

PAC TRAINING™

The logo for PAC TRAINING features the letters 'PAC' in a large, dark blue, sans-serif font. To the right of the 'C' is a stylized graphic of two human figures in dark blue, holding hands. Below 'PAC' is the word 'TRAINING' in a green, serif font, followed by a trademark symbol (TM).

Positive™
Approach
to Care

The logo for Positive Approach to Care consists of the words 'Positive', 'Approach', and 'to Care' stacked vertically. 'Positive' is in a blue, sans-serif font with a trademark symbol. 'Approach' is in a green, serif font. 'to Care' is in a smaller green, serif font. A stylized graphic of a brain and a feather is positioned behind the word 'Approach'.

Recommended Slides for Workshop A

Normal Aging (1 hour)

Not Normal Aging (1 hour)

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.

Auditory Data



- **What do we often do wrong?**

Care partners like to talk.

The person with dementia is focused on how we look visually and they are not processing the content.

Make a Note



- No touching until you've done a visual/ verbal
- Don't do **“to”** someone...do **“with”** someone
- Dementia robs skill before robbing strength
- Use “hand under hand” to support



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

REALIZE ...



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

Dementia: What is It?



- It is BOTH
 - a chemical change in the brain
- AND
 - a structural change in the brain
- This means...
 - It may come and go.
 - “Sometimes they can and sometimes they can’t.”

Dementia: What Changes

- Structural changes –permanent
 - Cells are shrinking and dying
- Chemical changes - variable
 - ✓ Cells are producing and sending less chemicals
 - ✓ Can ‘shine’ when least expected – chemical rush



Dementia Equals...



Brain Failure

The person's brain is dying



DEMENTIA
does not =
Alzheimer's
does not =
“Memory Problems”

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





DEMENTIA

Alzheimer's Disease

- *Young Onset*
- *Late Life Onset*

Vascular Dementias (Multi-infarct)

Lewy Body Dementia

Fronto-Temporal Lobe Dementias

Other Dementias

- Genetic syndromes
- Metabolic pxs
- ETOH related
- Drugs/toxin exposure
- White matter diseases
- Mass effects
- Depression(?) or Other Mental conditions
- Infections – BBB cross
- Parkinson's

Alzheimer' s



- New information is lost
- Recent memory worsens
- Problems with word finding
- May misspeak
- Will become more impulsive and indecisive
- Gets lost
- Changes are noticeable every 6-12 months
- Typically lasts 8-12 years

Mild Cognitive Impairment



- MCI is the beginning of a not-normal condition
 - ✓ Memory
 - ✓ Language
 - ✓ Behavior
 - ✓ Motor skills
- Not life altering, BUT definitely different...

Is MCI always Dementia?



- Could be a form of DEMENTIA
- Symptom of another health condition
- Medication side-effect
- Hearing loss or vision loss
- Depression
- Delirium
- Pain-related

Mimics of Dementia Symptoms



•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



If You Notice Changes...

- You Should
 - ✓ Get an assessment
 - ✓ Go see the doctor

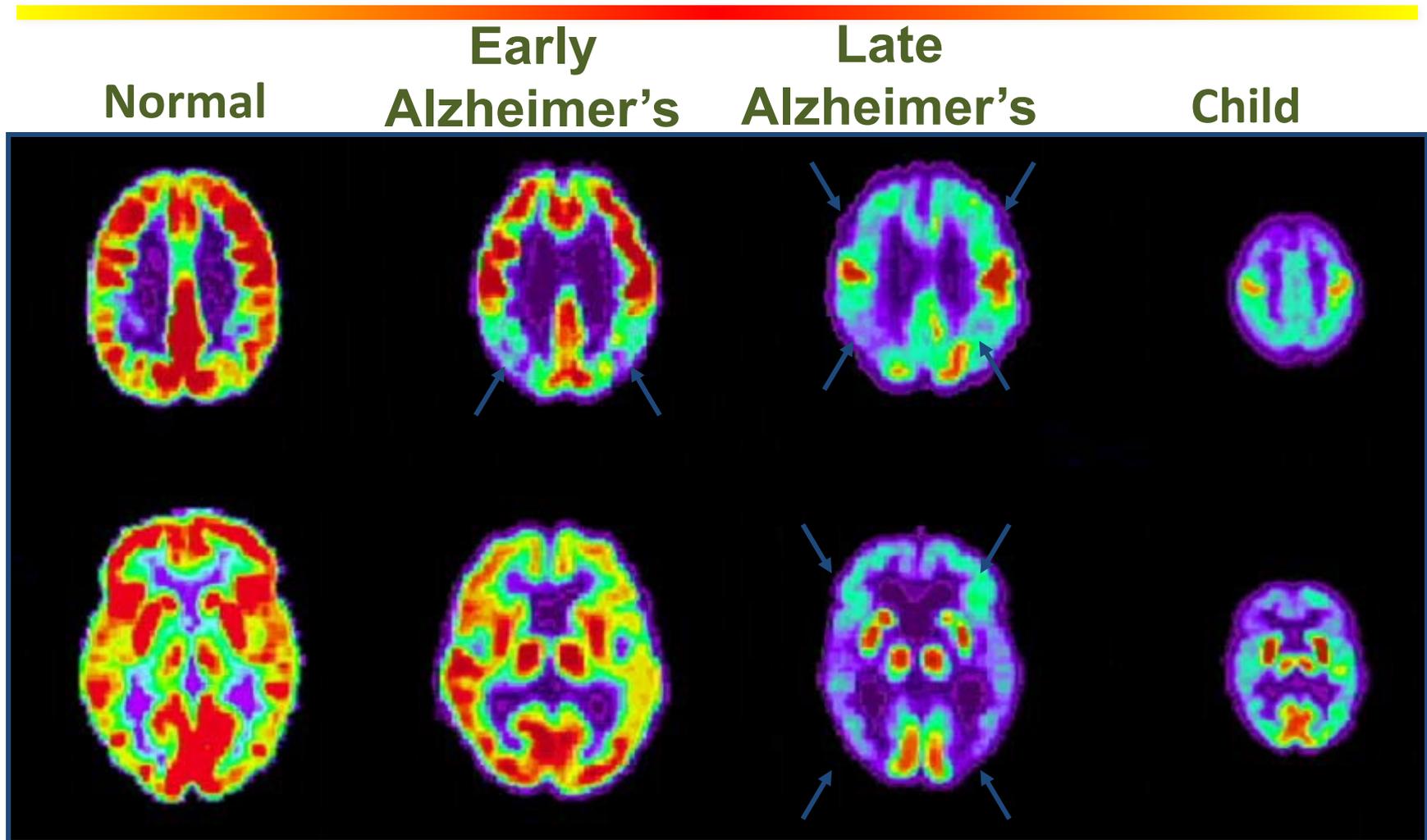
Dementia...



- It changes everything over time
- It is NOT something a person can control
- It is NOT the same for every person
- It is NOT a mental illness
- It is real
- It is very hard at times

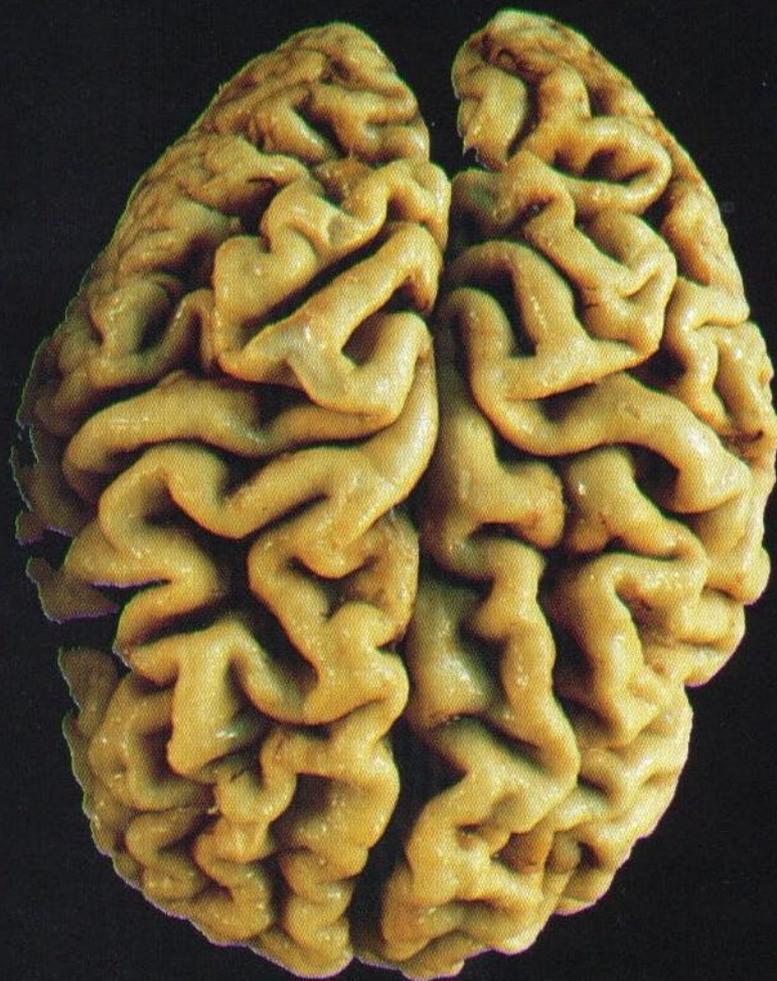
Positron Emission Tomography (PET)

Alzheimer's Disease Progression vs. Normal Brains





Normal Brain

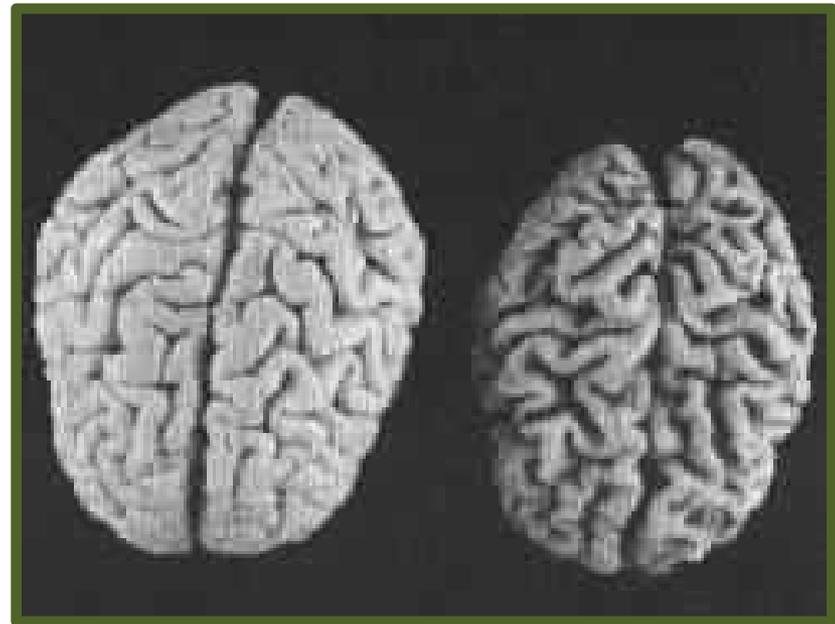


Alzheimer's Brain

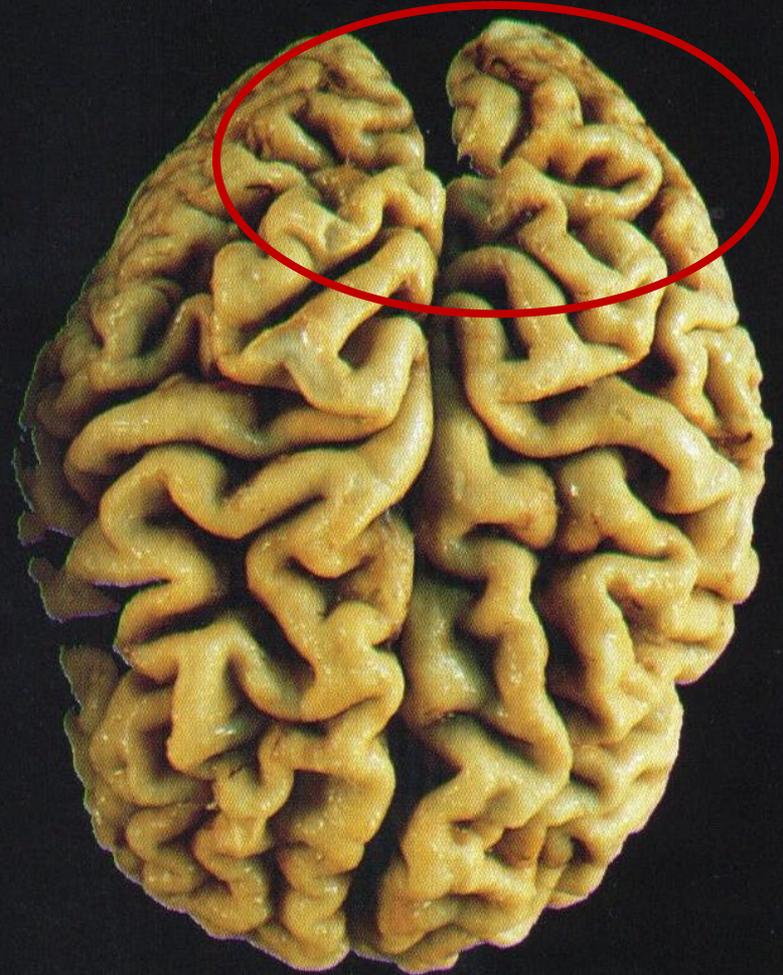
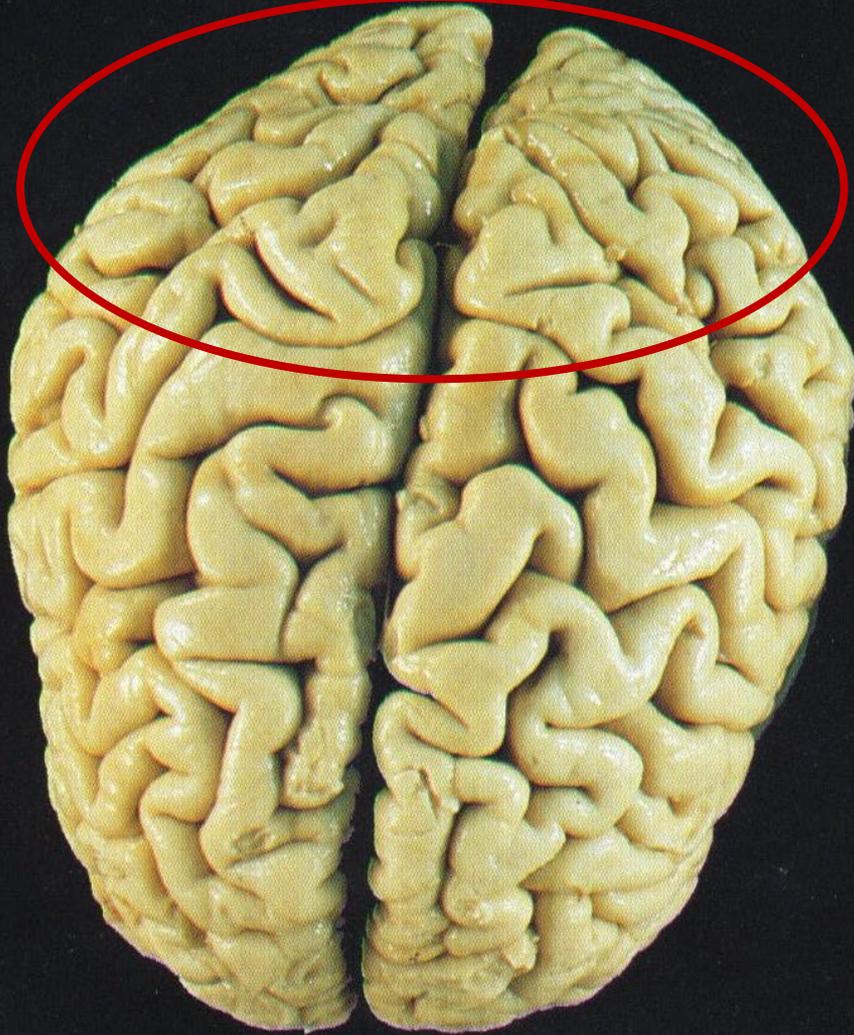


Brain Atrophy

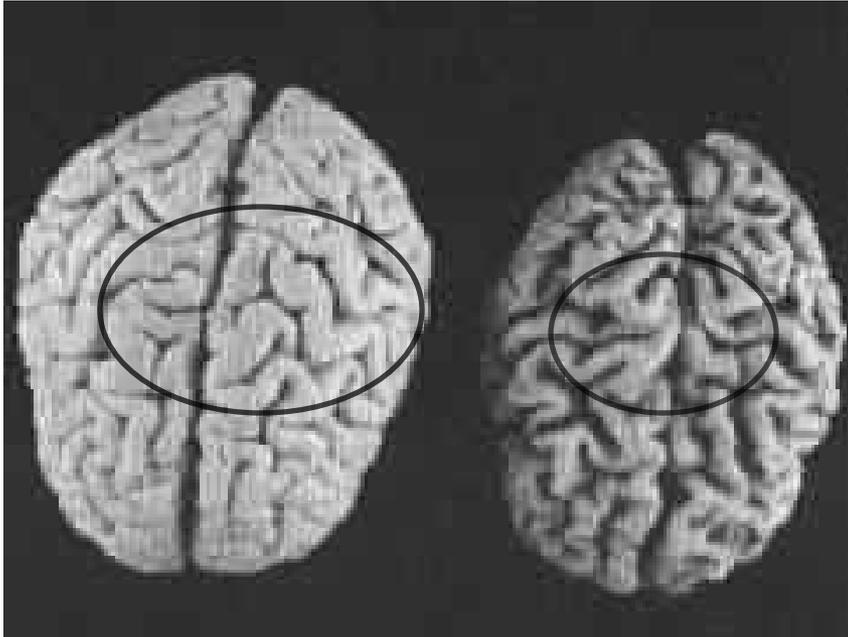
- The brain actually shrinks
- Cells wither then die
- Abilities are lost
- With Alzheimer's area of loss is fairly predictable
- BUT the experience is individual...



Vision Center – BIG CHANGES



Vision

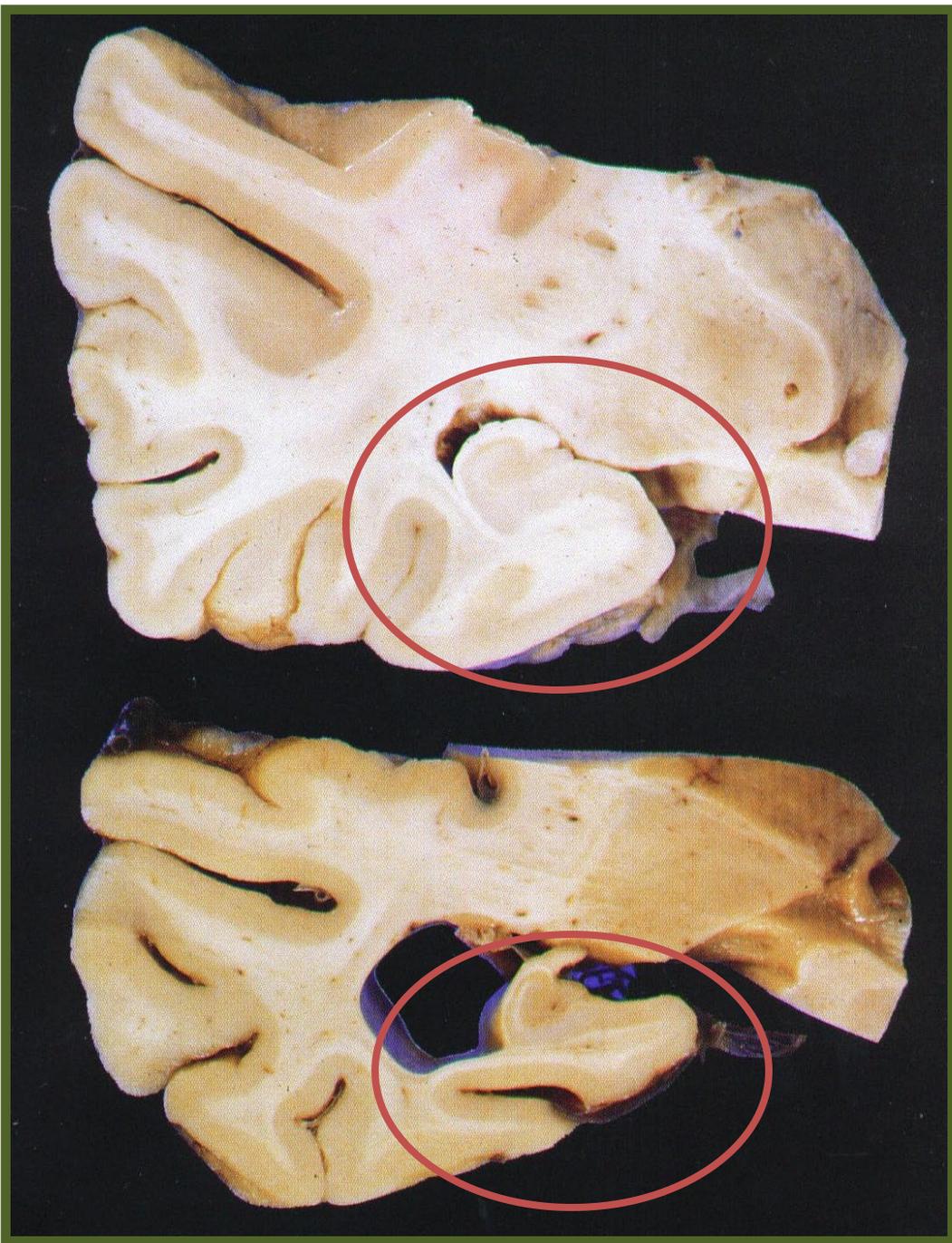


Losses

- 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



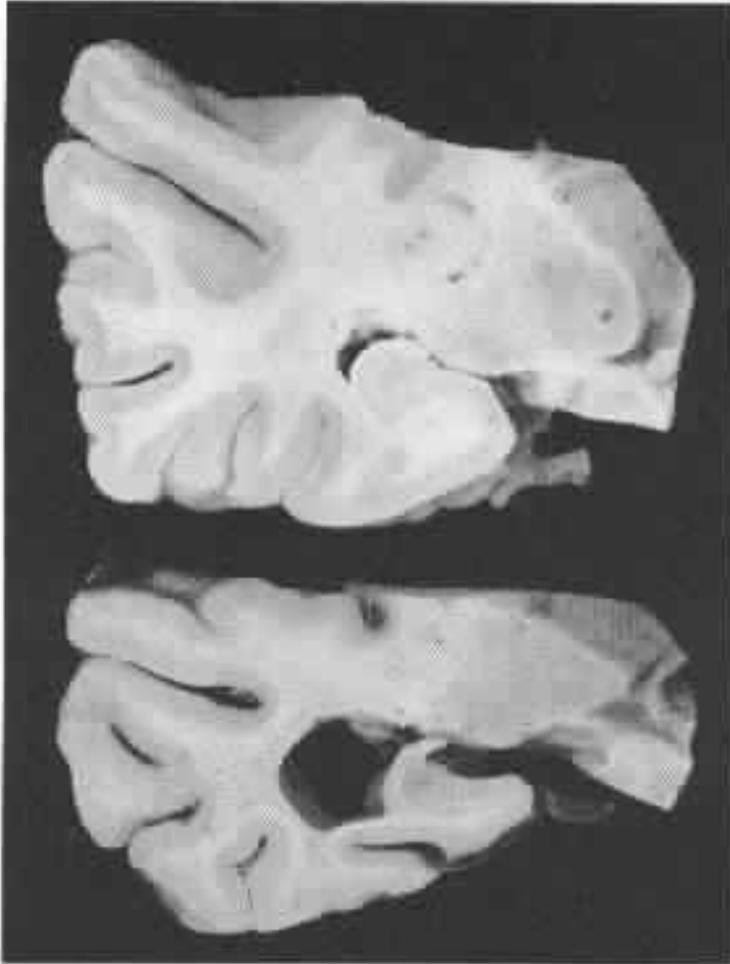
• Learning & Memory Center

• Hippocampus
BIG CHANGE

Memory Loss



Normal



Alzheimer

Loss

- Immediate recall
- Attention to selected info
- Recent events
- Relationships

Preserved Ability

- Long ago memories
- Confabulation!
- Emotional memories
- Motor memories

Understanding Language – BIG CHANGE



Hearing of Sound – Not Changed



Understanding

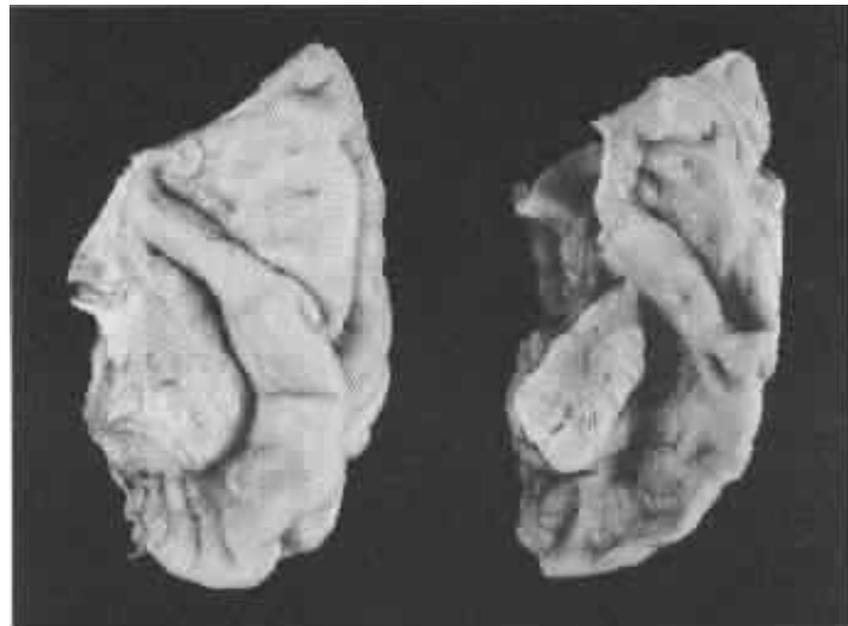


Loss

- 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

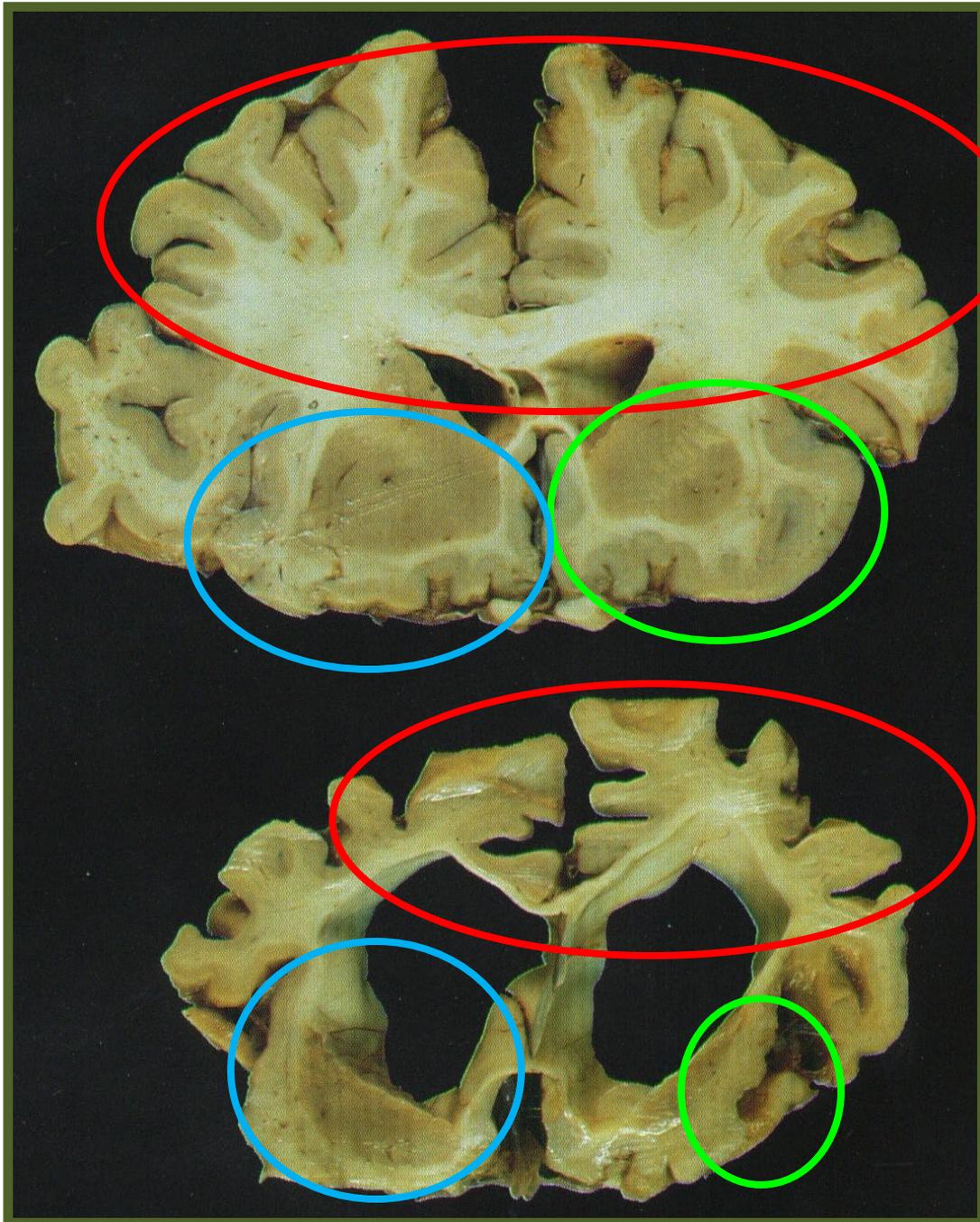


Normal

Alzheimer



**Executive
Control
Center**
Emotions
Behavior
Judgment
Reasoning



Sensory Strip
Motor Strip
White Matter
Connections
BIG CHANGES

Automatic Speech
Rhythm – Music
Expletives
PRESERVED

Formal Speech &
Language
Center
HUGE CHANGES



Sensory Changes

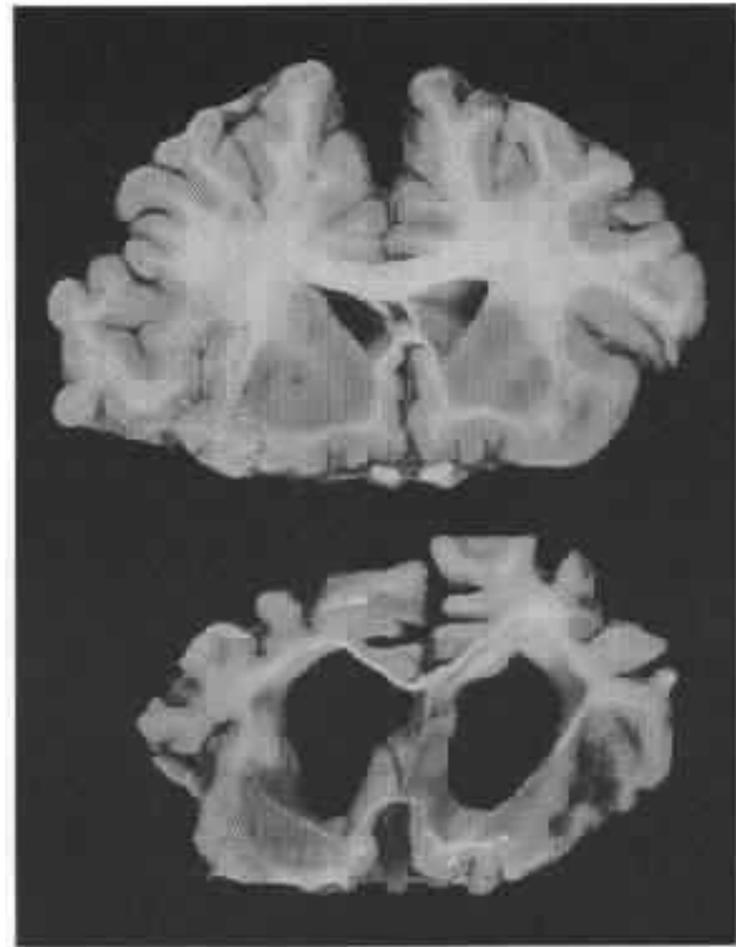
Loss

- 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

Normal



Alzheimer

Self-Care Changes



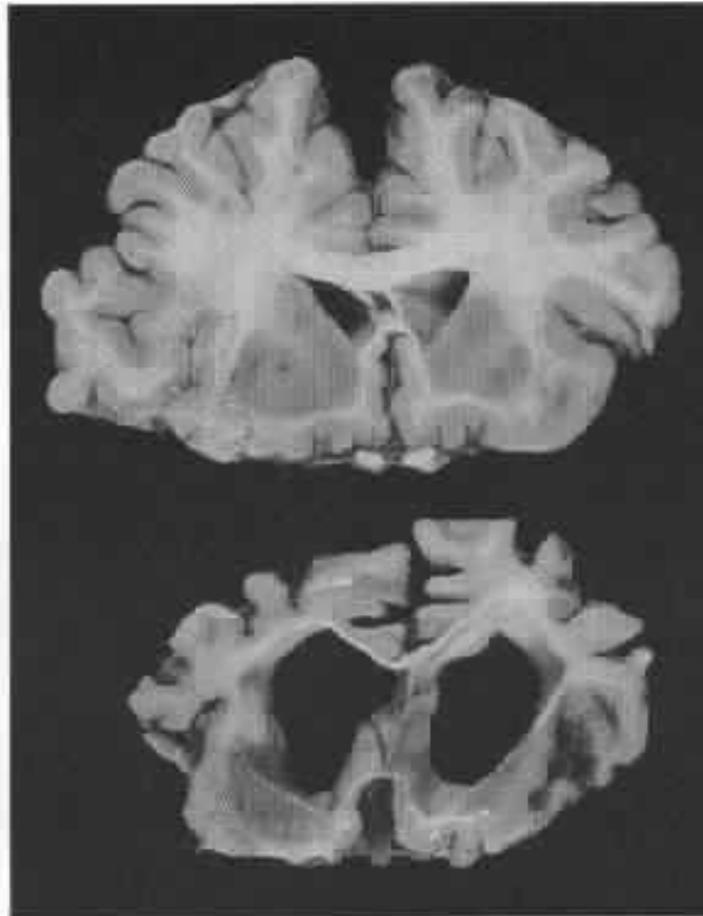
Loss

- initiation & termination
- tool manipulation
- sequencing

Preserved Ability

- motions and actions
- the doing part
- cued activity

Normal

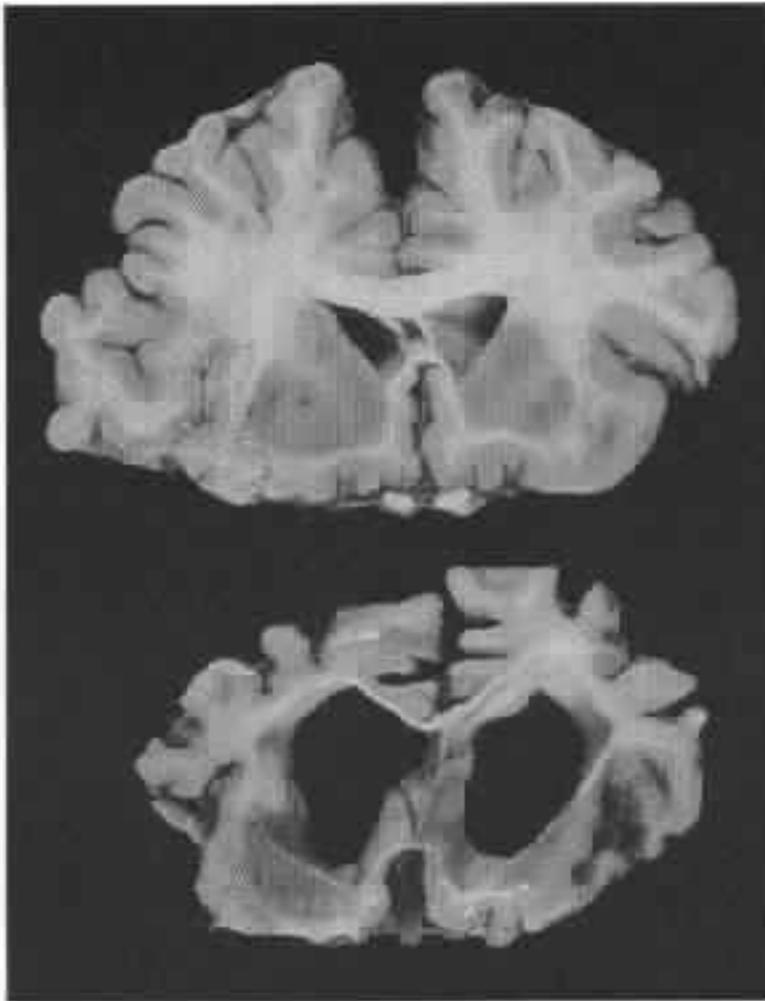


Alzheimer

Language



Normal



Alzheimer

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

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



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



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

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



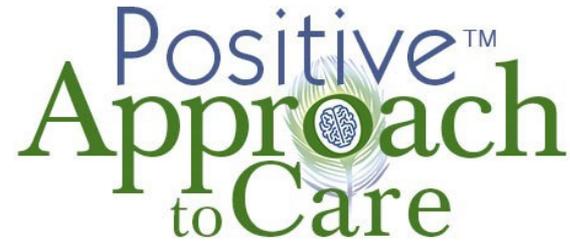
Gem Dementia Abilities

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



- **Sapphires – True Blue – Slower BUT Fine**
- **Diamonds – Repeats & Routines, Cutting**
- **Emeralds – Going – Time Travel – Where?**
- **Ambers – In the moment - Sensations**
- **Rubies – Stop & Go – No Fine Control**
- **Pearls – Hidden in a Shell - Immobile**



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