

# PAC Resource Cards

Thank you for purchasing an In-Service Learning Kit or enrolling in an Online Group Learning Module with Positive Approach to Care (collectively a "PAC Course"). Your PAC Course includes a digital pdf sample version of our PAC Resource Cards. These helpful Resource Cards were originally developed as a tool for our PAC certified community only, but they are now available to all in our online store at [www.teepasnow.com/product/pac-resource-cards](http://www.teepasnow.com/product/pac-resource-cards).

**The digital sample of these cards is provided for use by your staff in conjunction with this PAC Course only. They may be printed on 8.5 x 11 paper and distributed internally for that purpose. We hope you find the print outs useful for internal education purposes, but if you intend to use the cards for general staff education or training, support groups, or any other business purpose, we recommend and kindly ask that you purchase the physical cards for your organization.**

Our Resource Cards are brightly colored and are printed on 8.5 x 5.5-inch double-sided glossy cardstock. They are reasonably priced and sold in packs of 25 of the same card. They are perfect for providing your staff with a quick and handy referral tool to use during their interactions with people living with dementia. They also reinforce the learning that your staff gains through completing the PAC Course.

Much time, effort, and knowledge went into the creation of the Resource Cards, and the revenue they generate allows PAC to continue our mission of changing dementia care culture.

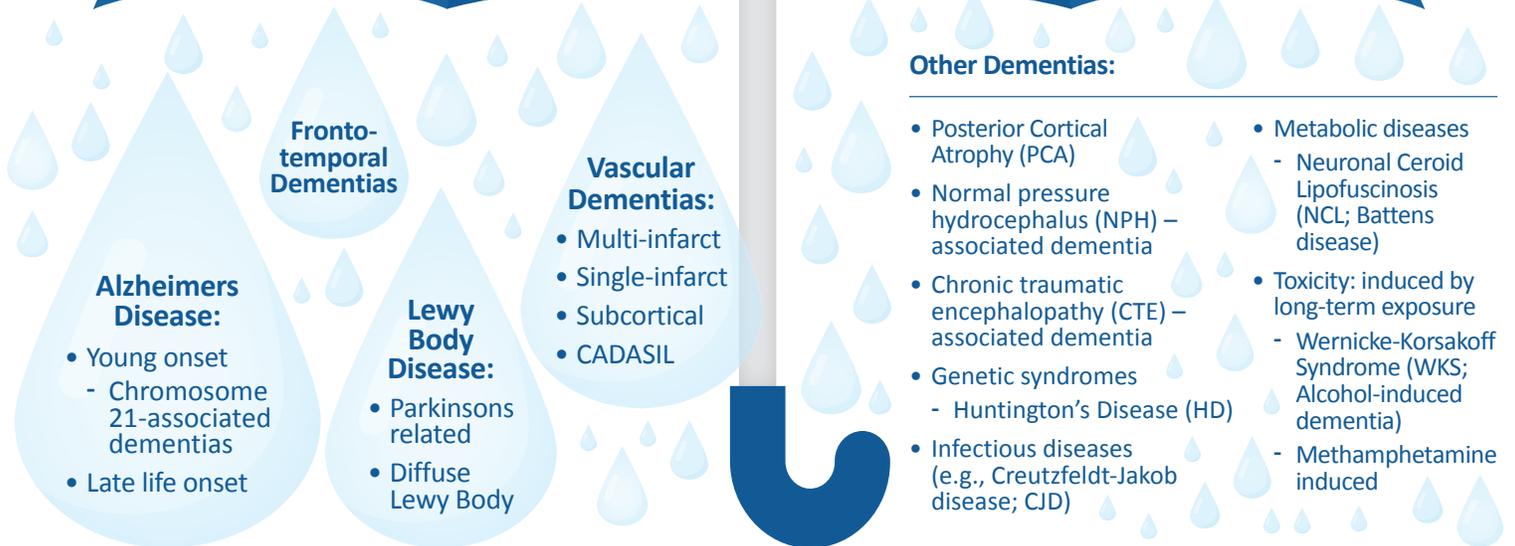
In the event it is discovered that an individual or organization is printing and using the sample cards for business purposes other than those allowed herein, we will request that you immediately refrain from such use until a card purchase is completed. We thank you in advance for your cooperation.



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[www.teepasnow.com/product/pac-resource-cards](http://www.teepasnow.com/product/pac-resource-cards)

# Dementia



## Fronto-temporal Dementias

### Alzheimers Disease:

- Young onset
- Chromosome 21-associated dementias
- Late life onset

### Lewy Body Disease:

- Parkinsons related
- Diffuse Lewy Body

### Vascular Dementias:

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

### Other Dementias:

- Posterior Cortical Atrophy (PCA)
- Normal pressure hydrocephalus (NPH) – associated dementia
- Chronic traumatic encephalopathy (CTE) – associated dementia
- Genetic syndromes
  - Huntington’s Disease (HD)
- Infectious diseases (e.g., Creutzfeldt-Jakob disease; CJD)
- Metabolic diseases
  - Neuronal Ceroid Lipofuscinosis (NCL; Batters disease)
- Toxicity: induced by long-term exposure
  - Wernicke-Korsakoff Syndrome (WKS; Alcohol-induced dementia)
  - Methamphetamine induced

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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



# The GEMS State Model



The Positive Approach to Care GEMS® State Model was created to help us see the retained abilities of a person living with dementia (PLwD). An individual's GEMS state indicates retained skill in combination with missing function, so that support and cueing will foster engagement and participation rather than isolation and dysfunction. In dementia, there are not static stages or levels of lost abilities. A PLwD will experience a variety of GEMS states throughout each day and over time. Recognizing the GEMS state allows us to engage in an appropriate manner and helps the PLwD shine, just as they are in that moment.



## Sapphire

True blue  
Healthy brain  
Normal aging  
Flexible  
Adaptable  
Optimal cognition  
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  
Can cut and shine

Scuba vision



## Emerald

Green  
On the go with purpose  
Flawed  
Seeks independence or connections  
Repeats  
Misses details  
Travels in time and place

Binocular vision



## Amber

Orange  
Caught in a moment of time  
More curious than cautious  
Focused on sensory needs  
Lives in the moment  
Copies actions, not tasks  
Resists dislikes, seeks likes

Can confuse objects



## Ruby

Strong red  
Retains strength, not skills  
Big/strong actions  
Has rhythm  
Notices tone of voice  
In motion or still  
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  
Can recognize familiar and liked

Limited visual regard

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### What can I do to support this person living with dementia (PLwD) in their GEMS state?

Based on what you **observe** of their GEMS state, choose *your response* from the skills below to support.

My Skills	Sapphire	Diamond	Emerald	Amber	Ruby	Pearl
<b>Responding to Their Vision</b>	Greet, stay in visual field when interacting, use supportive stance (body to the side, face toward person)	Get visual attention, respect space/distance preferences, use directional signs and labels	Offer familiar gestures, use supportive stance, limit complex cues, present items for use in their center field of vision only	Show items, then gesture use. Point to direct attention. Eliminate items that could cause harm, but offer substitutions	Offer greeting matching speed, allow time to visually explore objects and you. One item/cue at a time. Exaggerate	Seek gaze by placing face in central field. Place objects within arm's length, first use gestures to show actions
<b>Responding to Their Language</b>	Ask permission to reduce background noise or change locations. Summarize or ask questions to confirm	Connect before sharing info. Acknowledge preferences and emotions. Empathize – Confirm their emotional state and then say "I'm Sorry"	Use preferred name, reflect key message they gave. Keep answers short/concrete. Pair words with gesture or object. Slow down, use pauses, instruct one step at a time	Use familiar greeting or name, smile or reflect their expression to acknowledge. Use only 2 or 3 words at a time. Pair words with gesture or object. Reinforce efforts (Good!; Keep going)	Use facial expression with greeting. Pair single word with gesture or object. Use song, counting, or rhythm to initiate or transition. Use vocal rhythm to change pace	Deepen your voice, slow your speech, use sounds (Ooh! Ummm) or single words (Good. Drink?), then combine motions with your words
<b>Touching a Person</b>	Shake hands, respect personal space preferences, get permission to touch	Shake hands, respect personal space preferences, get permission to touch. If showing distress – comforting hug or touch, only with permission	Use handshake greeting to note touch tolerance, use Hand-under-Hand (HuH)* clasp when helping in intimate space, offer objects held the direction the PLwD would hold/use them	Get visual and verbal permission, then touch at the hand first. To get started, use HuH to guide and direct. Offer substitutions- do not just take something away	Offer hand, wait for regard, move into HuH when greeting, place other hand on shoulder or joint when assisting. Use HuH for support, tasks, guiding	To reduce distress, move one hand at a time; other hand connect with shoulder or joint. For all care: slow, flat, solid touch. Extending limbs will cause harm
<b>Getting a Person to Move/Do Something</b>	Seek partnership. Ask for their support/help. Acknowledge pain or discomfort before acting	Appreciate their skill or background: ask for their help, allow time, and offer options to watch, supervise, or do	Consider staying at edge of public space and gesturing with energy your desire for them to get up and join you, bring a prop to see	Demo what to do, at arm's length in central visual field, then offer the object or use HuH to begin. Use gestures to signal getting up, after arising yourself	Say their name, do what you want them to do, then use single words only. Guide movement to help them begin, re-cue if needed	Greet, pause. Use counting or emphasis to help the person to know what is going to happen. Go SLOW, pause, watch for discomfort

### \* Hand-under-Hand Techniques

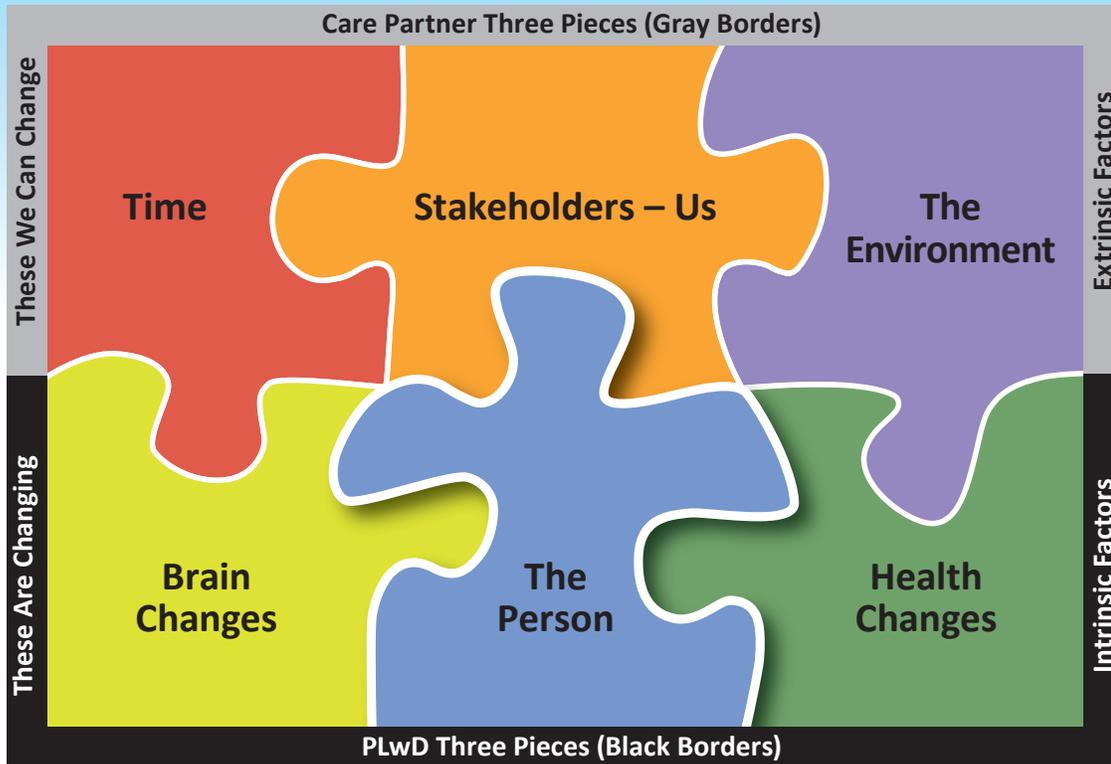


Hand-under-Hand® Positive Approach<sup>physical</sup>™

Learn more about Hand-under-Hand and other supporting techniques with videos and resources at [www.TeepaSnow.com](http://www.TeepaSnow.com).

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# Six Pieces of the Puzzle



- Life is challenging for a person living with dementia (PLwD).
- Figuring out causes for distress and what helps is critical.
- Using six categories organizes our investigation, and keeps us focused and alert.
- **Extrinsic** factors are easier to change than **Intrinsic** factors that are already changing.
- Supporting the PLwD by using what is possible is the goal!



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

<p style="text-align: center;"><b>Time</b></p> <p><b>Time Awareness</b></p> <ul style="list-style-type: none"> <li>• Where in life</li> <li>• Time of day</li> <li>• Passage of time</li> </ul> <p><b>Balance in Four Categories</b></p> <ul style="list-style-type: none"> <li>• Productive: Gives value</li> <li>• Leisure: Fun – playful</li> <li>• Wellness and self care</li> <li>• Restorative: calm – recharge</li> </ul> <p><b>Wait Time vs. Engagement in Life Time</b></p>	<p style="text-align: center;"><b>Stakeholders – Us</b></p> <p><b>Care Partner and Others Around</b></p> <ul style="list-style-type: none"> <li>• History – background</li> <li>• Awareness</li> <li>• Knowledge</li> <li>• Skills</li> <li>• Competence</li> <li>• Relationship(s)</li> <li>• Agenda(s)</li> </ul>	<p style="text-align: center;"><b>The Environment</b></p> <p><b>Explore the Four Fs</b></p> <ul style="list-style-type: none"> <li>• Friendly</li> <li>• Familiar</li> <li>• Functional</li> <li>• Forgiving</li> </ul> <p><b>Explore the Four Ss</b></p> <ul style="list-style-type: none"> <li>• Space (<i>intimate, personal, public</i>)</li> <li>• Sensations (<i>see, hear, feel, smell, taste</i>)</li> <li>• Surface to Surface Contact (<i>clothing on body, water on skin</i>)</li> <li>• Social (<i>people, activity, role, expectations</i>)</li> </ul>
<p style="text-align: center;"><b>Brain Changes</b></p> <p><b>Dementia</b></p> <ul style="list-style-type: none"> <li>• Type(s)</li> <li>• Awareness of changes?</li> </ul> <p><b>Delirium? Depression or Anxiety?</b></p> <p><b>GEMS State(s)</b></p> <ul style="list-style-type: none"> <li>• Changed abilities</li> <li>• Retained abilities</li> <li>• Variability</li> <li>• Onset and duration</li> </ul>	<p style="text-align: center;"><b>The Person</b></p> <p><b>Past and Present</b></p> <ul style="list-style-type: none"> <li>• Life story – history</li> <li>• Personality traits</li> <li>• Preferences – likes/dislikes</li> <li>• Key values</li> <li>• Joys and traumas</li> <li>• Roles – Watch-Talk-Do</li> <li>• Notable positive changes?</li> <li>• Notable negative changes?</li> </ul>	<p style="text-align: center;"><b>Health Changes</b></p> <p><b>Health Conditions and Physical Fitness</b></p> <ul style="list-style-type: none"> <li>• Fuel and fluids</li> <li>• Meds and supplements</li> <li>• Emotional and psychological condition</li> <li>• Sensory systems function</li> <li>• Health beliefs of note</li> <li>• Recent changes                     <ul style="list-style-type: none"> <li>– Acute episode of illness</li> <li>– New/worsening chronic illness</li> </ul> </li> </ul>

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

# PPA Resource Card



## 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*



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## PPC & PAS Resource Card

### Positive Personal Connections (PPC)

Now that you are in using your PPA, take time to **Connect**:

- **Greet** – Introduce yourself and use their preferred name  
*"Hi (preferred name), I'm (your name)." OR "I'm (your name), and you are?"*
- **Compliment** – Indicate something about them of value  
*"You are looking really colorful today!"*
- **Share** – First about you, then leave a blank  
*"I'm from (state) and you're from?"*
- **Notice** – Point out something in the environment  
*"You must love (item) seeing how well you care for it."*
- **Seek** – Explore a possible unmet like, want, or need  
*"It's a bit chilly in here, a hot drink would be nice. Do you prefer coffee or tea?"*

### Positive Action Starters (PAS)

After you have taken time to connect, get **Started**:

- **Help** – Be sure to compliment his or her skill in this area, then ask for help with something  
*"You are so good at \_\_\_\_, would you please help me?"*
- **Try** – Hold up or point to the item you would like to use, possibly sharing in the dislike of the item or task  
*"Could we try this?"*
- **Choice** – Try using visual cues to offer two possibilities or one choice with something else as the other option  
*"This or that?"*
- **Short and Simple** – Give only the first piece of information, maybe offer a time frame of 1-5 minutes  
*"It's about time to (first task)"*
- **Step by Step** – Only give a small part of the task at first  
*"Lean forward."*