

# Positive Approach® to Enhancing Dementia Care



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## Speaker Disclosures

Beth Nolan is the Director of Research and  
Policy for Positive Approach® LLC



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# Objectives:

1. Symptoms of dementia that impact care initiation and care provision with regard to what is retained and what is lost in the brain in dementia
2. Demonstrate common communication & approach modifications by level of dementia including
  - Care Partnering PPA™ to approach and connect
  - HUH™ to guide and assist



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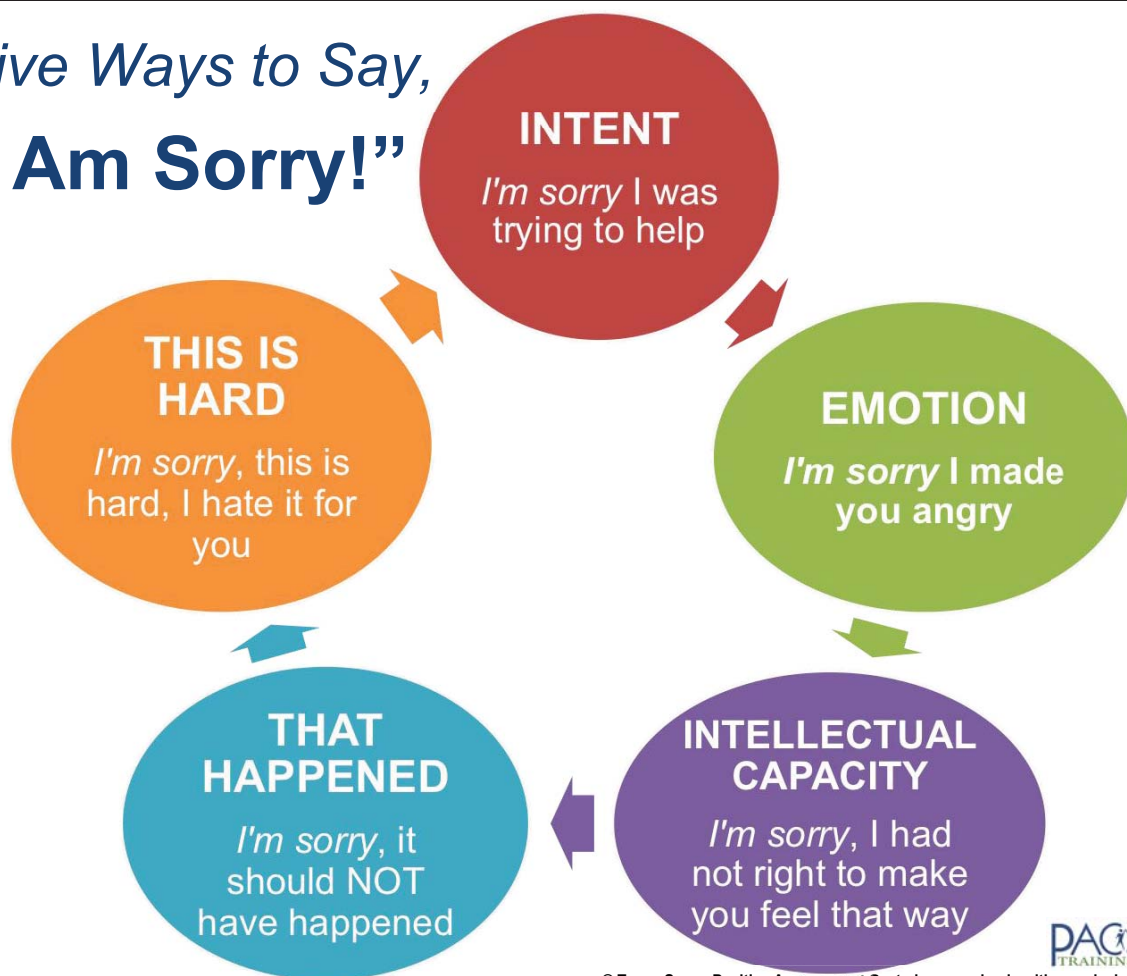
## *It Takes TWO to Tango ... or Tangle...*

- The relationship is MOST critical  
NOT the outcome of one encounter
- Being 'right' doesn't necessarily  
translate into a good outcome



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## Five Ways to Say, “I Am Sorry!”



5

## Beliefs

- People with Dementia are Doing the BEST they can
- We are a KEY to make life WORTH living
- We must be willing to STOP & BACK OFF—and be willing to change ourselves

# What is Dementia?



## Changing Attitudes through Building Awareness, Knowledge and Skill



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**Alzheimers**



**Normal**

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# Brain Failure

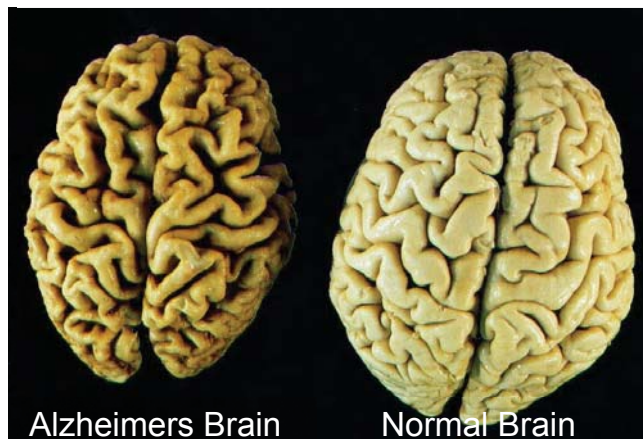
*The person's brain is dying*



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## Four Truths About Dementia

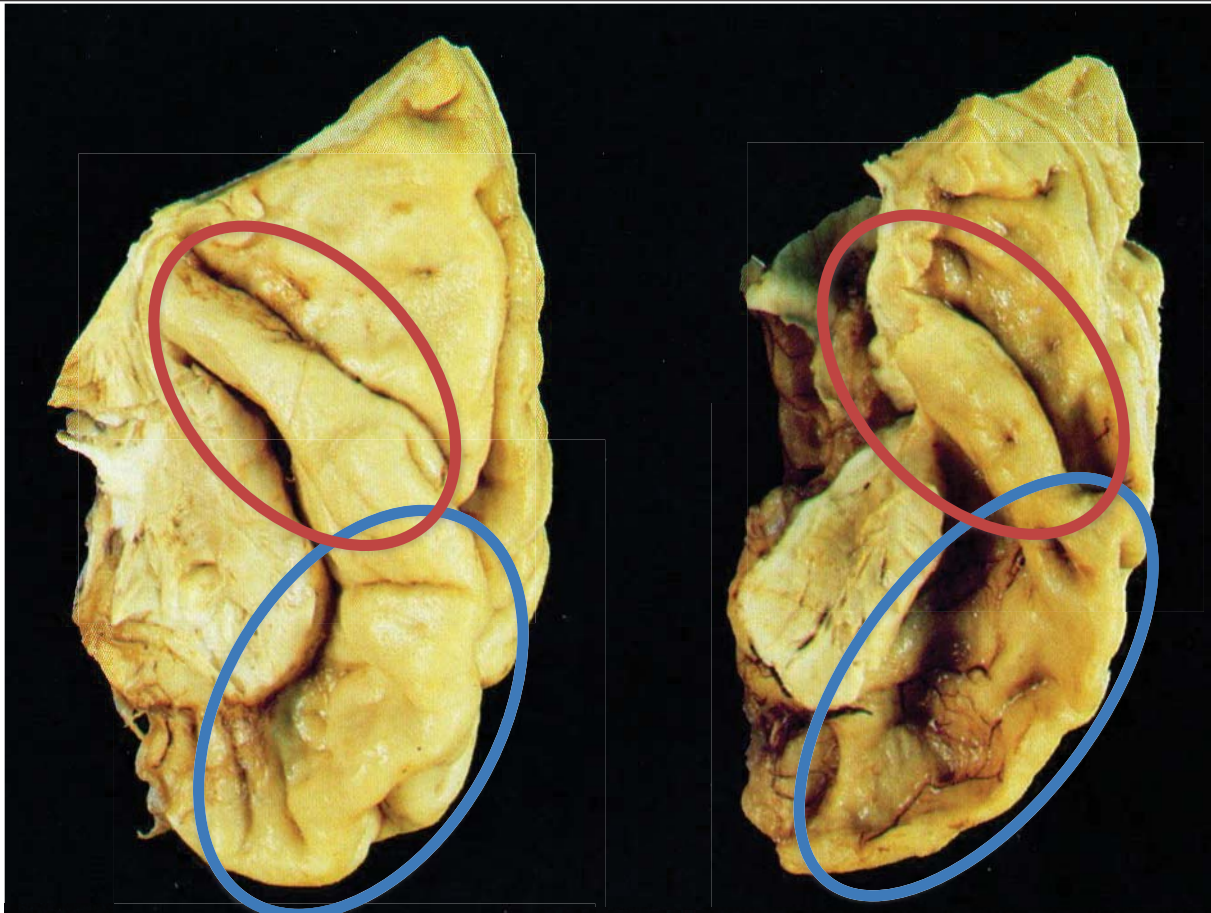
1. At least 2 parts of the brain are dying
2. It is chronic and can't be fixed
3. It is progressive and will get worse
4. It is terminal



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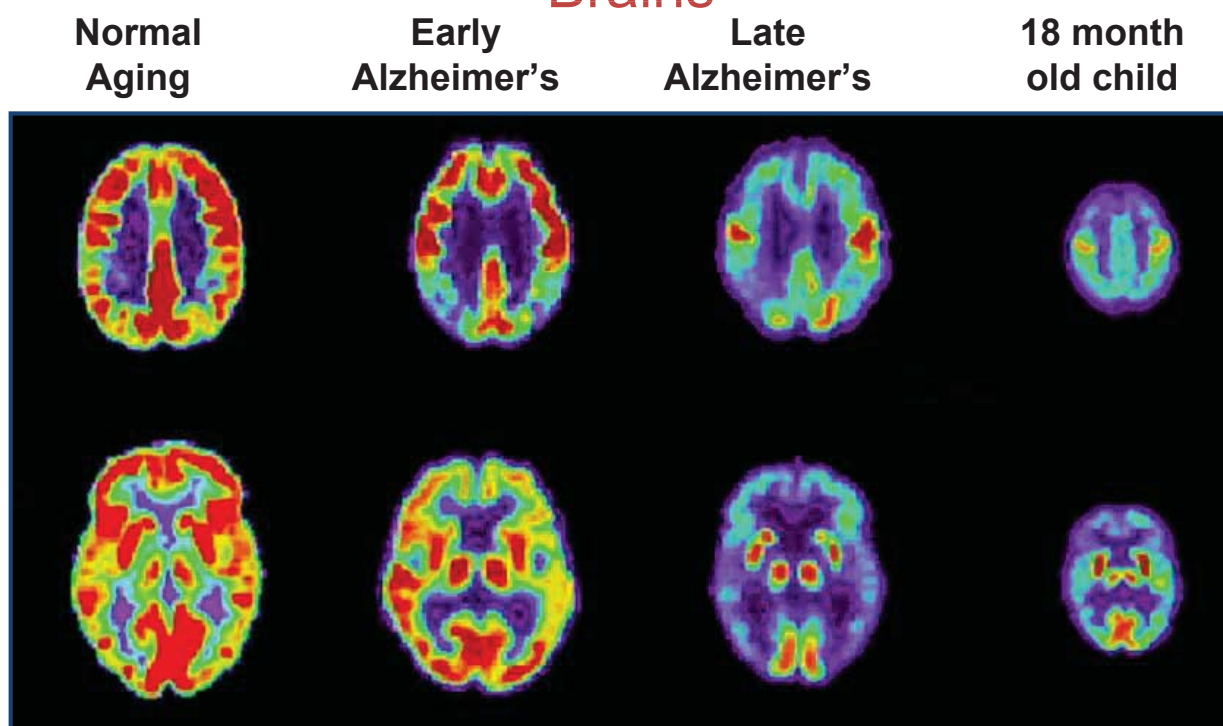


**BIG Language**  
CHANGE

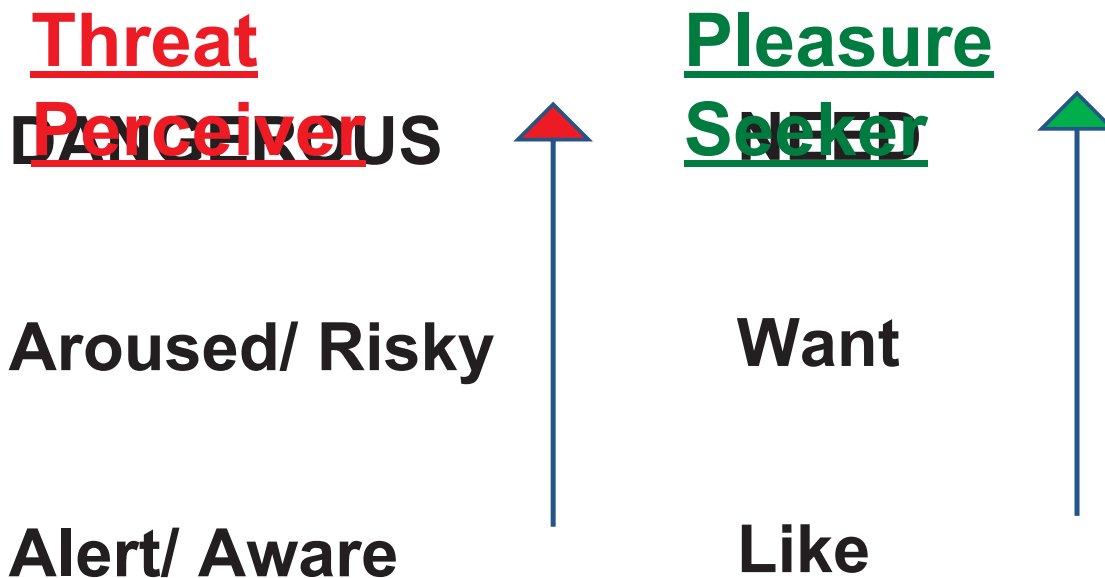
**Hearing Sound –**

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



# Amygdala



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## Primitive Brain is in Charge of:

### Survival –

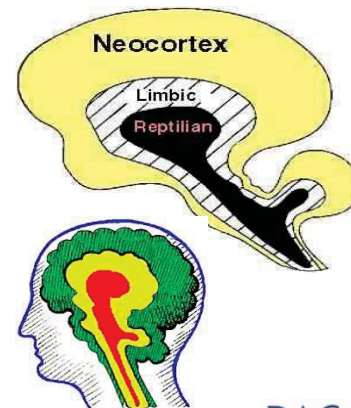
- Autonomic protective – fright, flight, fight + hide or seek
- Pleasure seeking – meeting survival needs & finding joy

### Thriving – Running the Engine

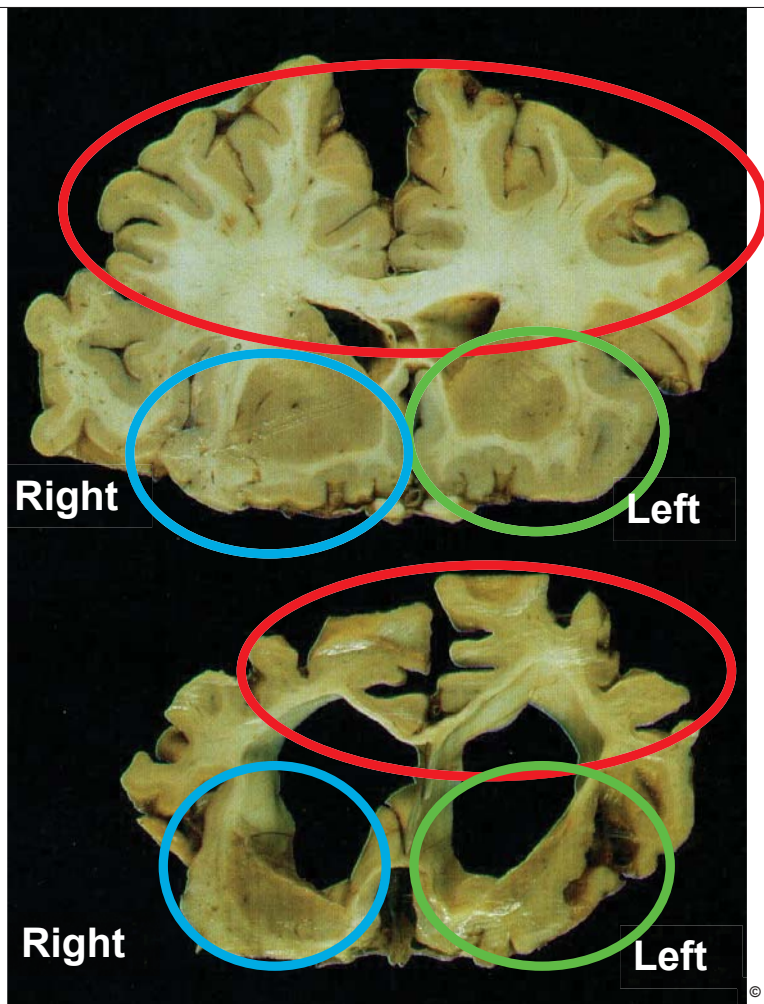
- Maintain vital systems (BP, BS, O<sub>2</sub>sat, Temp, pain)
- Breathe, suck, swallow, digest, void, defecate
- Circadian rhythm
- Infection control

### Learning New and Remembering:

- Information
- Places (spatial orientation)
- Passage of Time (temporal orientation)



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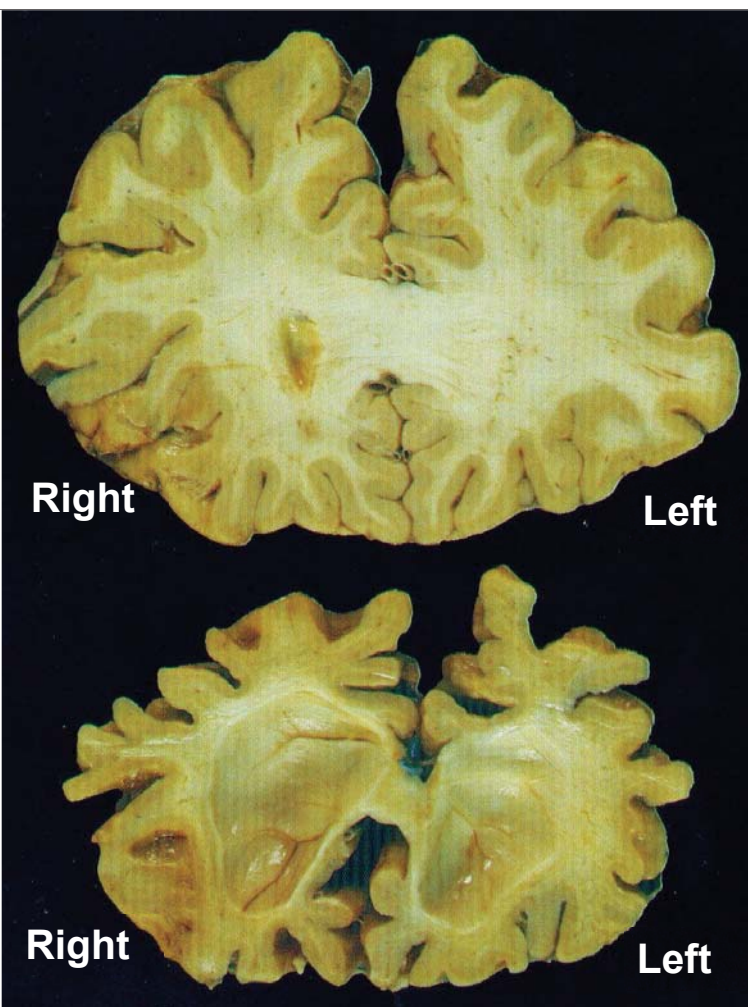
**Sensory Strip**  
**Motor Strip**  
**White Matter**  
**Connections**  
**BIG CHANGES**

**Automatic Speech**  
**Rhythm – Music**  
**Expletives**  
**PRESERVED**

**Formal Speech &**  
**Language**  
**Center**  
**HUGE CHANGES**



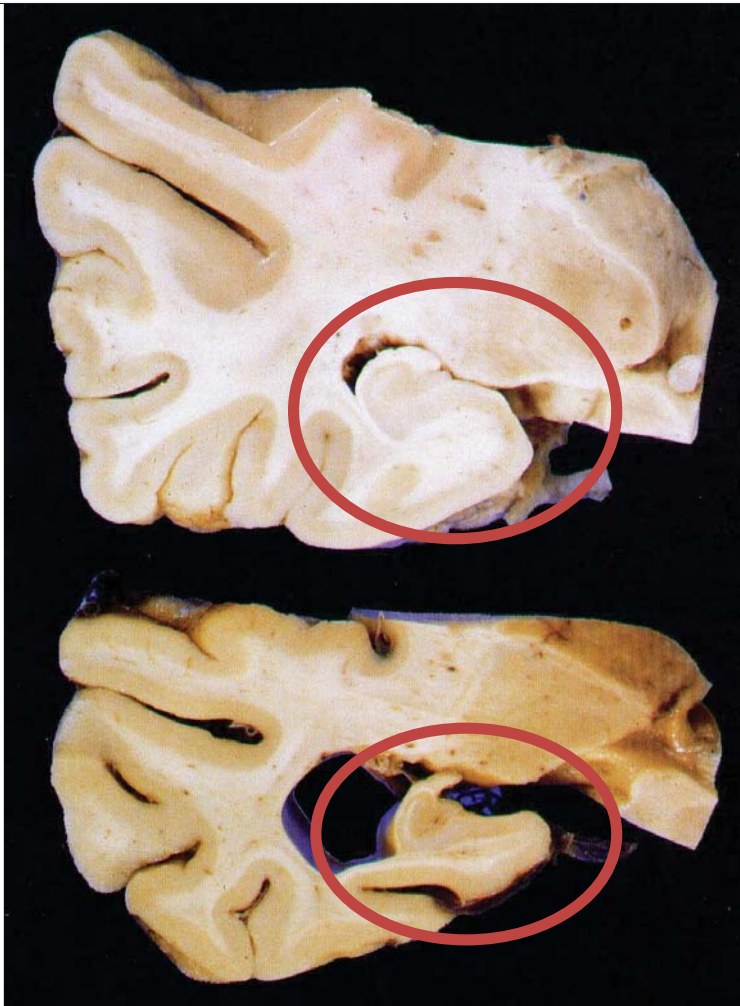
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## **Executive Control Center**

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





## Hippocampus BIG CHANGE

### Learning & Memory Center

- Navigation (Way finding)
- Learning and memory
- Spatial orientation



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## Vision Changes

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



## BIG VISION CHANGES

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



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# 3 Zones Of Human Awareness and the PPA™

## Changing Attitudes through Building Awareness, Knowledge and Skill



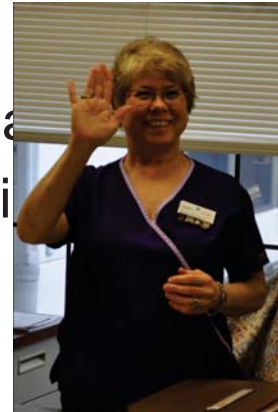
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3 Zones of Human Awareness		3 Ways to We take in Data	
1. Public Space	  	1. Visual	What we see
<ul style="list-style-type: none"> <li>• 6 ft or more away -for awareness</li> </ul>		2. Verbal	What we hear
2. Personal Space		3. Touch	What we touch & feel
<ul style="list-style-type: none"> <li>• 6 ft to arm's length -for conversations</li> </ul>			
3. Intimate Space			
<ul style="list-style-type: none"> <li>• Arm's length or closer -for intense closeness</li> </ul>			

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# Positive Physical Approach™

1. **Stop** moving 6 ft out
2. **Greet:** *Hi* sign (open by face), say name
3. Move hand **into a handshake** position
4. **SLOWLY** come in from the front  
-within visual range (or starts there)
5. Move into **Supportive Stance**
6. Hand shake—move into  
**'Hand-under-Hand®'**
7. Move to side; **Get low** –sits or kneels
8. Make **connection** (wait for their response!)
9. Deliver a message – using V-V-T cues



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# Positive Physical Approach™

1. **Stop** moving 6 ft out
2. **Greet:** *Hi*, by face, say name
3. Move **into a handshake**
4. **SLOWLY** come in from front
5. **Supportive Stance**
6. Move into **HuH®**
7. **Get low**
8. Make **connection** (wait!)
9. Message via V-V-T!



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# If you can't get low, find a chair



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## Step 8: Making that connection

- Make a **Positive Personal Connection**
- Wait for a response or acknowledgement
- Be sure you have a connection before you start your care



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# Hand-Under-Hand™

## To guide and assist



# HUH™



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## Hand-under-Hand™ Assistance

- ✓ Helps assist doing WITH, not for
- ✓ Helps protect their:  
fingers, wrist, arm
- ✓ Helps protect us:  
Gives you cues before a PLWD wants to strike out
- ✓ Gives them something to squeeze/grab onto
- ✓ Helps direct gaze – eye-hand coordination
- ✓ Pressure in the palm is calming



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# Hand-under-Hand™ Assistance

Protects aging, thin, fragile, forearm  
skin



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PAC  
TRAINING™

## High Risk



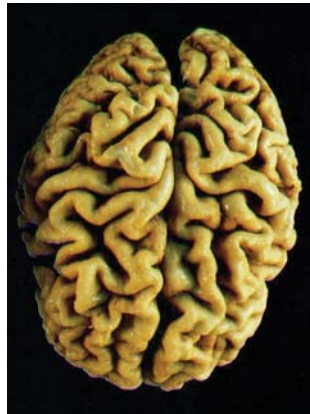
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# With Each Resident...

## Use empathy

## &

## Go with the flow



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## Positive Action Starters

Capitalizing on retained skills to  
enhance communication

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# 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....”*



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## Give SIMPLE INFO

- Visual matched WITH verbal
  - *It’s about time for...* tap your watch/wrist
  - *Let’s go this way.* Point
  - *Here’s your socks.* Hold up their sock
  - *Coffee or tea?* Raise coffee carafe then tea bag
- DON’T ask questions you DON’T want to hear the answer to...
- Acknowledge their response/reaction
- LIMIT words – Keep it SIMPLE

**And then WAIT!!!!**



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# Positive Physical Approach™



*To the tune of Amazing Grace*

Come to the front, Go slow

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.



## Examples of What Are 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
- Undoing what is done
- Swearing/cursing, sex talk, slur
- Making frequent 911 calls
- Mixing day & night
- Sleep problems
- Not following care/rx plans
- No initiation – can’t get started
- Not talking any more
- Infections & pneumonias
- Public urination
- 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



## Example Calls

## Usually Causes

- 'Losing' things
- Getting lost
- Unusual behavior
- Repeating the same things
- Fearful & crying
- 'Talking' about things that are not real
- Making up stories
- Talking about what is done
- Cursing, sex talk, swearing
- Frequent 911 calls
- Nighttime wandering
- Sleep problems
- No interest in care/rx plans
- No interest in getting started
- Not taking medications
- Infection
- Public urination
- Paranoid/delusional
- Shadowing - following
- Eloping or Wandering
- Hallucinations
- Getting 'into' things
- Threatening caregivers
- Sexual advances w/intimacy & sexual behavior
- Intruding on others
- Not doing what is expected
- Alcohol or drug use
- Staying in bed
- Confusion
- Falls & injuries
- Problems with eating
- Perseveration
- Incontinence



## Top Ten Unmet Needs of People Living with Dementia



### Five Expressions of Emotional Distress

#### Angry

irritated – angry – furious

#### Sad

dissatisfied – sad – hopeless

#### Lonely

solitary – lonely – abandoned/trapped

#### Scared

anxious – scared – terrified

#### Bored

disengaged – bored – useless

### Five Physical Needs

#### Intake

hunger or thirst

#### Energy

tired or revved up

#### Elimination

need to go or did

#### Discomfort

temperature or sensations

#### PAIN!!!

joints, internal or external systems





***Thank you for creating  
Dementia Competent World!***

**GIMME 5!  
(5 minutes a day for PPA™)**



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