

# HCP MANAGEMENT CONFERENCE & EXHIBITION

*Confidence in Care: Resilience, Readiness, and Results*

# WELCOME

## Title

Positive Approaches to Challenging Care Situations

## SPEAKER

*Jami Myers, MOTR/L, Chief of Organization Development  
for Positive Approach to Care*

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# POSITIVE APPROACHES TO CHALLENGING CARE SITUATIONS

**1 WORD OR PHRASE THAT I THINK WHEN I HEAR DEMENTIA**

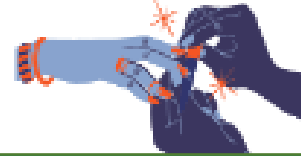
**2 THINGS I LIKE ABOUT WORKING WITH PEOPLE LIVING WITH  
DEMENTIA**

**1 IMPORTANT THING I WOULD WANT YOU TO KNOW ABOUT ME  
IF I LOST ALL WORDS TOMORROW**

# LET'S TALK ABOUT **THE DEMENTIA SITUATION** IN CARE

We Must Require Skills Training and Demonstration!

# WHO IS PROVIDING CARE HERE?



Current Minimum US  
Federal Certified Nursing  
Assistant Requirements.

Current Average for US  
Certified Nail Technician  
Requirements.

**Dementia Specific  
Clinical Hours Required**

Videos accepted as training.



**AND THE INEVITABLE...**

But We Don't Have Time for That!

# QUIZ TIME!

- What do we know?
- What do we think we know?
- What don't we know?
- What surprised us most?
- What can we do about it?

## QUESTION #1

**About how many types, forms, or causes of dementia are there?**

**a.2-3**

**b.5-10**

**c.20-40**

**d.Over 100**

**e.I have no idea**



# Dementia

Late TDP-43

## Alzheimer Disease:

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

## Fronto-temporal Dementia

CBA

PSP

PCA

Long-term Toxicity Exposure

## Vascular Dementias:

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

CTE

Metabolic Diseases

Infectious Diseases

## Lewy Body Disease:

- Parkinson related
- Diffuse Lewy Body

NPH

Genetic Syndromes

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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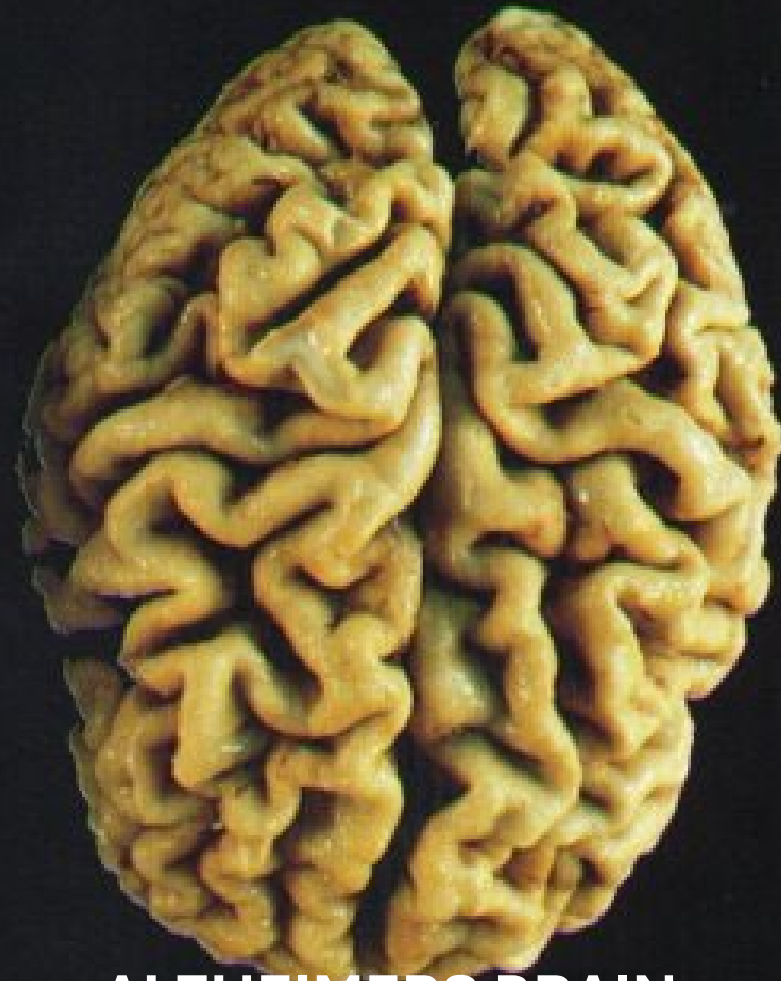
## QUESTION #2

**What is the first change with dementia?**

- a. The brain begins to shrink**
- b. The chemistry of the brain changes**
- c. The person's personality changes**
- d. The person's behavior changes**
- e. I don't know**



**NEUROTYPICAL BRAIN**



**ALZHEIMERS BRAIN**

# POSITRON EMISSION TOMOGRAPHY (PET) ALZHEIMER DISEASE PROGRESSION VS. NEUROTYPICAL BRAINS

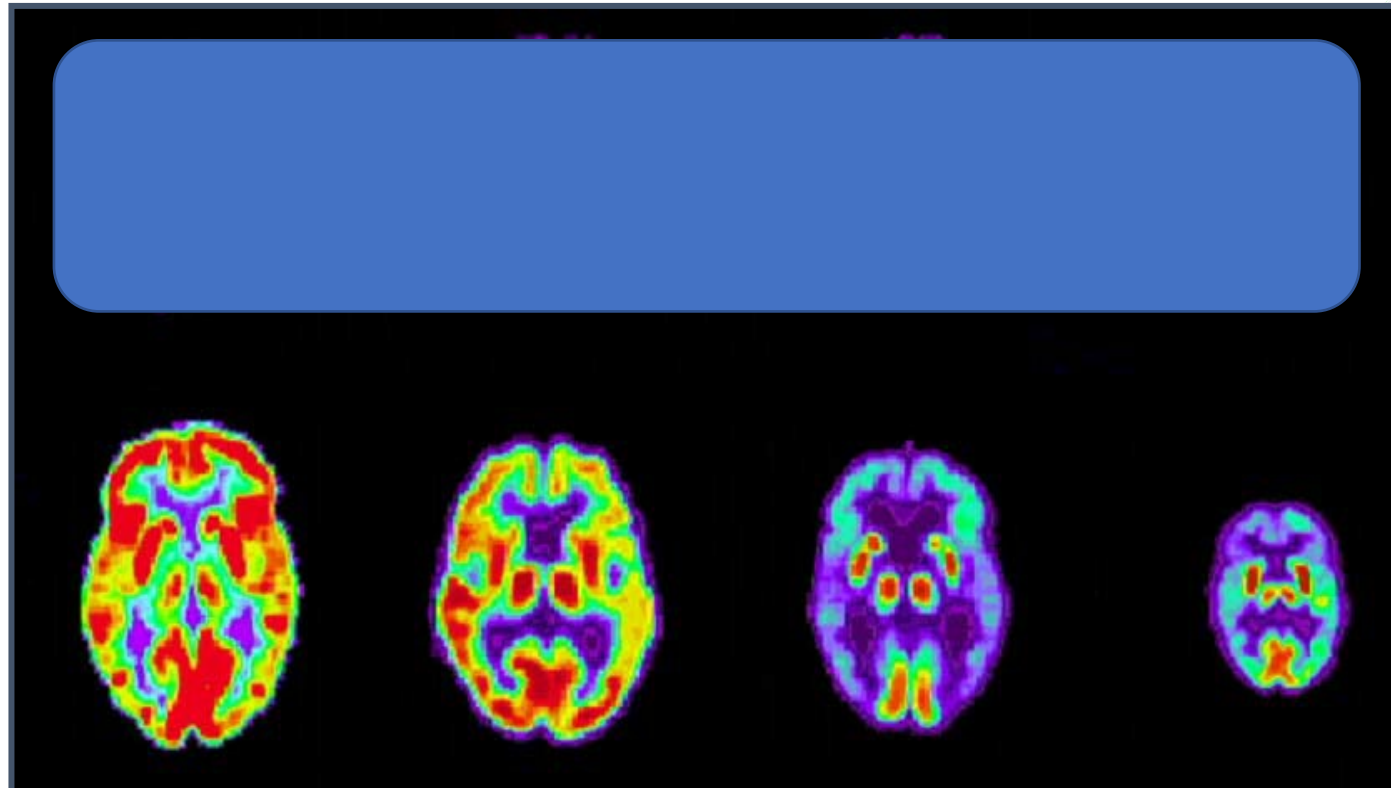
**Color code**  
Red = high activity  
Yellow = Mid activity  
Blue = low activity  
Purple = no activity

**Neurotypical  
Aging**

**Early  
Alzheimer**

**Late  
Alzheimer**

**18-Month  
Child**



# THE GEMS® STATES OF BRAIN CHANGE:



**Sapphire State: Typical Aging – Choose**

**Diamond State: Is it Dementia?** (or something else)

**Emerald State: Diagnosis and Placement**

**Amber State: Annoying, Risky, Dangerous**

**Ruby State: Slow Down**

**Pearl State: Any Other Needs**

# THE GEMS® STATES OF BRAIN CHANGE:



**Sapphire State: True Blue – Slower but Fine**

**Diamond State: Repeats and Routines, Cutting**

**Emerald State: Going – When? What? Where?**

**Amber State: In the Moment – Sensations**

**Ruby State: Stop and Go – Big Movements**

**Pearl State: Hidden in a Shell - Immobile**

## QUESTION #4

**What is an effective treatment for dementia?**

- a. How we connect and respond to people who are living with the condition**
- b. There are pills people can take to slow the disease down**
- c. There is nothing that really helps**
- d. Exercise and eating right keeps it from getting worse**
- e. I don't know**

# HUMANS HAVE FIVE WAYS OF GETTING INFORMATION FROM THE WORLD AROUND THEM

What we:

See

Hear

Feel\*

Smell

Taste

# Vision Changes

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



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

## BIG VISION CHANGES

1. Loss of Peripheral Awareness
2. Tunnel Vision
3. Binocular Vision
4. Binocular + Object Confusion
5. Monocular Vision
6. Loss of Visual Regard

# WHAT CAUSES DISTRESS OR RESISTANCE?

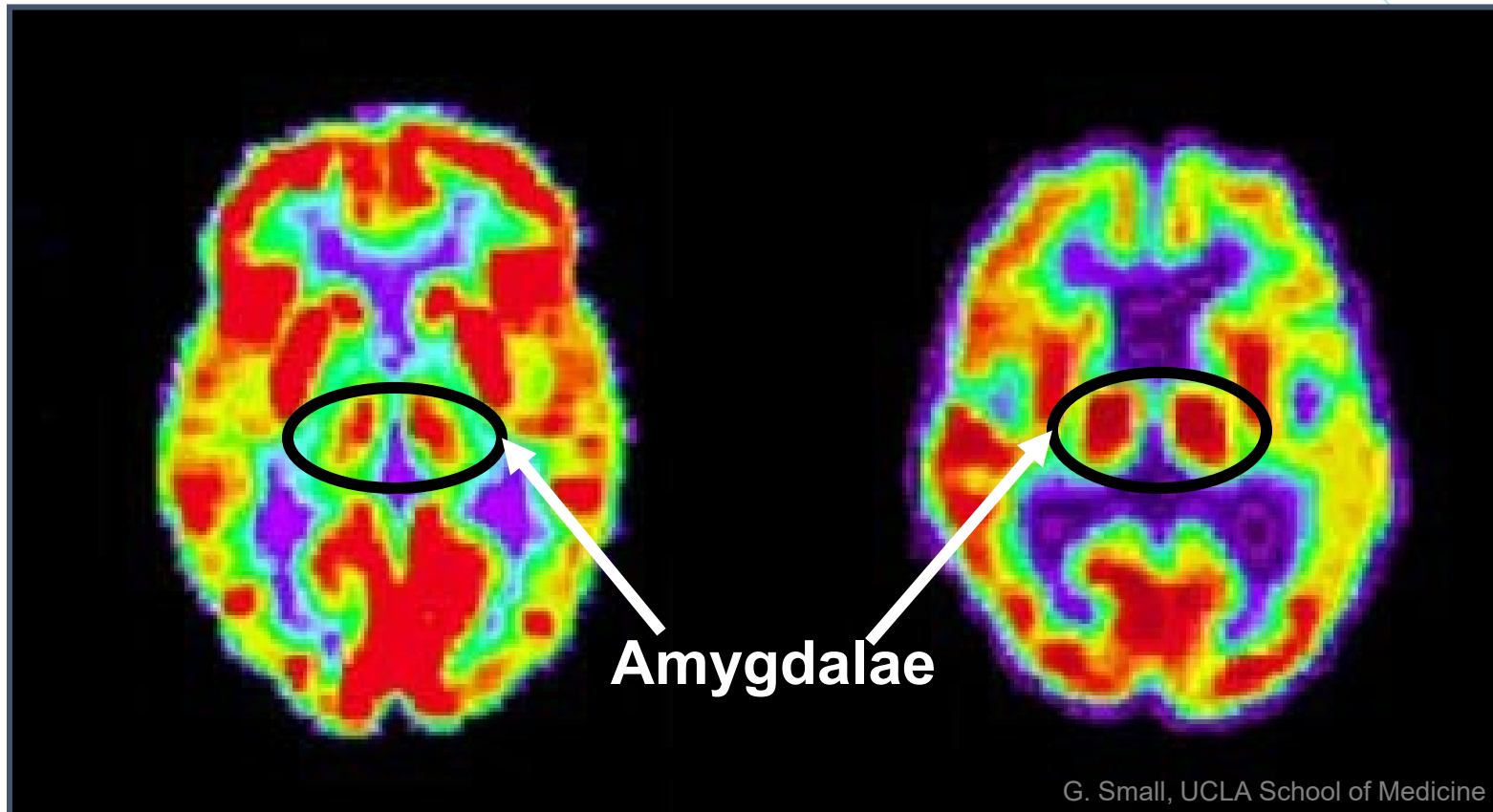
## Mismatch between:

- **What we expect**      **versus**      **what actually happens**
- **What we can do**      **versus**      **what is needed**
- **What was**      **versus**      **what is**
- **What we want**      **versus**      **what we get**
- **What we want**      **versus**      **what the other wants**
- **Who we are with**      **versus**      **who we want to be with**
- **Where we are**      **versus**      **where we want to be**
- **Who we are**      **versus**      **who we want to be**

# POSITRON EMISSION TOMOGRAPHY (PET) ALZHEIMER DISEASE PROGRESSION VS. NEUROTYPICAL BRAINS

Neurotypical Aging

Early Alzheimer



# WITH THE PRIMITIVE BRAIN IN CHARGE...

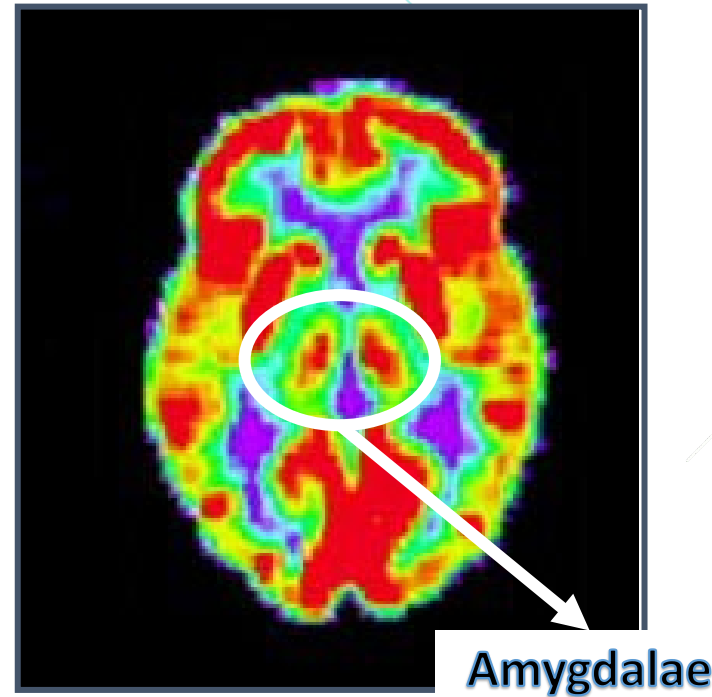
1. Easily Threatened
2. Likes Become Needs
3. Harder to Feel Satisfied

## Three Jobs of the Amygdala:

1) Threat Perceiver

2) Needs Meet-er

3) Pleasure Seeker



**DANGEROUS!** ↑  
Risky  
Alert/Aware

**NEED NOW!** ↑  
Want  
Like



## 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

### 5 Human Needs

**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  
(e.g., urine, feces, sweat, saliva, mucus, hair)

**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)

# PRACTICE

PAUSING... 1 SEC, 3 SEC, 6 SEC

## INSERTING PAUSES (P)

**“Knock, knock” 1,2,3,4,5,6**

**“Hi I’m \_\_\_\_ (give your name), (P) and  
you are?” 1,2,3,4,5,6**

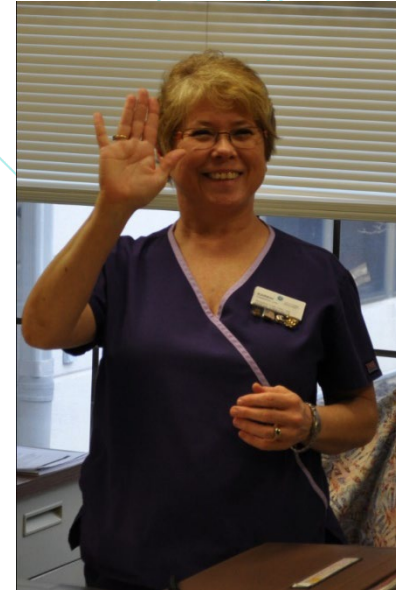
*(acknowledge their response)*

**“I love \_\_\_\_ (favorite drink) (P) and  
you love...?” 1,2,3,4,5,6**

*(acknowledge their response)*

# 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. Handshake—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



# POSITIVE PERSONAL CONNECTORS (PPC)



1. **Greet or Meet:** introduce yourself and use their preferred name: “Hi\_\_\_I am \_\_\_” or “I am\_\_\_ and you are?”
2. **Say Something Nice:** indicate something about them of value
3. **Be Friendly:** share about you, then leave a blank
4. **Notice Something:** point out something in the environment
5. **Be Curious:** explore a possible unmet like, want, or need

# POSITIVE ACTION STARTERS (PAS)

- 1. Help** – Be sure to compliment their skill in this area, then ask for 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.
- 4. Short and Simple** – Give only the first piece of information, “It’s about time to (first task).”
- 5. Step by Step** – Only give a small part of the task at first, “Lean forward.”



# TO CONNECT WHEN THEY'RE DISTRESSED:

- **Send Visual Signal of connection:**
  - Look concerned
- **Send a Verbal Signal of connection:**
  - Use the right tone of voice
- **Send a physical signal of connection:**
  - Give a light squeeze or sandwich the hand
  - Offer an open palm on shoulder or back
  - Offer a hug if the person is seeking more contact

# BE A DETECTIVE, NOT A JUDGE!

Try to figure out what is being communicated:

- Words
- Thoughts
- Actions
- Needs
- Beliefs

Don't assume or presume

Don't discount the message because of how it is delivered

# WHAT IS SUPPORTIVE COMMUNICATION?

- Repeat a few of their words with a question at the end
- Avoid confrontational questions
- Use just a few words
- Go slow
- Use examples
- Fill in the blanks
- Listen, then offer empathy:  
“Sounds like...” or “Seems like...” or “Looks like...”

# MORE SUPPORTIVE COMMUNICATION:

- **Validate their emotions**
- **Early State: “It’s really (label emotion) to have this happen” or “I’m so sorry this is happening to you!”**
- **Mid State: Repeat their words with emotion:**
  - **Listen for added information, ideas, thoughts**
  - **Explore the new info by watching and listening**
- **Late State: Check out the whole body:**
  - **Face, posture, movement, gestures, touching, looking**
  - **Look for the need under the words or actions**

# CASE SCENARIO:

It is 3am and you notice the person you are supporting is packing a suitcase while stating, "I need to get home!"

Try:

- **Reflect:** "So you need to get home. You need to go." (mirror emotion)
- **Begin to be a detective. Explore unmet needs.**
- **"Do you need to do something there or just want to be there?"**
- **Reflect their response**
- **Offer Choice:** "You going to do some cooking (insert possible task) or something else?"
- **Reflect their response**
- **Try redirection with matching purpose:** "I could use your help with (insert their choice from above). Come with me."

# I WANT TO GO HOME

## Supportive Options To Try:

Reflect their words and emotion

Be on their side! Be willing to go where they are!

Allow self-care

Catch it early – Try a different space

Travel with them – Match cues to abilities & space

Use Substitution – Pay attention to intensity & volume

Stay Curious – Copy them & use it to connect

Pearl Care vs Shell Care – Consider unfinished business

# **SO WHAT SHOULD WE DO?**

**Build and use skills!**

**Remember who has the healthy brain!**

**Believe that people living with dementia are doing the best they can in any given moment!**

**If something is NOT WORKING, take a pause, step back, change something, and try again...**

**Or Let it Go!**

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Survey

