Objectives
1. Discuss the impact of changing sensory awareness and processing as dementia progresses
2. Describe the five sensory input and processing systems, highlighting the dominant role of vision
3. Describe changes in visual processing that impact a person’s ability to initiate interactions and respond to efforts to communicate
4. Understand the value of consistent positive reinforcement to promote well-being throughout the disease process.

Goal for today!
- You will see the value in evaluating and identifying resource needs
- Have a better understanding of the five sensory input and processing systems and the dominant role of vision
- Have a better understanding of the impact of changing sensory awareness and processing as dementia progresses
- The value of Positive Physical Approach™, Hand under Hand™ and GEMS®

Introduction: Beliefs
- The relationship is MOST critical NOT the outcome of one encounter
- We are a KEY to make life WORTH living
- People living with Dementia are Doing the BEST they can
- We must be willing to CHANGE ourselves
**Taking Stock of Yourself...**
- Assess your skills and strengths
- What outside resources will you need

**How to Make It Stick...**
- Practice
- Reinforcement
- Belief in the value of doing it
- Eliminate ‘old cues’ and ‘props’
- Get help from others
- Start early…
- Think about the alternative…

**How to Live with the Changes**
- GET SUPPORT for you
- Cry every now and then for what you have lost
- Find joy in the new relationship you are building
- Get help, if there is NO JOY
- Take time to remember…
- Take time for learning and changing

**How to FEEL OK...**
- Get spiritual support
- Get intellectual support
- Get physical support
- Get social support
- Get expert help, if needed to do tasks
- Take breaks
- Pat yourself on the back
- Think of the alternative…

**SERIOUS SELF CARE**
Taking care of ourselves gives us the best chance of taking care of another

**Lesson 1 and Lesson 2**
1. BREATH and Let Go……
2. Understand and Accept Sensory Loss
So Let’s Get Started
Building
Awareness and Knowledge

SO… What is Dementia?
- It is NOT part of normal aging! It is a disease!
- It is more than just forgetfulness - which is part of normal aging
- It makes independent life impossible

NORMAL Aging
• Can’t recall a word. Describe the word to get it to pop up.
• Give people time to process information. Go more slowly.
• Slower to think.
• Slower to do.
• May hesitate more.
• More likely to look before they leap.
• Will know the person, but not find the name.
• May pause when word finding.
• New data reminds me of old data

NOT Normal Aging
• Unable to think the same
• Unable to do as before
• Unable to get started on a task
• Will get stuck in a moment of time
• Unable to think things out
• Unable to successfully place a person
• Words won’t come even with visual, verbal, or touch cues
• Confused between past and present
• Personality and/or behaviors will be different

Cognitive Changes with Aging
- Normal changes = more forgetful & slower to learn
- MCI – Mild Cognitive Impairment = 1 problem area
  - memory, word finding & complex problem solving problems (1/2 of these folks will develop dementia in 5 yrs)
- Dementia = Chronic thinking problems in > 2 areas
- Delirium = Rapid changes in thinking & alertness (seek medical help immediately)
- Depression = chronic unless treated, poor quality, “I don’t know”, “I just can’t” responses, no pleasure can look like agitation & confusion

Four Truths About Dementia
1. At least 2 parts of the brain are dying
2. It is chronic and can’t be fixed
3. It is progressive and will get worse
4. It is terminal

What Makes Dementia Different?
- The illness is slow to start – hard to see
- Not consistent –good days/bad days or moments
- Gradually gets worse
- Motor skills are still OK for a long time
- Self-awareness is usually limited
- Self-monitoring is not possible
- Social skills are often preserved
Could It Be Something Else?

- Another form of dementia... 85+
- A worsening medical condition
- Medication side-effects
- Un detected hearing or vision loss
- Depression or other mental health issue
- Delirium – ACUTE medical emergency
- Severe pain or overdose of pain meds
- Other things...

Mimics of Dementia

Depression
- can’t think
- can’t remember
- not worth it
- loss of function
- mood swings
- personality change
- change in sleep

Delirium
- swift change
- hallucinations
- delusions
- on & off responses
- infection
- toxicity
- dangerous

Dementia does not equal Alzheimer’s does not equal memory problems

5 Senses
How Humans Take In Data

1. What you see
2. What you hear
3. What you feel/ touch
4. What you smell
5. What you taste

Visual Data

The most powerful sensory input.
People with dementia pay more attention to what they see than what they hear.
**REALIZE ...**

*It Takes TWO to Tango ... or two to tangle...*

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**Primitive Brain is in Charge of:**
- **Survival** –
  - Autonomic protective – fright, flight, fight
  - Pleasure seeking – needing joy
- **Thriving** – Running the Engine
  - Vital systems
  - Wake-sleep
  - Hunger-thirst
  - Pain awareness and responses
  - Infection recognition & control
- **Learning New and Remembering it**
  - Information
  - Places Awareness
  - Time Awareness

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**Vision Center – BIG CHANGES**

**Vision**

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

- **Losses**
  - Edges of vision – peripheral field
  - Depth perception
  - Object recognition linked to purpose
  - SLOWER to process – scanning & shifting focus

- **Preserved**
  - ‘See’ things in middle field
  - Looking at... curious
Hippocampus
BIG CHANGE
Learning & Memory Center
• Way finding
• Time Awareness
• Learning & Memory

Memory Loss
Loss
• Immediate recall
• Attention to selected info
• Recent events
• Relationships
Preserved Ability
• Long ago memories
• Confabulation!
• Emotional memories
• Motor memories

Understanding Language – BIG CHANGE
Loss
• Can’t find the right words
• Word Salad
• Vague language
• Single phrases
• Sounds & vocalizing
• Can’t make needs known
Preserved Ability
• Singing
• Automatic speech
• Swear words, sex talk, forbidden words

Language
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Hearing of Sound – Not Changed
Loss
• Can’t interpret words
• Misses some words
• Gets off target
Preserved Ability
• Can get facial expression
• Hears tone of voice
• Can get some non-verbals
• Learns how to cover

Understanding
Loss
• Can’t interpret words
• Misses some words
• Gets off target
Preserved Ability
• Can get facial expression
• Hears tone of voice
• Can get some non-verbals
• Learns how to cover
Five Ways to Say “I Am Sorry!”

• “I’m sorry, I was trying to help”
• “I’m sorry I made you feel(emotion) angry, irritated, frustrated, sad, isolated…”
• “I’m sorry I made you feel (intellectual capacity or relationship unequal) like a child, stupid, like an idiot…”
• “I’m sorry that happened” (their perspective)
• “I’m sorry, this is HARD!” (for both of you)

Executive Control Center

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

Sensory Changes

Loss
• Awareness of body and position
• Ability to locate and express pain
• Awareness of feeling in most of body

Preserved Ability
• 4 areas can be sensitive
• Any of these areas can be hypersensitive
• Need for sensation can become extreme

Self-Care Changes

Loss
• initiation & termination
• tool manipulation
• Sequencing

Preserved Ability
• motions and actions
• the doing part
• cued activity

Top 10 unmet needs!

Physical
• Hungry or Thirsty
• Tired or Over-energized
• Elimination – need to/did
• Temperature – too hot/cold
• IN PAIN!!!
  – Joints – skeleton
  – Inside systems (head, chest, gut, output)
  – Creases or folds & skin
  – Surfaces that contact other surfaces

Emotional
• Angry
• Sad
• Bored
• Scared
• Lonely
The Basics for Success

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

Build Skill

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

Time Out Signal

Approach Matters

Use a consistent Positive Physical Approach™

• Pause at edge of public space
• Gesture and greet by name
• Offer your hand and make eye contact
• Approach slowly within visual range
• Shake hands and maintain Hand-Under-Hand™
• Move to the side
• Get to eye level & respect intimate space
• Wait for acknowledgement

Supportive Communication

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

Emotional Communication

Validate emotions
• EARLY – “It’s really (label emotion) to have this happen” or “I’m sorry this is happening to you”
• MIDWAY – Repeat/reflect their words (with emotion)
  - LISTEN for added information, ideas, thoughts
  - EXPLORE the new information by ‘watching and listening’ (wonder what they are trying to communicate)
• LATE – Check out their ‘whole’ body –
  - Observe face, posture, movement, gestures, touching, looking
  - Look for NEED under the words or actions
Keep it SIMPLE

- USE VISUAL combined VERBAL (gesture/point)
  - "It’s about time for..."
  - "Let’s go this way..."
  - "Here are your socks..."
- DON’T ask questions you DON’T want to hear the answer to...
- Acknowledge the response/reaction to your information...
- LIMIT your words – SIMPLE is better always
- Wait, Pause, Slow Down

When Words Don’t Work Well

Hand-under-Hand™
- Uses established nerve pathways
- Allows the person to feel in control
- Connects you to the person
- Allows you to DO with not to
- Gives you advance notice of ‘possible problems’
- Connects eye-hand skills
- Use the dominant side of the person

Use Hand-Under-Hand™
- Connecting – comforting and directing gaze
- Guiding and helping with movement
- Getting eye contact and attention
- Providing help with fine motor
- Offering a sense of control, even when you are doing almost everything

Hand-Under-Hand™
- Establishes connection
- Creates safe space
- You do “with”, not “to”

Three Reasons to Communicate

- Get something DONE
- Have a conversation
- Help with distress

Getting the person to DO Something

Form a relationship FIRST
Then Work on Task Attempt
Connect

- 1st – Visually
- 2nd – Verbally
- 3rd – Physically
- 4th – Emotionally
- 5th – Personally – Individually - Spiritually

To Connect

Use the Positive Physical Approach

Human Beings Have THREE Zones of Awareness of Others

- Public Space – 6 ft away or more
- Personal Space – 6 ft to arm’s length
- Intimate Space – within arm’s reach

Typical Use of Space

- Public Space - Visual Interactions & Awareness
- Personal Space – Conversations & Friendship
- Intimate Space – Intense Physical Closeness

Your Approach

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

When to Use This Approach

- When you have been called in BUT there is not an ‘immediate’ danger situation BUT there is ‘risk’
- When the person is ‘misunderstanding’
- When the person is scared or disoriented
- When a ‘lost person’ is found
- When a caregiver is having ‘trouble’
Get the Person to DO something

- Introduce self and get name...
  - “Hi, I’m _____, and you are????
  - This helps you get connected & see if info is correct without stressing the person
- Offer simple, short info about situation
  - “It sounds like you are _____ (give an emotion you think the person may be experiencing).
  - PAUSE
  - “I want to ask you a few questions to help....”
  - This gives orienting info about what is happening and sets the interaction up

Positive Physical Approach™
(PPA™)

To the tune of Amazing Grace
Come to the front, Get low
Get to the side, Get low
Offer your hand, Call out their name
Then wait.....
If you will try, then you will see
How different life can be
For those you’re car-ing for.

For ALL Communication

If what you are trying is NOT working...
- STOP
- Back off
- THINK IT THROUGH...
- Then, re-approach
- And try something slightly different

Gems® Dementia Abilities
Based on Allen Cognitive Levels

- A Cognitive Disability Theory – OT based
- Creates a common language and approach to providing:
  - Environmental support
  - Caregiver 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

Why Teepa Created the GEMS®

- There are three systems – all use numbers
- Each has value – together confusing
- People are not numbers
- Until we begin to see the beauty and value in what the person is at this point in time – we will never care for them as we should
- Gems are precious and unique – common language and characteristics
How Do the GEMS® Help?

- Use familiar concepts to talk about a difficult subject.
- Focus on what is valued.
- Allow us to get beyond the words – dementia and Alzheimer’s disease.
- Open the door to talking about changes.
- Allow us to speak in a “code” to protect dignity.

Now for the GEMS®…

Sapphires – True Blue – Slower BUT Fine
Diamonds – Repeats & Routines, Cutting
Emeralds – Going – Time Travel – Where?
Ambers – In the moment - Sensations
Rubies – Stop & Go – Big Movements
Pearls – Hidden in a Shell - Immobile

How You Look At Dementia Matters!

- It is NOT all about loss
- It is NOT “untreatable”
- It is NOT unpredictable
- Behaviors DON’T come out of nowhere
- Dementia DOESN’T just affect the person with the disease – it impacts all of us

Care Partners Need To...

- Take care of yourself
- Understand the symptoms and progression
- Build skill in support and caregiving
- Build skill in communication and interactions
- Understand ‘the condition’ of brain change
- Identify and utilize local resources
- Set limits for yourself

Dementia Can Be Treated

- With knowledge
- With skill building
- With commitment
- With flexibility
- With practice
- With support
- With compassion

People living with dementia need care partners to think about and act on what they want, need, and think.

Watch and Observe

- What they show you- how they look
- What they say – how they sound
- What they do – physical reactions
Goal for today!

- You will see the value in evaluating and identifying resource needs
- Have a better understanding of the five sensory input and processing systems and the dominant role of vision
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- The value of Positive Physical Approach™, Hand under Hand™ and GEMS®