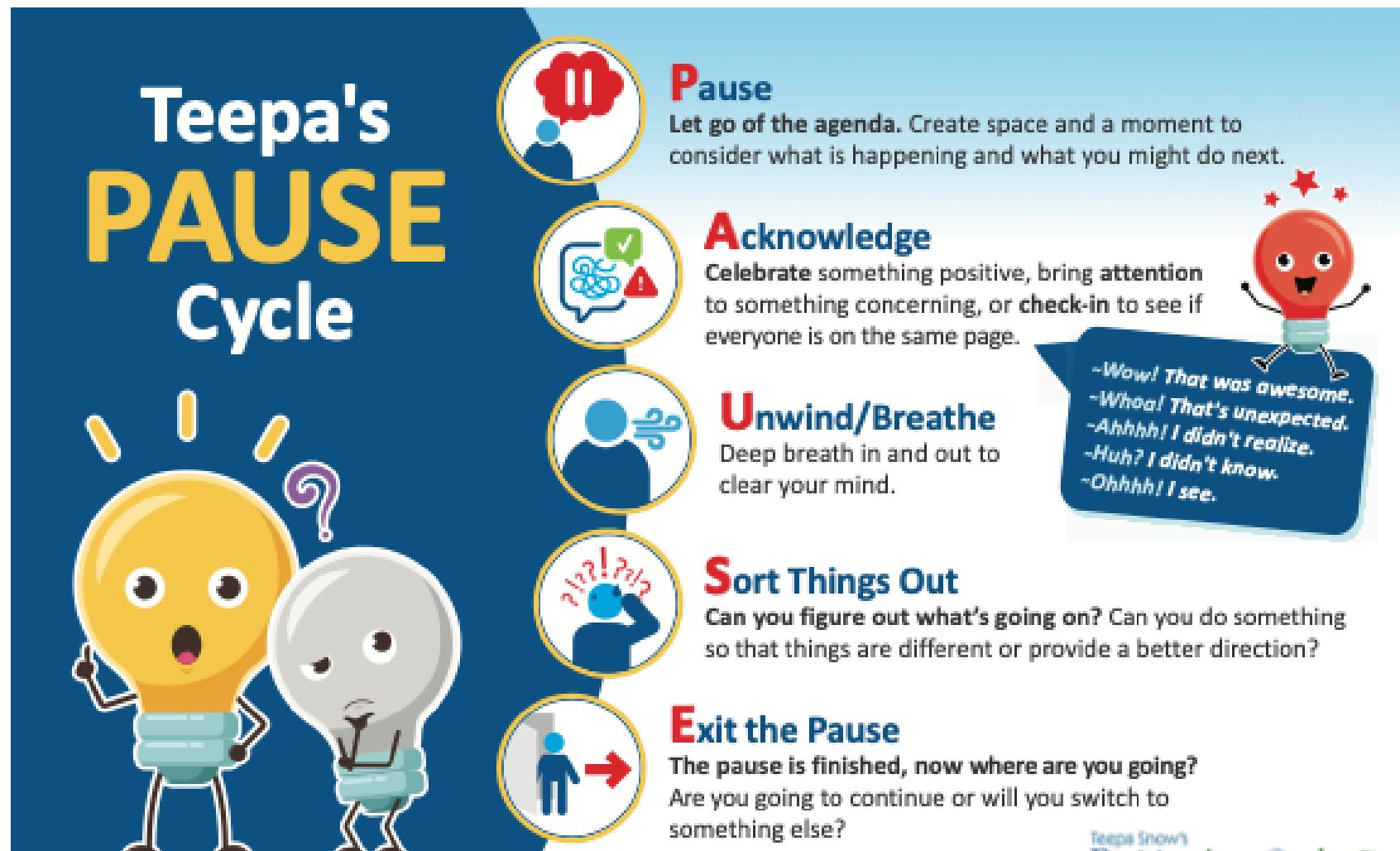
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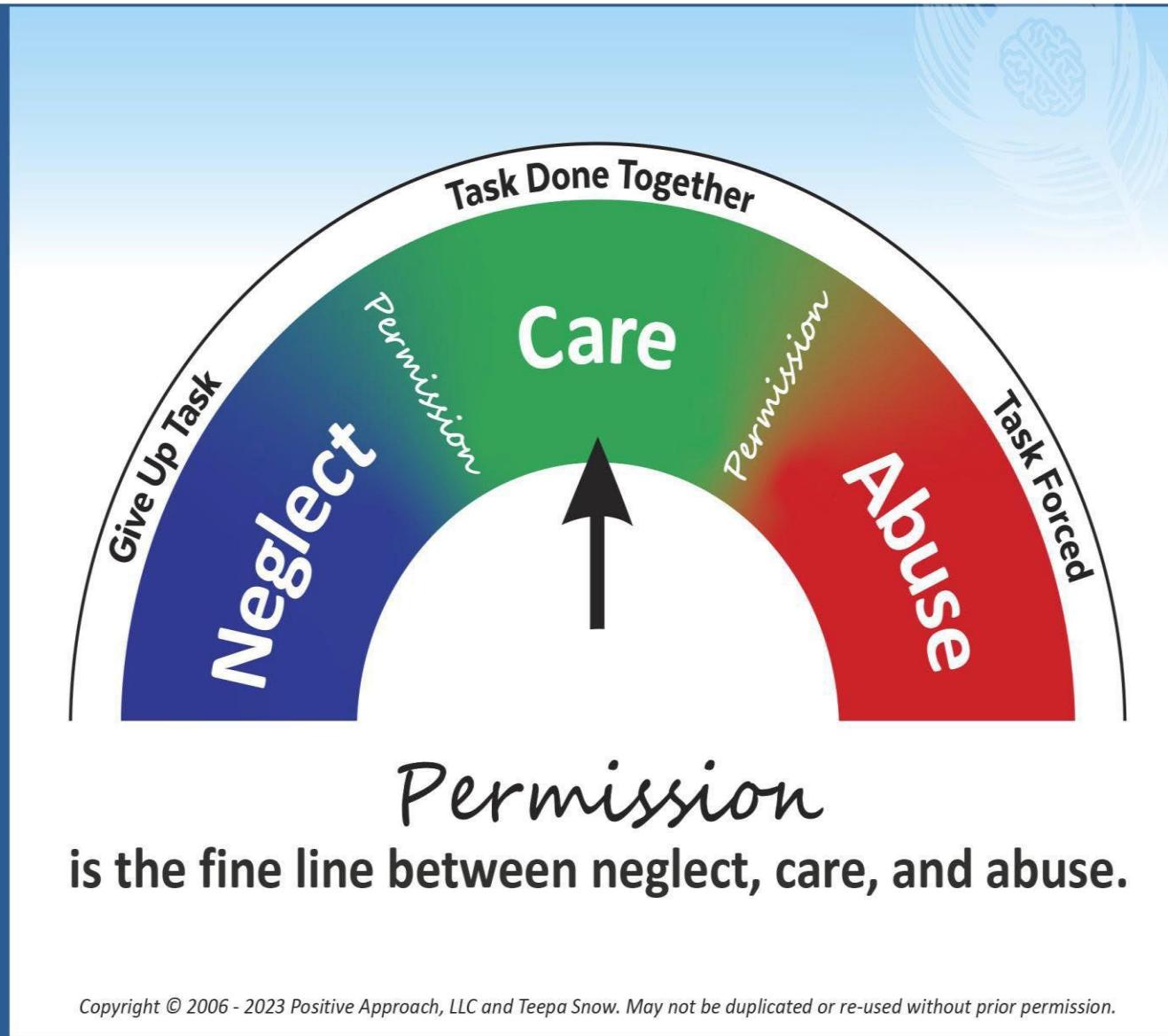
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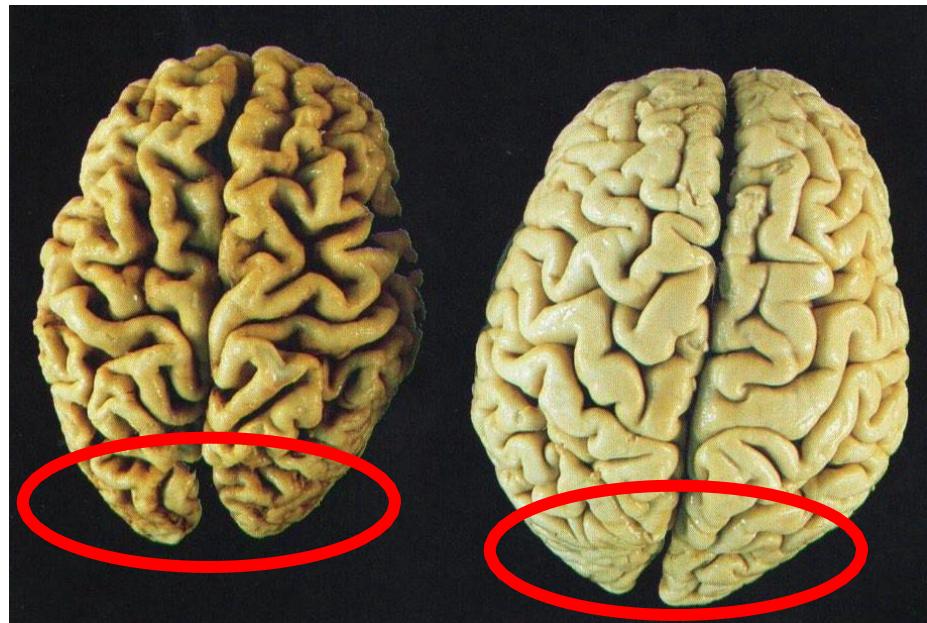
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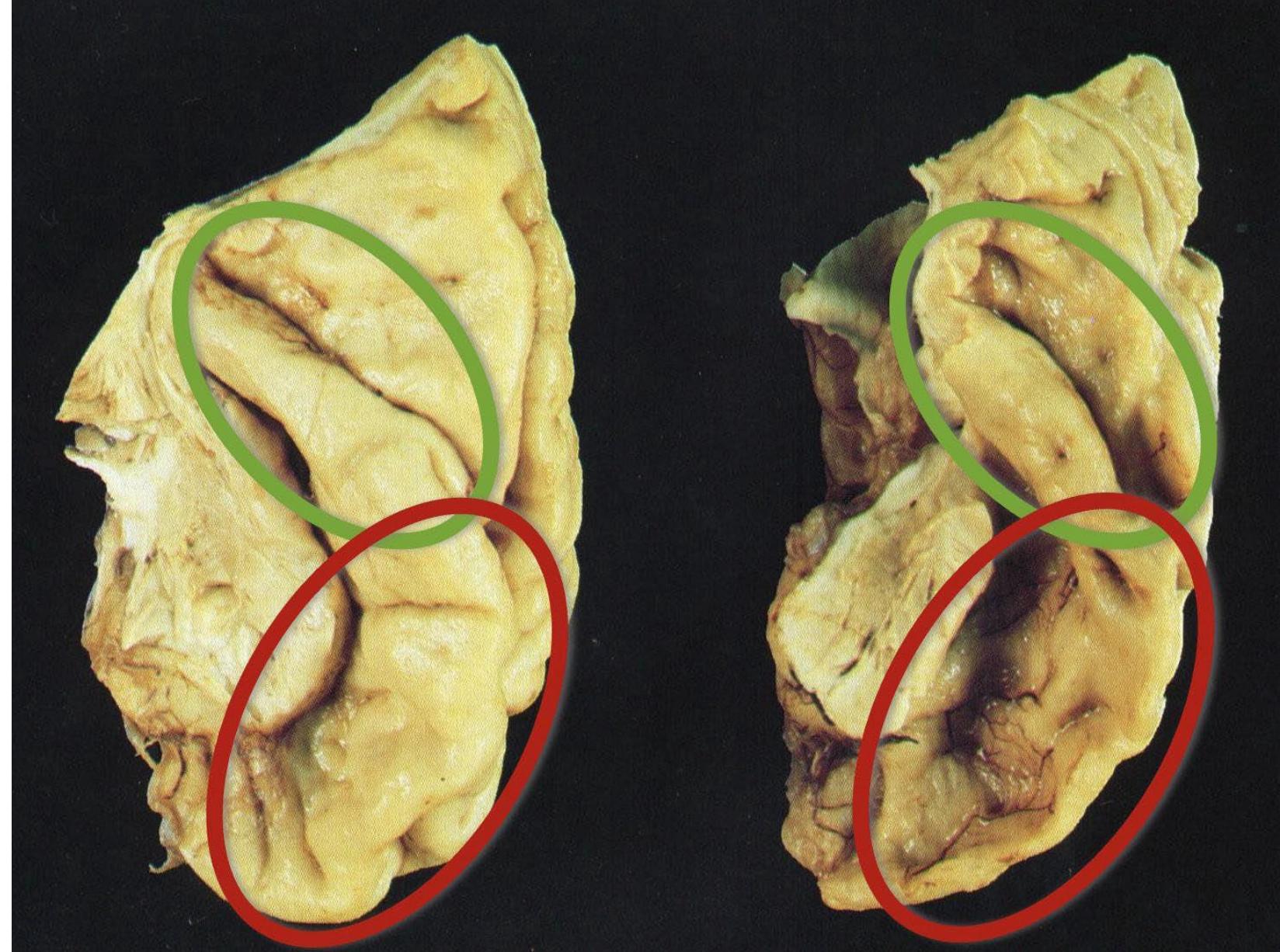
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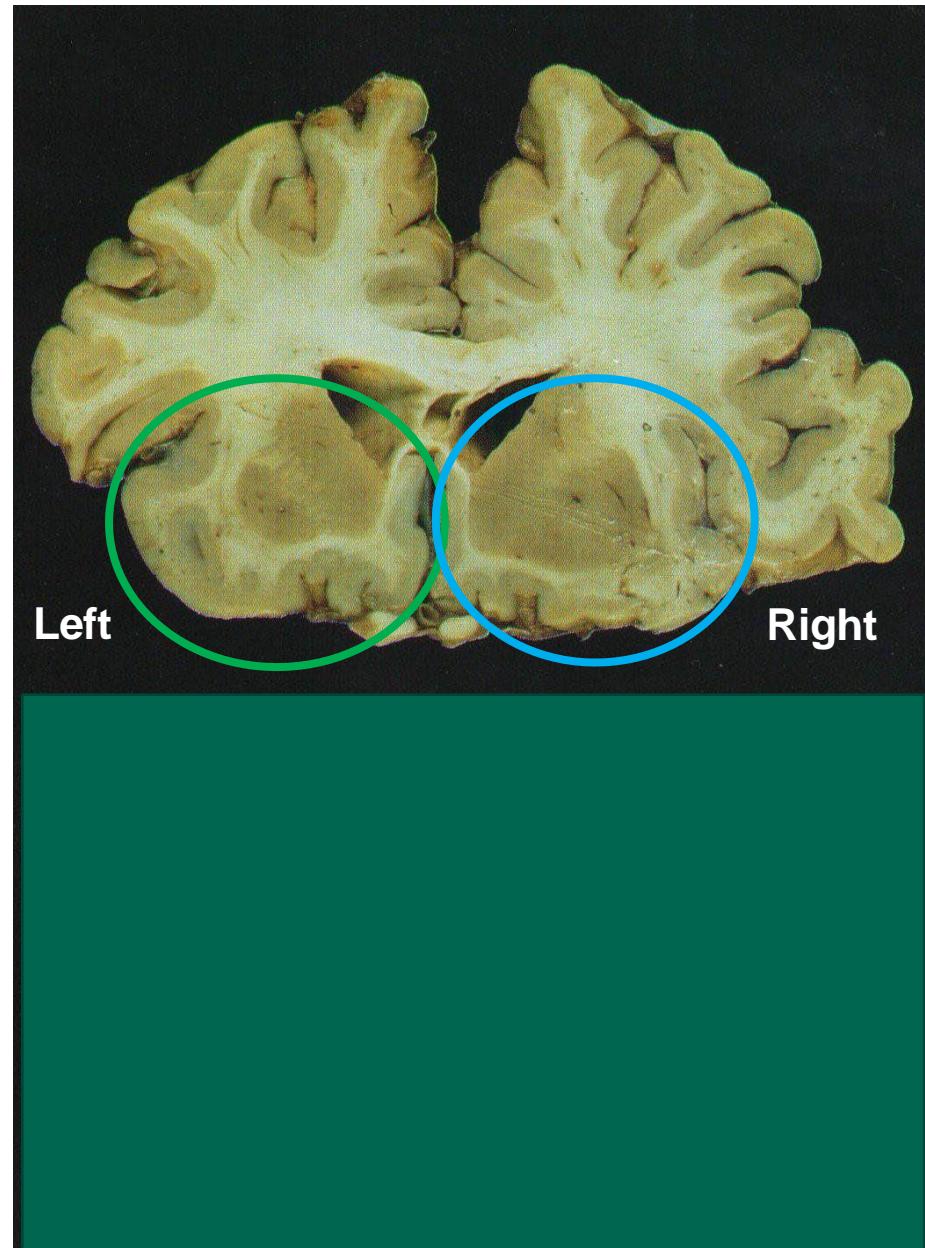
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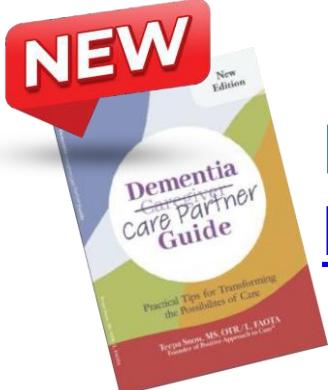
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Session 9: *Disinhibition: Unfiltered Behaviors, Emotions, Impulses*

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 ®



**Br John-Richard
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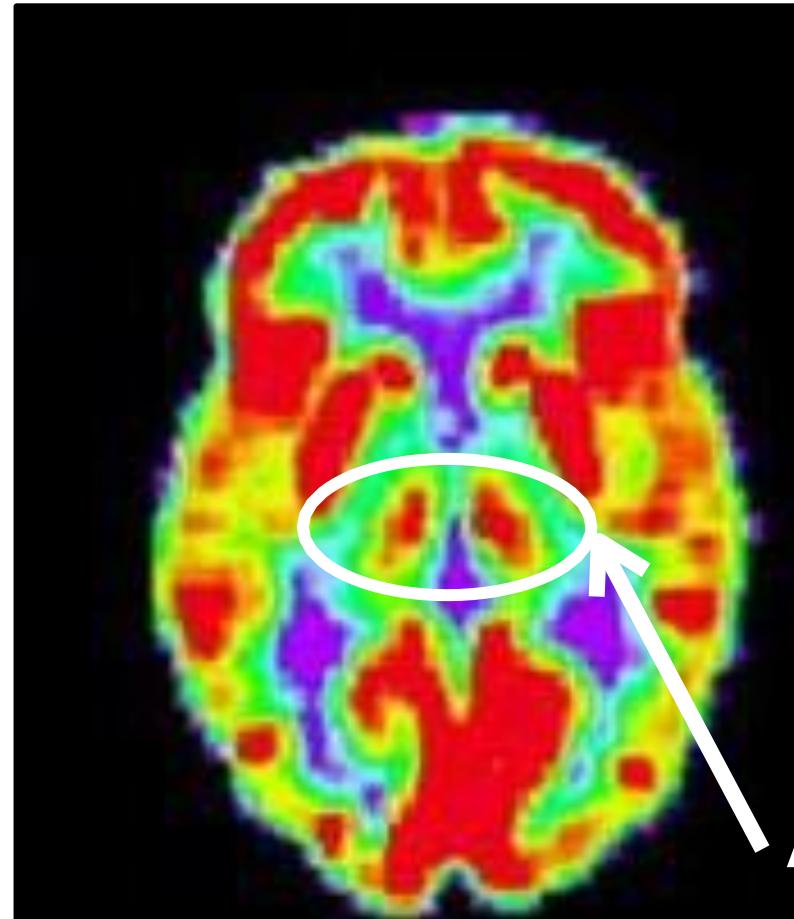


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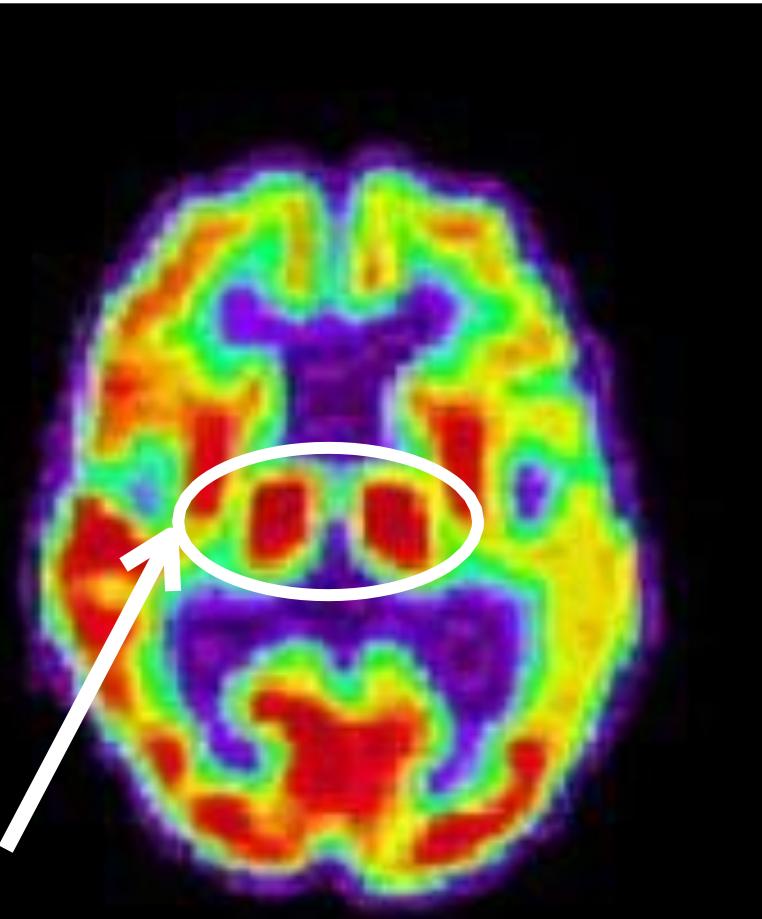


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6 Pieces of the Puzzle for Individuals: Problem Solving Model

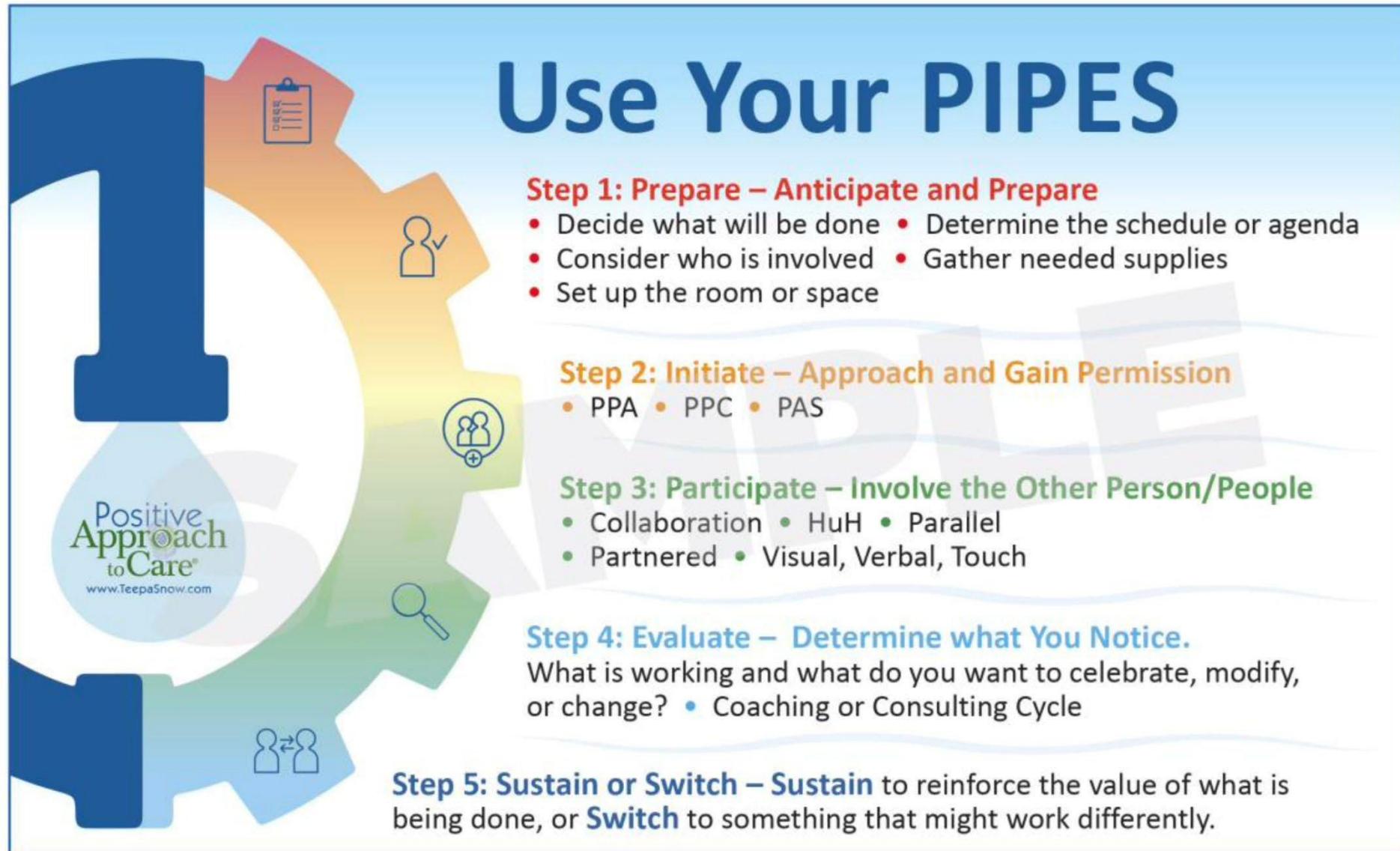
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5 Ps

- Place
- People
- Props
- Programming
- Possibilities

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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*
 - *Personal care completion*
 - *Pleasurable enjoyment*
 - *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?





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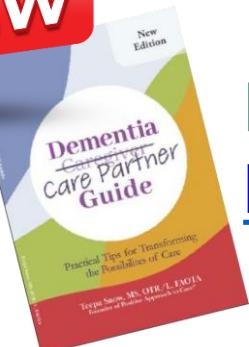
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NEW



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Examples of Words We Use for “Challenging” Behaviors (when we don’t understand)

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‘Losing’ Important Things
Getting Lost –in time or place
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Repeated calls & contacts
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Public urination
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Repeating—Perseveration
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5 Emotional Indicators of Distress & Top 5 Human Needs



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missing freedom – trapped – imprisoned

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distracted – antsy – exit seeking

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Input: nourishment, hydration, medication, O2

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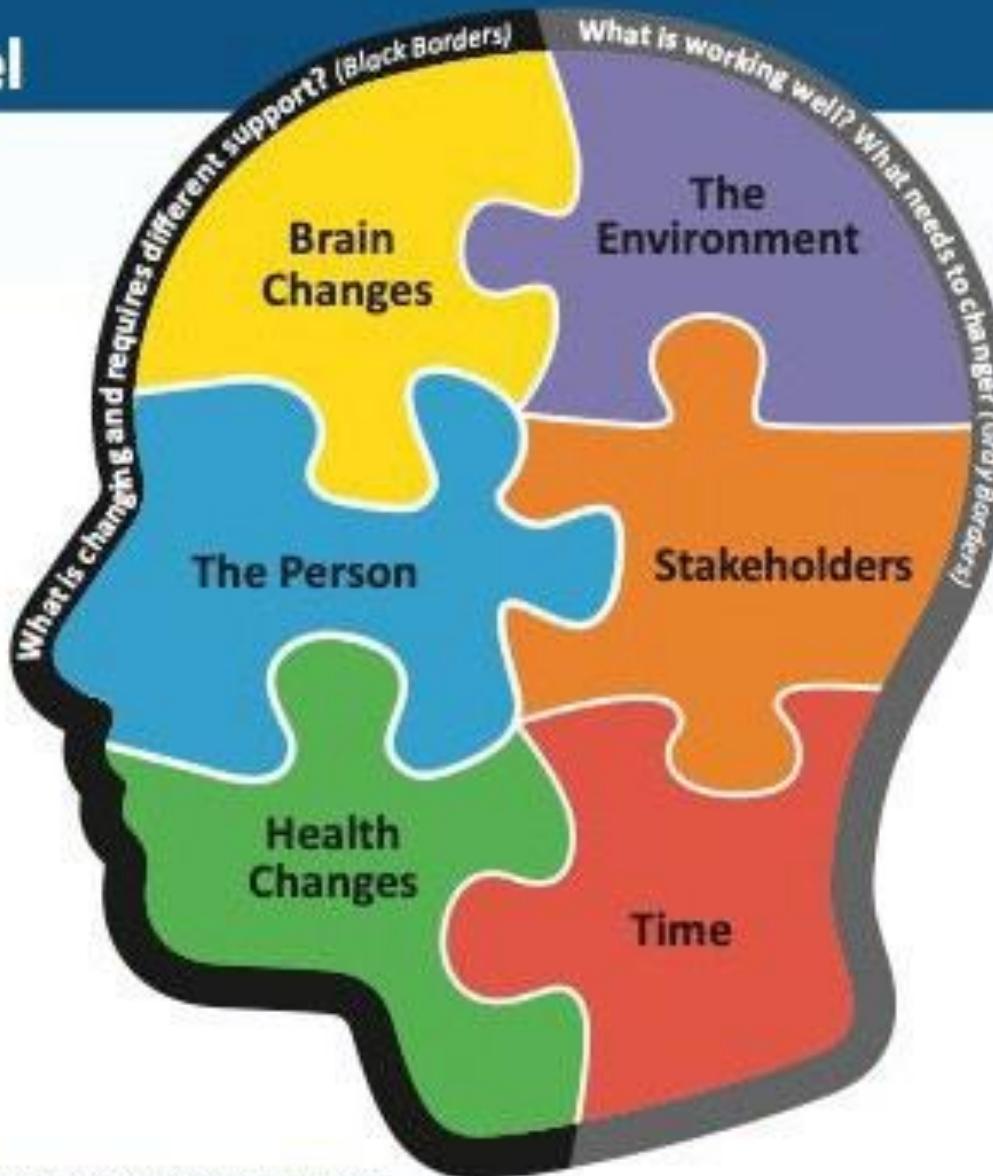


Teepa Snow's *Snow Approach:* Problem Solving Model

For Individuals: Six Pieces of the Puzzle

Life can be challenging for all people and figuring out the cause for distress and what helps is critical.

Using these six categories organizes our investigation and keeps us focused and alert.



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What is changing and requires different support? (Black Borders)

Brain Changes

Dementia

- Type(s)
- Awareness of changes?

Delirium? Depression or Anxiety?

GEMS State(s)

- Changed abilities
- Retained abilities
- Variability
- Onset and duration

The Person

Past and Present

- Life story – history
- Personality traits
- Preferences – likes/dislikes
- Key values
- Joys and traumas
- Roles – watch-talk-do
- Notable positive changes?
- Notable negative changes?

Health Changes

Health Conditions and Physical Fitness

- Intake, throughput, output
- Meds and supplements
- Emotional and psychological condition
- Sensory systems function
- Health beliefs of note
- Recent changes
 - Acute episode of illness
 - New/worsening chronic illness

The Environment

The 5Ps (Place, People, Props, Programming, Possibilities) explore:

The Four Fs

• Friendly	• Functional
• Familiar	• Forgiving

The Four Ss

- Space (intimate, personal, public)
- Sensations (see, hear, feel, smell, taste)
- Surface to Surface Contact (clothing on body, water/air/sun on skin)
- Social (people, activity, role, expectations)

Stakeholders

Care Partner and Others Around

- Agenda(s)
- Awareness, knowledge, skill
- Confidence, competence
- History and background
- Key values
- Personality traits
- Preferences
- Relationship(s)
- Roles - observer, supervisor, carer

Time

Time Awareness

- In the moment, in the present, in the past
- Time of day, week, month, year (season)
- Passage of time (how long since?)

Balance in Four Categories

- Productive: gives value
- Leisure: fun – playful
- Wellness and self care
- Restorative: calm – recharge

Wait Time vs. Engagement in Life Time

What is working well? What needs to change? (Gray Borders)



Teepa Snow's *Snow Approach*: Dementia Umbrella

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



Dementia

Late
TDP-43

Alzheimer Disease:

- Young onset
 - Chromosome 21-associated Dementias
- Late Life Onset

CBA

PSP

PCA

CTE

Fronto- temporal Dementia

Long-term
Toxicity
Exposure

Vascular Dementias:

- Multi-infarct
- Single-infarct
- Subcortical
- CADASIL

Metabolic
Diseases

Infectious
Diseases

Lewy Body Disease:

- Parkinson related
- Diffuse Lewy Body

Genetic
Syndromes

NPH

Juvenile
Dementia

CBA = Corticobasal Atrophy

CTE = Chronic Traumatic Encephalopathy

NPH = Normal Pressure Hydrocephalus

PCA = Posterior Cortical Atrophy

PSP = Progressive Supranuclear Palsy

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Four Truths About All Dementias:

- At least two parts of the brain are dying
- It keeps changing and getting worse – progressive
- It is not curable or fixable – chronic
- It results in death – terminal

Alzheimers

- New details lost first
- Recent memory worse
- Some language problems, mis-speaks
- More impulsive or indecisive
- Gets lost – time/place
- Several forms and patterns
- Young onset can vary from late life onset
- Down Syndrome is high risk
- Notice changes over time
- Related to beta-amyloid plaques and tau pathologies

Lewy Body

- Movement problems – Falls
- Visual disturbances
- Delusional thinking
- Fine motor problems – hands and swallowing
- Episodes of rigidity and syncope
- Insomnia – sleep disturbances
- Nightmares that seem real
- Fluctuations in abilities
- Drug responses can be extreme and strange
- Related to synuclein protein malformations

Vascular

- Sudden changes in ability – some recovery
- Symptom combinations are highly variable
- Can have bounce back and bad days
- Judgment and behavior *not the same*
- Spotty losses
- Emotional and energy shifts
- Least predictable
- Caused by problems with blood flow, oxygen, nourishment of brain cells

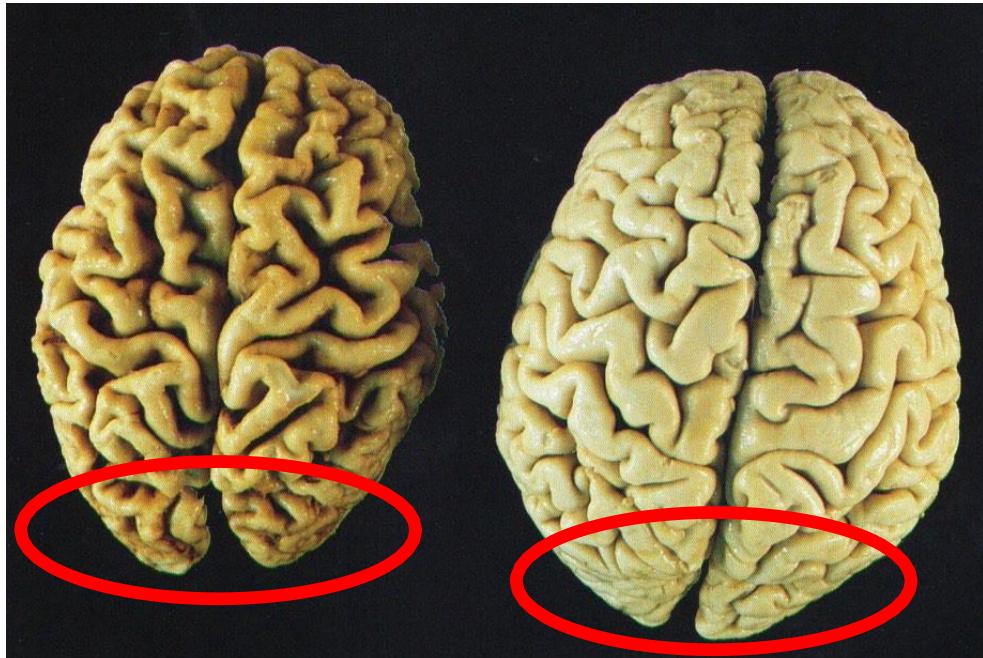
Frontotemporal

- Many types
- Frontal: impulse and behavior control changes
 - Says unexpected, rude, mean, odd things
 - Apathy – not caring
 - Problems with initiation or sequencing
 - Dis-inhibited: sex, food, drink, emotions, actions
- Temporal: language change
 - Difficulty with speaking – missing/changing words
 - Rhythm OK, content missing
 - Not getting messages
- Related to tau pathologies

Vision Changes

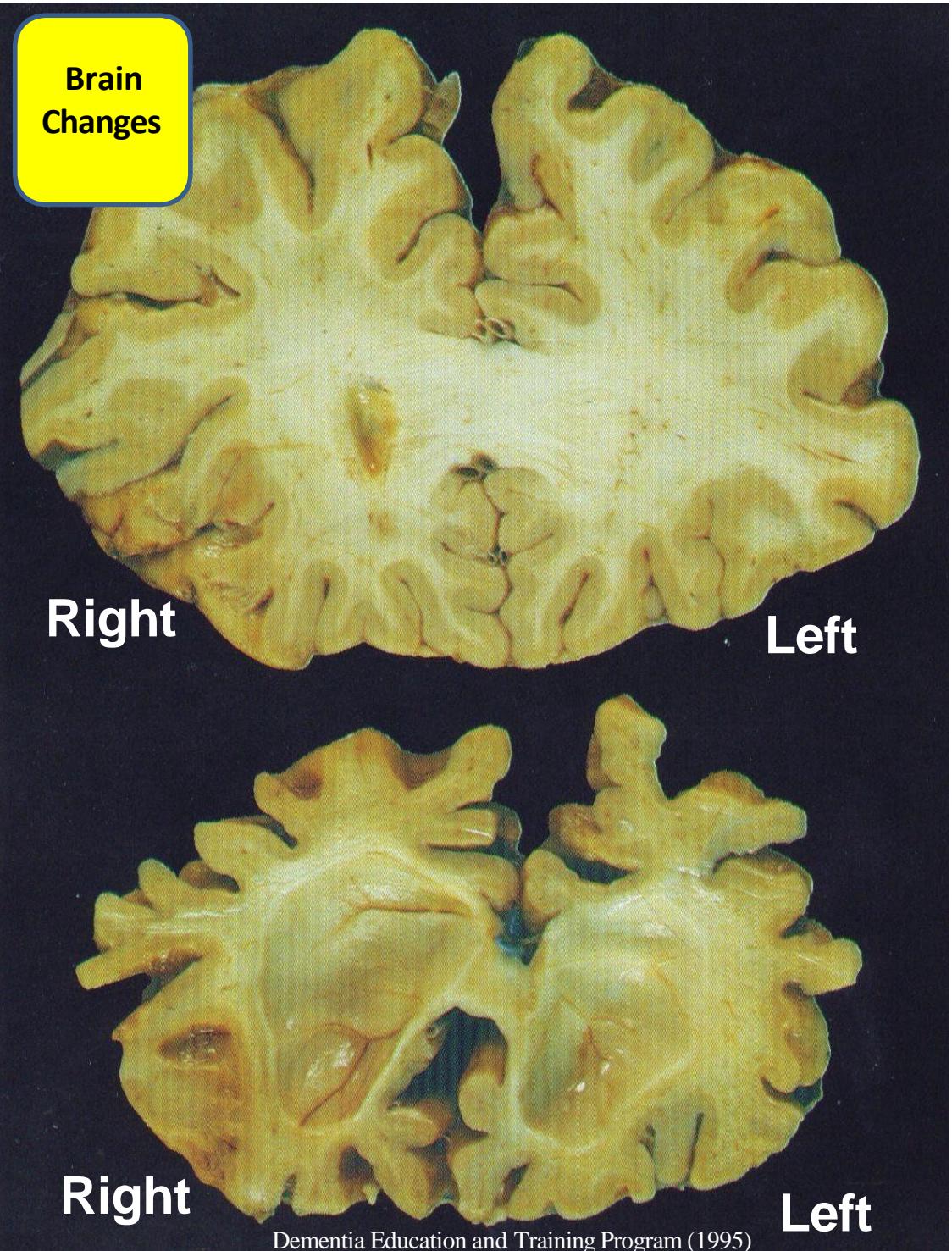
With each new level of vision change, there is a decrease in safety awareness.

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



Dementia Education and Training Program (1995)

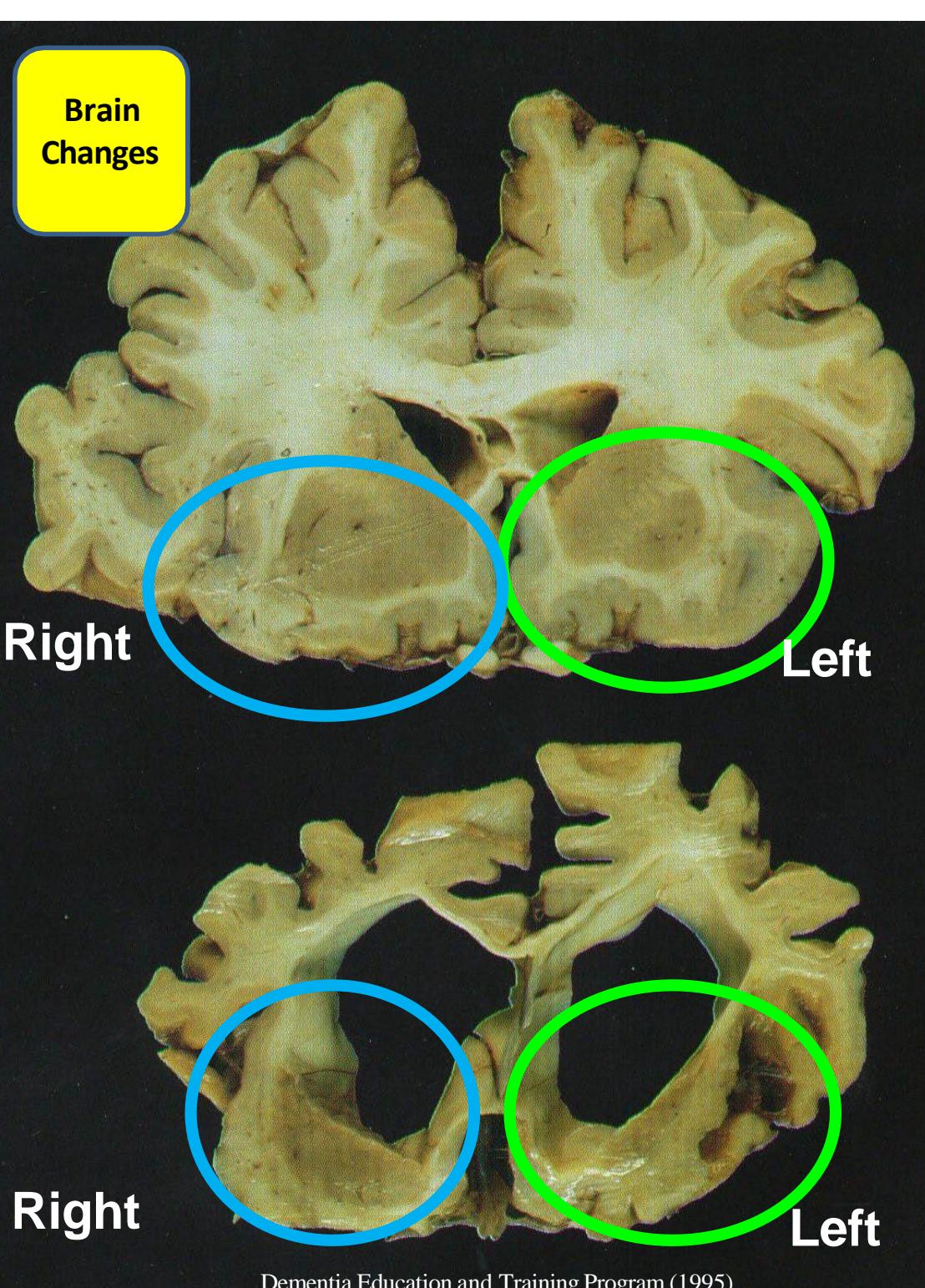
**BIG VISION
CHANGES**



Executive Control Center

1. Impulse Control
2. Be Logical
3. Make Choices
4. Start-Sequence-Complete-Move On
5. Self Awareness
6. See Others' Point of View

Brain
Changes



Dementia Education and Training Program (1995)

Left – LOST

Formal Speech &
Language Center

1. Vocabulary
2. Comprehension
3. Speech Production

Right – RETAINED

Automatic Speech
Rhythm – Music

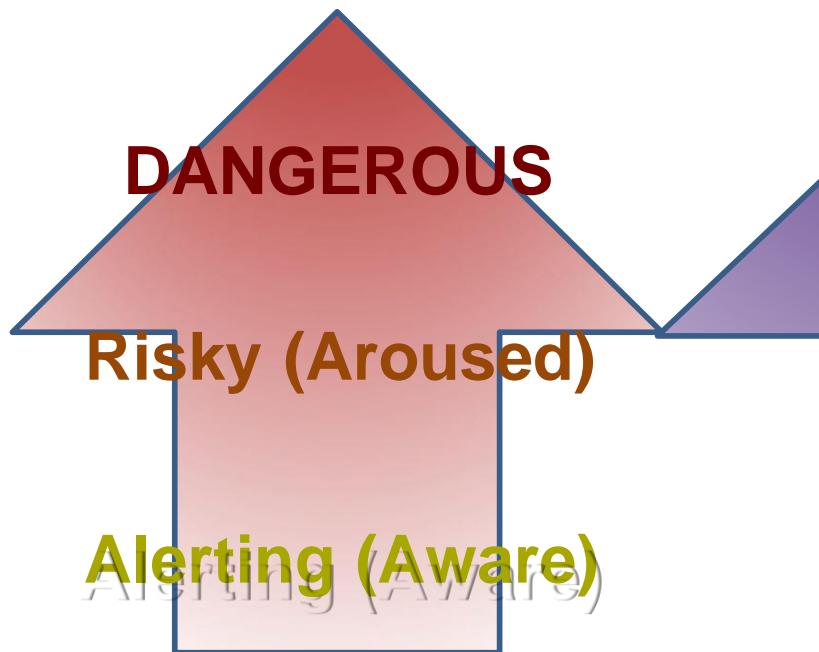
1. Expletives
2. Social Chit Chat
3. Rhythm of Speech
4. Automatic Autonomic Movement
5. Music Poetry Prayer & Counting

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3 Functions of the Amygdala

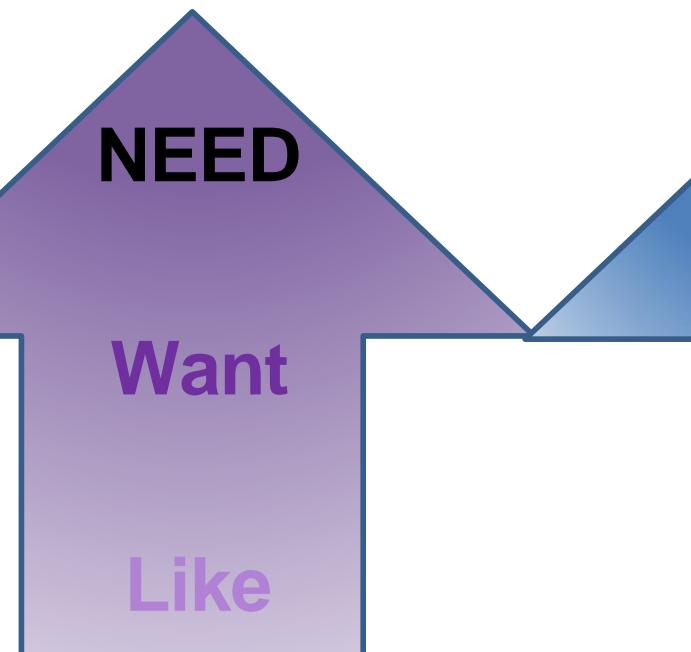
1. Threat Perceiver

Noticing what is:



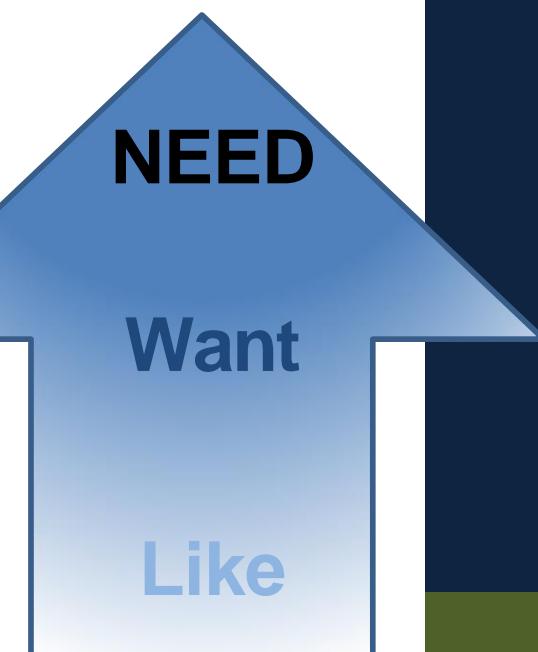
2. Needs Meeter

Getting what we:



3. Pleasure Seeker

Getting what we:



Knowing the Person:

- History
- Values and beliefs
- Habits and routines
- Personality & stress behaviors
- Work and family history
- Leisure and spiritual history
- ‘Hot buttons’ and comforts
- Some ‘stuff’ we think that people do on purpose may really just be who they are



The Third Piece of the Puzzle:

- Other medical conditions
- Psychological or psychiatric conditions
- Sensory status: vision, hearing, sense of touch, balance, smell, taste
- Medications
- Treatments

Health Changes

- Health Conditions and Physical Fitness
 - Intake, throughput, output
 - Meds and supplements
 - Emotional and psychological condition
 - Sensory systems function
 - Health beliefs of note
 - Recent changes
 - Acute episode of illness
 - New/worsening chronic illness

The Fourth Piece of the Puzzle:

The Environment

The 5Ps (Place, People, Props, Programming, Possibilities) explore:

The Four Fs

- Friendly
- Familiar
- Functional
- Forgiving

The Four Ss

- Space (intimate, personal, public)
- Sensations (see, hear, feel, smell, taste)
- Surface to Surface Contact (clothing on body, water/air/sun on skin)
- Social (people, activity, role, expectations)

Physical
Sensory
Social

The Supportive Sensory Environment:

What You Hear



What You See

What You Smell/Taste

What You Feel

What You Hear:

Supports:

Quiet

Purposeful music

Familiar cues

Positive human sounds

Impairs:

Constant background noise

Intrusive sounds

Care noise

Negative human sounds

Environment

The Sixth Piece of the Puzzle:

Other People and Their Behaviors:

- **Care Partners**
- **Family Members**
- **Friends**
- **Us!**





If in a public space and you start the interaction:

- Get into their **visual range**, pausing approximately six feet away
- Place your **open hand** next to your face, smile and greet by name
- Offer your hand in a **handshake position**
- If they extend their hand, **approach slowly** from the front with your hand extended
- Move from handshake to **Hand-under-Hand®** position
- Move from the front to their side, getting into a **supportive stance**
- Get at or below their **eye level** by kneeling or squatting, but **don't lean in**
- Use a **Positive Personal Connection (PPC)** and wait for their response – *see back*
- Deliver a message using cues and a **Positive Action Starter (PAS)** – *see back*



Positive Approach® to Care

www.TeepaSnow.com

People
Us!

Positive Physical Approach™

1. Stop moving 6 ft out
2. Greet: *Hi* sign; say name
3. Move into a handshake
4. SLOWLY come in from front



5. Supportive Stance
6. Move into HuH®
7. Move to side; Get low



Positive Action Starters (PAS)

- 1. Help** – Be sure to compliment their skill in this area, then ask for help. *“I could use your help...”*
- 2. 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.”*
- 3. 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....”*



Beliefs

We are key to make life worth living

We must be willing to STOP
and BACK OFF—
be willing to change ourselves

People with dementia are doing the
BEST they can

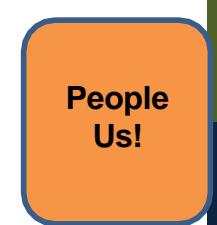
.... but then so are we.

But we have the power to change.



Care Partner Skills

- Greet before you treat: Positive Physical Approach™
- Build a team
- Give cues in specific sequence: give a visual, then verbal, then touch
- Respect space and the person
- Do 1 thing at a time
- WAIT for a response before going on EACH cue
- Not working? Stop and back off
- Try something different
- Be willing to say I'm sorry



The Fifth Piece of the Puzzle: The Day and How it All Fits Together:

Daily routines and
programming

Filling the day with
valued engagement

GEMS® State
programming

Time

Time Awareness

- In the moment, in the present, in the past
- Time of day, week, month, year (season)
- Passage of time (how long since?)

Balance in Four Categories

- Productive: gives value
- Leisure: fun – playful
- Wellness and self care
- Restorative: calm – recharge

Wait Time vs. Engagement in Life Time

Examples of Meaningful Activities:

Time

- **Productive Activities:** sense of value and purpose
- **Leisure Activities:** having fun and interacting
- **Self-Care and Wellness:** personal care of body and brain
- **Restorative Activities:** re-energize and restore spirit

How Do You Spend Your Day?

1. Productive

- Make Me Feel Valued & Needed

2. Leisure Activities – Having Fun

- meeting social & solitary preferences
- active/passive options

3. Self Care & Wellness

- Taking care of body & mind
- Personal care, physical activity & mental stimulation

4. REST & Restoration

- Sleep, **recharging** batteries, & spiritual well-being

#1 Productive Activities

- Helping another person
- Helping by leading or helping leaders
- Completing community tasks
- Making something
- Sorting things
- Fixing things
- Building things
- Organizing things
- Caring for things
- Counting things
- Folding things
- Marking things
- Cleaning things
- Taking things apart
- Filling or emptying things
- Moving things
- Holding/carrying things
- Cooking/baking
- Setting up/breaking down
- Other ideas....

#2 Leisure Activities

Active:

Socials

Sports

Games

Dancing

Singing

Visiting

Hobbies

Doing, Talking, Looking

Passive:

Entertainers

Sport program/event

Presenters

Living room or lobby
sitting

TV programs: watched

Activity watchers

Being done to

#3 Self-Care & Wellness

Cognitive

- Table top tasks
- Matching, sorting, organizing, playing
- Table top games
- Cards, board games, puzzles...
- Group games
- Categories, crosswords, word play, old memories

Physical

- Exercise
- Walking
- Strengthening tasks
- Coordination tasks
- Balance tasks
- Flexibility tasks
- Aerobic tasks
- Personal care tasks

#4 Rest and Restorative Activities

Sleep/naps

Listen to quiet music with lights dimmed

Look at the newspaper

Look at a calm video on TV screen

Rock in a chair

Swing in a porch swing

Walk outside

Listen to reading from a book of faith

Listen to poetry or stories

Listen to or attend a worship service

Stroke a pet or animal

Stroke fabric

Get a hand or shoulder massage

Get a foot soak and rub

Listen to wind chimes

Aromatherapy

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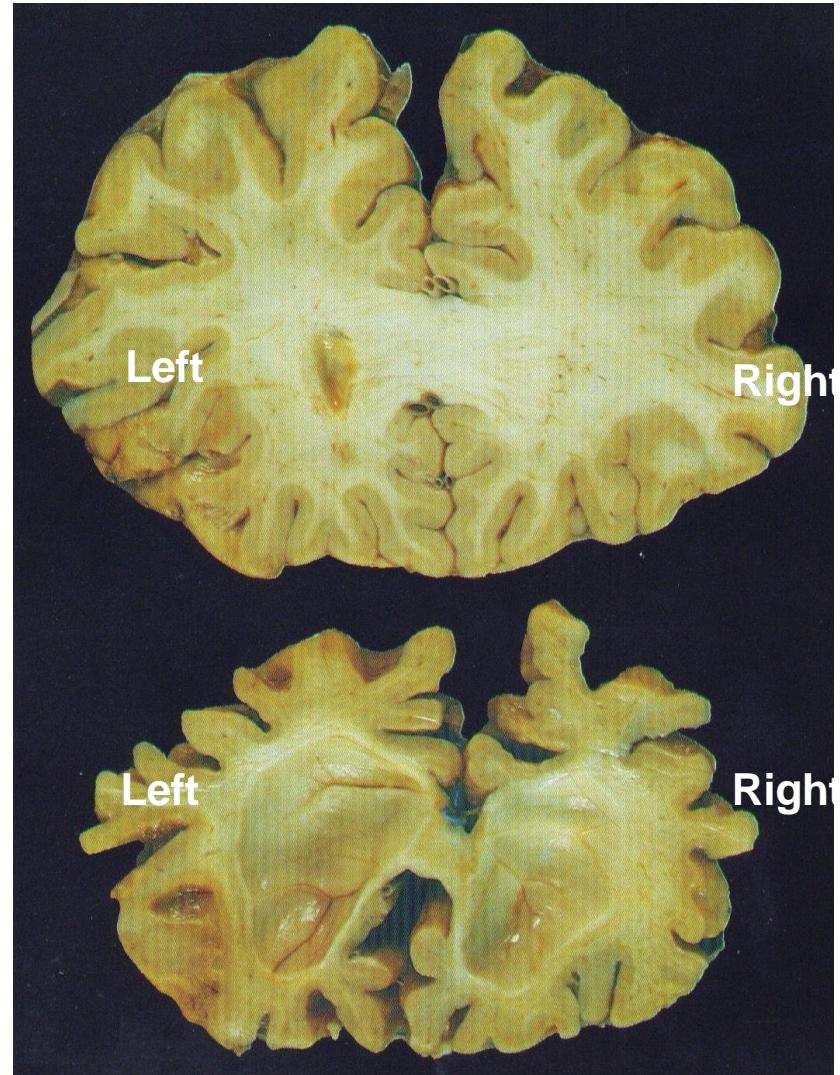
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Depression and Apathy in Persons Living with Dementia

Teepa Snow, MS, OTR/L, FAOTA

Founder and CEO, Positive Approach to Care[®]

Co-Founder, Snow Approach Foundation, Inc.



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

Prefrontal Cortex – Executive Control Center

Six Functions:

1. Be Logical
2. Impulse Control
3. Make Choices
4. Start-Sequence-Complete-Move On
5. Accurate Self-Awareness
6. Adapt to Others' Point of View

Apathy versus Depression versus Willfulness:

Different Symptoms and Different Issues:

- I am feeling hopeless and helpless in this situation
- I am not able to be interested anymore, I know it should be important, and yet I just can't care one way or the other – it takes too much energy – everything is blunted
- I am not going to be controlled by others, I have always been in charge of myself and my life and I will not give it up!

Apathy versus Depression versus Willfulness:

How to sort it out:

- Stay curious
- Offer options for a sense of control that are not about *doing* versus *not doing*
- Acknowledge how hard it is, and ask for 5 minutes of effort and then the person can stop
- Create an opportunity that is built with step-by-step support that will result in a positive outcome that is noticeable to the person

How Can We Help?

1. Positive Physical Approach™ (PPA)
2. Positive Personal Connectors (PPC)
3. Positive Action Starters (PAS)
4. Hand-under-Hand® (HuH)
5. Validation
6. Reflection
7. Visual-Verbal-Touch (V-V-T) Cues

Positive Action Starters (PAS)

First, **reflect**: match their intensity and affect, be sincere,

Second, match visual cues with verbal:

Limit words:
Keep it
Straightforward

- **Short & Simple:** *It's about time for...* Tap your watch/wrist. Or *Here are your socks.* Hold up socks.
- **Step by Step:** *Let's go this way.* Point in the direction. Or *Lean forward.* Make the motion with your hand.
- **Choice:** *Coffee or tea?* Raise coffee cup, then tea bag.
- **Help:** *I could use your help.* Implied compliment on skill. Or - *I'm asking for a big favor!*
- **Try:** *Let's just try.* Point to the exercise band.

Acknowledge their response/reaction.... **and then wait!**

Other Strategies for Responding to Apathy:

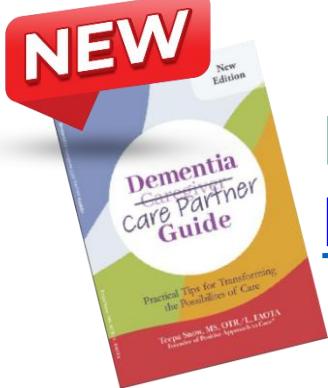
- Change your ask:
 - Instead of “Do you want to?” try “First...then..”
 - Say, “Let’s just try this...”
 - Provide simple choices
 - Sensory connections: music, temperature
- Simplify
- Watch for time of day
- Try again
- Realize it’s not a choice; they may truly feel that they cannot do it

Scan for Handouts

Or www.teepasnow.com/presentations

Watch: Teepa Snow on YouTube

<https://www.youtube.com/@teepasnowvideos>



Read: Dementia Care Partner Guide

<https://shop.teepasnow.com/product/dementia-care-partner-guide/>

Learn: Accepting the Challenge Streaming Video

<https://shop.teepasnow.com/product/accepting-the-challenge-streaming/>



Summary of Learnings

Themes and Key Takeaways

Key Takeaways and Themes

- Wrap Up:
- Discussing depression
 - We can go through moments of depression or depressive episodes in our lives. Consider that could this been situational
 - She doesn't seem helpless or hopeless or that she doesn't care (she does care for her cats)
 - She seems willful and responding to a loss of independents
- Approach
 - What are those who she accepts care from more accepted? She responds to a more friendly, slow, and patient approach. Treating her as a human and not demanding, asking for permission
 - Use what she is engaged in already to help get to the goal
- Engagement
 - She is less engaged in gardening and going outside, but can we bring in potted plants (cat grass and catnip) to keep her engaged
- Care planning
 - Putting together information about how important animals are for her to feel comfortable if she is relocated

Wrap-Up

ECHO Program Meeting Evaluation Survey

https://dartmouth.co1.qualtrics.com/jfe/form/SV_0PROT8HlorYu1gO



ECHO Report

Respondents

41 individuals attended the September session, of whom 13 responded to the evaluation survey. A response rate of 32% indicates a lower level of participation in the survey compared to previous months.

Evaluation

Respondents were asked three questions about how useful and engaging the ECHO session was that month, as well as a question about 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 September, the average ratings on the usefulness of the session was lower compared to the previous month (from 4.5 to 4.4). Ratings also slightly decreased for session engagement (from 4.4 to 4.3) and for whether participants learned something (from 4.5 to 4.4).

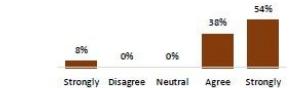
This month's ECHO session was useful.



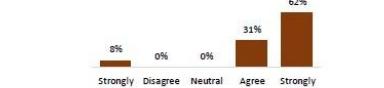
Rating distributions for September:



This month's ECHO session was engaging.



I learned something new during this month's ECHO.





Welcome to the Positive Approach to Dementia Care ECHO

Session 12: Eating and Brain Change

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



Brain Change and Food Intake

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

Teepa Snow's Positive Approach to Care ®

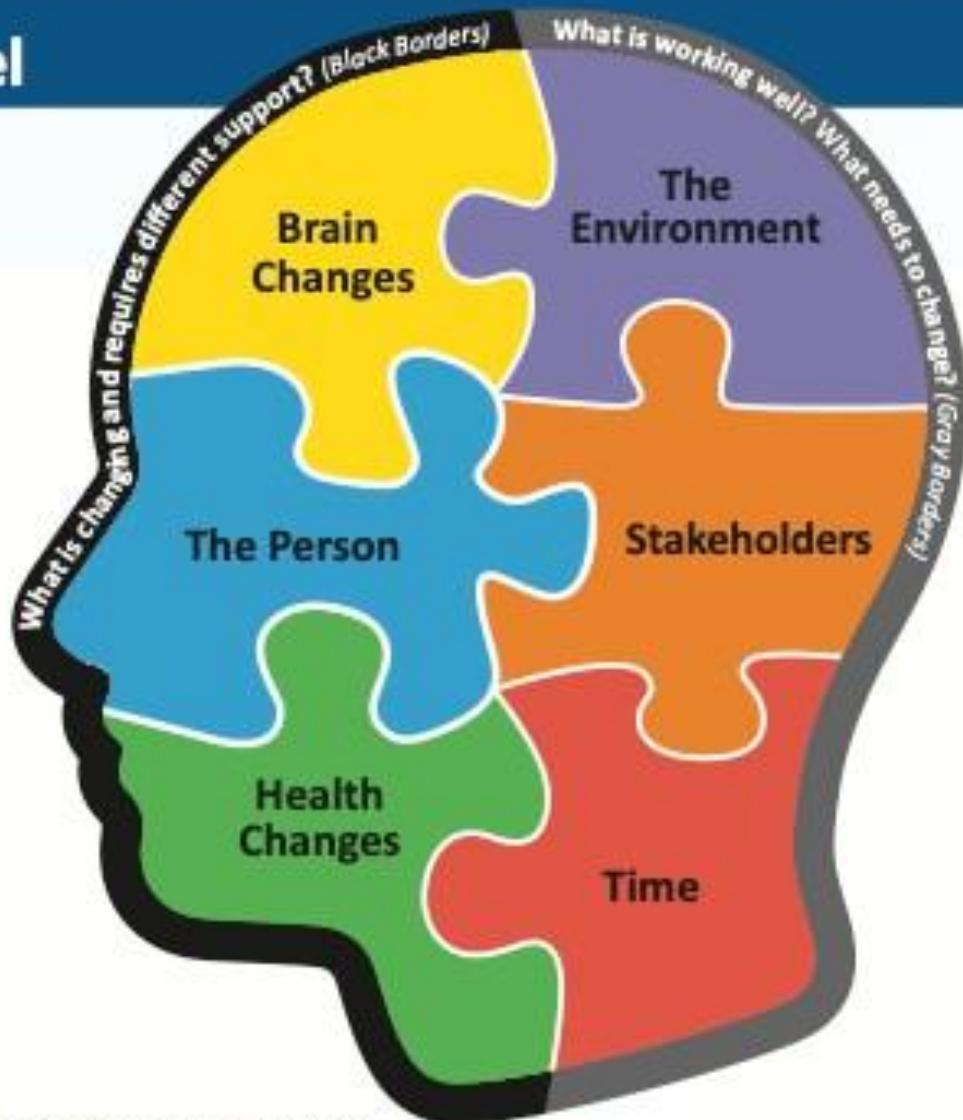


Teepa Snow's **Snow Approach:** **Problem Solving Model**

For Individuals: Six Pieces of the Puzzle

Life can be challenging for all people and figuring out the cause for distress and what helps is critical.

Using these six categories organizes our investigation and keeps us focused and alert.



6 Pieces of the

What is the person I am supporting? (Black Borders)

Brain Changes

Dementia

- Type(s)
- Awareness of changes?

Delirium? Depression or Anxiety?

GEMS State(s)

- Changed abilities
- Retained abilities
- Variability
- Onset and duration

The Person

Past and Present

Life Story – Who am I?

- Personality traits
- Preferences – likes/dislikes
- Key experiences
- Losses and trauma
- Roles – watch-talk-do
- Notable positive changes?
- Notable negative changes?

Health Changes

Health Conditions and Physical Fitness

- Intake, throughput, output
- Meds and supplements
- Emotional and psychological condition
- How do my systems function
- Health problems of note
- Recent changes
 - Acute episode of illness
 - New/worsening chronic illness

The Environment

The 5Ps (Place, People, Props, Programming, Possibilities) explore:

The Four Fs

- Friendly
- Functional
- Familiar
- Forgiving

The Four Ss

- Space (intimate, personal, public)
- Sensations (see, hear, feel, smell, taste)
- Surface to Surface Contact (clothing on body, water/air/sun on skin)
- Social (people, activity, role, expectations)

Stakeholders

Care Partner and Others Around

- Agenda(s)
- Awareness, knowledge, skill
- Confidence, competence
- History and background
- Key values
- Personality traits
- Preferences
- Relationship(s)
- Roles - observer, supervisor, carer

Time

Time Awareness

- In the moment, in the present, in the past
- Time of day, week, month, year (season)
- Passage of time (how long since?)

Balance in Four Categories

- Productive: gives value
- Leisure: fun – playful
- Wellness and self care
- Restorative: calm – recharge

Wait Time vs. Engagement in Life Time

What is working well? What needs to change? (Gray Borders)

Getting Into Hand-under-Hand®





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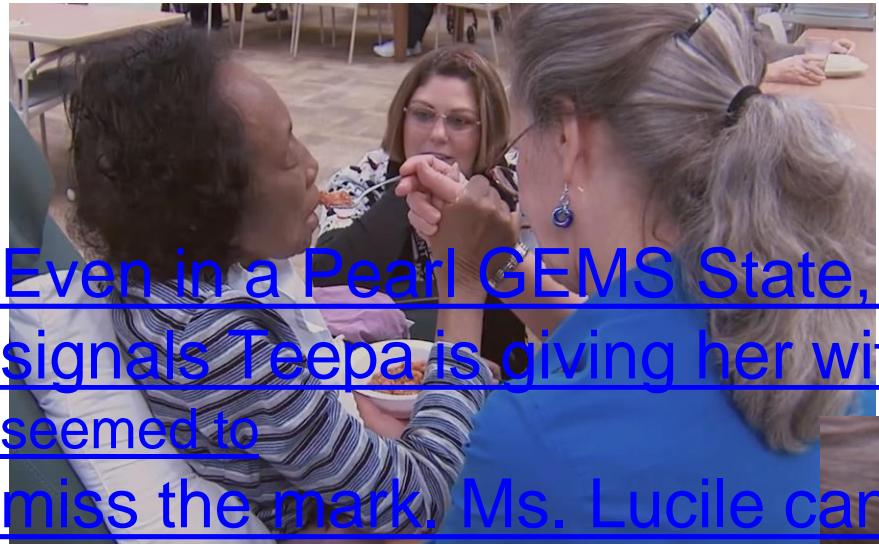
Doing With: Hand-under-Hand®

Hand-under-Hand technique can be used to facilitate activities like:

- Eating & drinking
- Walking & mobility
- Standing & sitting transitions
- Crafts & activities
- Brushing teeth, shaving, & other hygiene
- Dressing



‘Letting Go’ Versus ‘Giving Up’:



Even in a Pearl GEMS State, Ms. Lucile’s brain can understand the signals Teepa is giving her with Hand-under-Hand® to eat, when all else seemed to miss the mark. Ms. Lucile can now eat as long as her body wishes to, and her Care Partner will know when it’s time to Let Go.

For more on
Hand-under-Hand®
with Ms Lucile:

<https://www.youtube.com/watch?v=7Ek04qjT-xQ>



Scan for Handouts

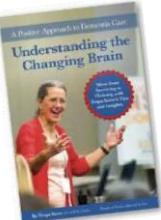
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Learn: Accepting the Challenge Streaming Video

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Themes and Key Takeaways

Summary and Key Takeaways

- Perspectives for the Case
 - Is this lack of enjoyment everywhere or just with food? Is this a sign of depression?
 - Change in taste for them so it may taste funny
 - May not have the sensation of hunger
 - Not remembering if they have eaten and then not knowing that they are feeling hungry or something
 - Is the process tiring?
 - Is the space overstimulating?
 - Has their vision and motor skills changed?
- Changes that could be made
 - If they still eat specific food, like sweets, can we make those more nutritionally dense
 - If the room is overwhelming, could they eat elsewhere?
 - If there is vision change, can we use high contrast colored plates and utensils
 - If it's motor skills, do they need assistance? Can we do hand under hand?
 - Keep in mind vision changes and keeping items within visual fields

Wrap-Up

ECHO Program Meeting Evaluation Survey

https://dartmouth.co1.qualtrics.com/jfe/form/SV_0PROT8H1orYu1gO



ECHO Report

Respondents

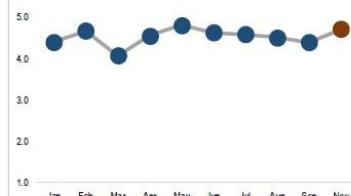
92 individuals attended the November session, of whom 30 responded to the evaluation survey. A response rate of 33% indicates a similar level of survey participation compared to previous months.

Evaluation

Respondents were asked three questions about how useful and engaging the ECHO session was that month, as well as a question about 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 November, the average ratings on the usefulness of the session was higher compared to the previous month (from 4.4 to 4.7). Ratings also slightly increased for session engagement (from 4.3 to 4.7) and for whether participants learned something (from 4.4 to 4.5). Note: We did not conduct an evaluation in October.

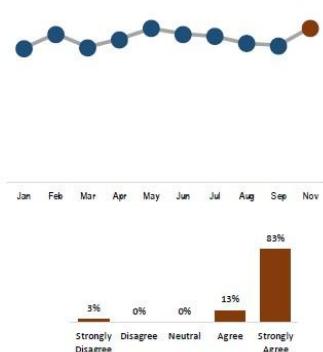
This month's ECHO session was useful.



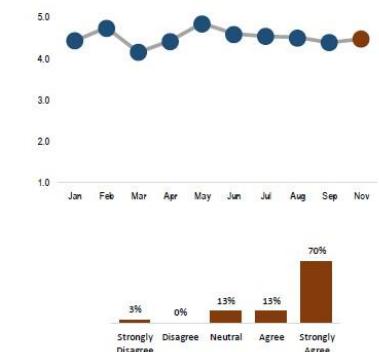
Rating distributions for November:

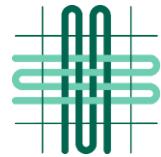


This month's ECHO session was engaging.



I learned something new during this month's ECHO.





Dartmouth
Health

Geriatric Center of Excellence



Positive
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Up Next

Next session: Wednesday **January 21, 2026** 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>