

C2S WITH THE RIGHT SUPPORT



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Please Sign In



Pre-Survey



Hold Harmless

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GETTING STARTED

- Sign In / Pre-Survey Completed
- Pen / Blank Paper
- C2S Dementia Experience Kit
- My Resonation Card
- Clothes Pin
- Please take care of your needs
 - Drink/Stand Up/ Restroom/ Other



AGENDA

Beyond Dementia Diagnosis: Shifting Perspective on Brain Change

Dementia Experience: Behavior Vs Need

Skill Building: Communication, Approach, Do With Me Not To Me

From Insight to Action: Building a Culture of Empowerment





MINDSET

WHAT IS YOUR
REACTION OR
HOW DO YOU
FEEL WHEN YOU
HEAR THE WORD
DEMENTIA?



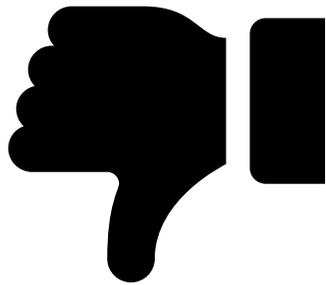
MINDSET

“THE PROBLEM IS
NOT THE PROBLEM
THE PROBLEM IS
YOUR ATTITUDE
ABOUT THE
PROBLEM”

~ CAPTAIN JACK SPARROW

Fixed	Growth
Dislikes Criticism	Welcomes Criticism
Avoids Change	Embrace Change
Prefer Comfort Zone	Step out of Comfort
Struggles with Failure	Learns from Failure
Threatened by Other's	Learn from Other's
Focus on Proving Self	Values the Process

COMMUNICATION CHALLENGE







MINDSET DEBRIEF



WHAT IS DEMENTIA

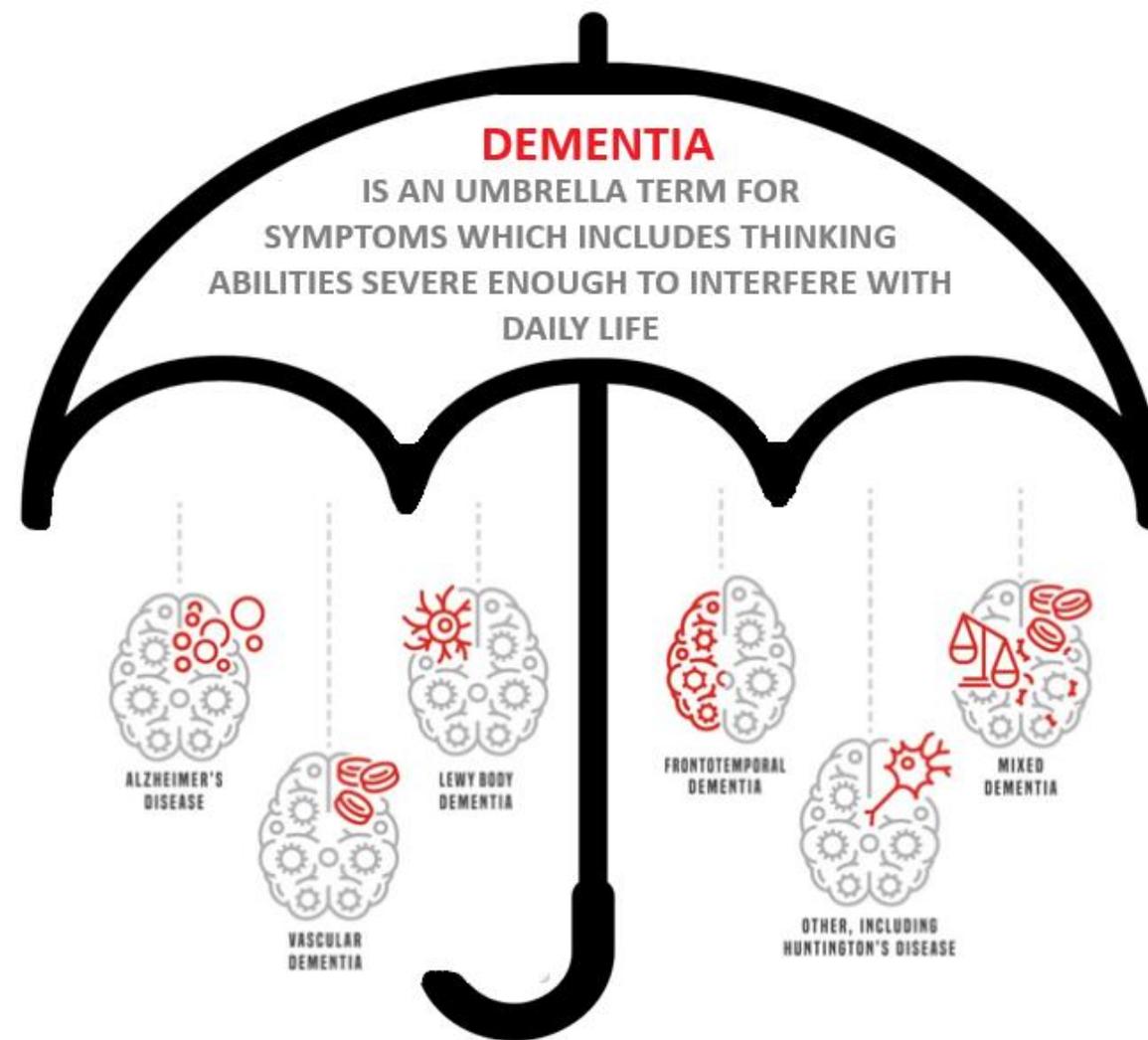
EARLY-STAGE DEMENTIA



5 Key Messages

1. It is NOT a part of normal aging
2. Dementia is caused by diseases of the brain
3. Dementia is not just about having memory problems
4. It is possible to have a good quality of life living with dementia
5. There is more to the person than dementia

DEMENTIA IS NOT A DIAGNOSIS



COMMON TYPES OF DEMENTIA

MOST COMMON TYPES OF DEMENTIA

	Symptom	Neuropathology	Achieved
Alzheimer's	Short-term memory loss Language and visuospatial skills	Amyloid plaques and neurofibrillary tangles	8-20+ yrs
Dementia with Lewy Bodies	Visual hallucinations Fluctuation in cognition REM sleep behavior disorder Neuroleptic sensitivity	Intracellular deposits of misfolded alpha-synuclein	Generally, 5-7 yrs can range 2-20 yrs
Frontotemporal Dementia	Disinhibition, apathy, compulsive behavior (BV) Gradual language dysfunction (PPA)	Atrophy of frontal and temporal lobes Hyperphosphorylated tau protein	Generally, 7-13 yrs can vary significantly
Vascular Dementia	Impaired executive function and complex attention Symptoms vary depending on location	Large and small vessel disease Chronic progressive white matter disease Prior infarcts	Generally, 5 yrs can vary

TYPES OF DEMENTIA

- Alzheimer's
- Vascular Dementia
 - Most Preventable – Blockage in the Arteries
- Lewy Body Dementia
 - One of the most misdiagnosed
 - One dose of Haldol can kill them
- Frontotemporal Degeneration
 - Other most misdiagnosed
- Parkinson's Dementia
 - Overlap with Lewy Body Dementia
- Mixed Dementia
- Posterior Cortical Atrophy
- Alcoholic Dementia
 - Excessive drinking which leads to deficiency in B vitamin absorption
- Huntington's Disease
- Traumatic Brain Injury
- Creutzfeldt-Jakob
- Wernicke-Korsakoff
- Pick's Disease
- Childhood Dementia –Sanfilippo
 - Over 100 types of childhood dementia
- Over 400 Types of Dementia

DEMENTIA TRUTHS

1. It is not a part of normal aging
2. It is chronic and cannot be fixed
3. It is progressive and will get worse
4. It is terminal
5. Early diagnosis and treatment CAN help manage symptoms
6. Some dementia-like symptoms may be reversible: depression, vitamin deficiencies, medication side effects, can mimic dementia and may be treatable



BACK TO MINDSET

- It is NOT all about loss
- “Behaviors” do not come out of nowhere
- It does not just affect the person living with the disease

Often Hot

Likes Outdoor

Collector

Does Not Like Change

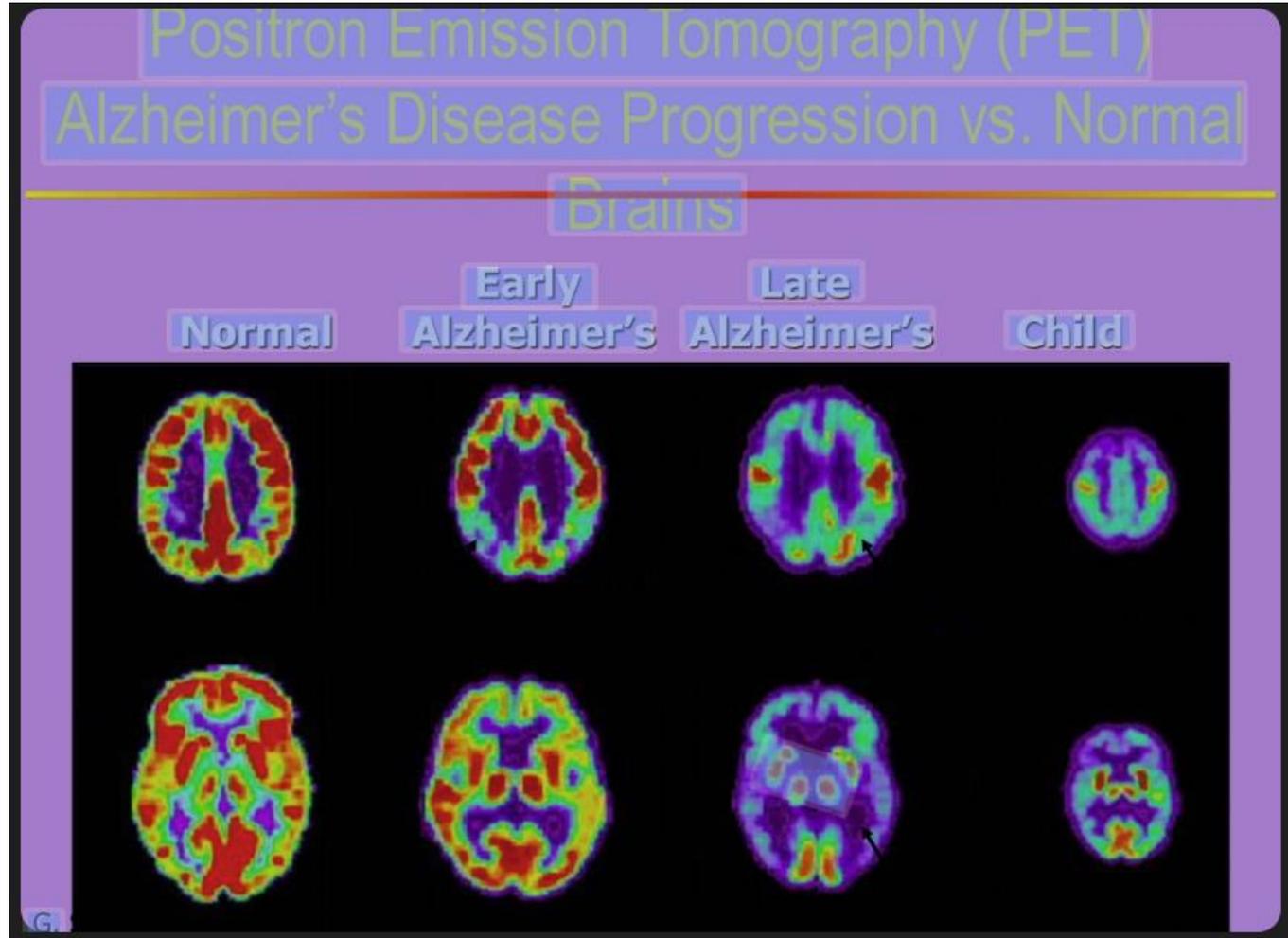
Often Cold

Introvert Who Likes To Be Alone

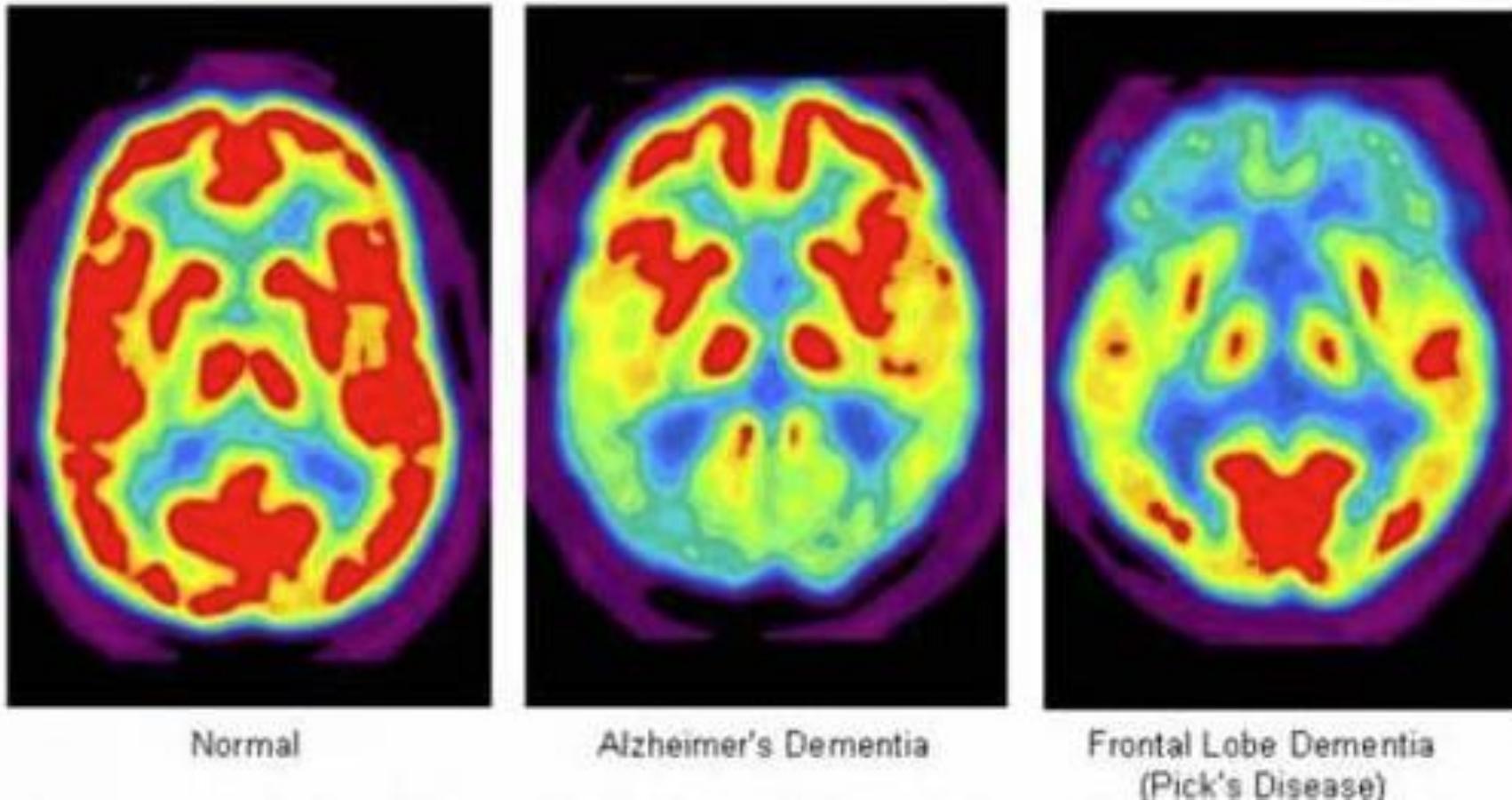
Talks Out Loud When Thinking

RESONATE CARD

- DO NOT LOOK AT THE BACK OF YOUR CARD
- Pick up your card and place the back hidden against your stomach
- Everyone stand in a large circle with what resonates with you showing the group



Positron Emission Tomography (PET) Alzheimer's Disease Progression vs. Normal Brains Normal Early Alzheimer's Late Alzheimer's Child 000 G.



“PET/CT in Neurology: Transforming Epilepsy & Dementia Care.” *Akumin*, akumin.com/health/pet-ct-in-neurology/. Accessed 3 June 2025.



WHAT IS DEMENTIA DEBRIEF



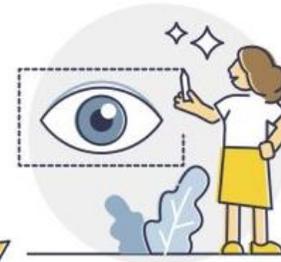
HOW DOES DEMENTIA AFFECT THE BRAIN

BRAIN SECTIONS



FRONTAL LOBE

- Motor Control
- Problem Solving
- Speech Production



OCCIPITAL LOBE

- Sight
- Visual Reception and Visual Interpretation



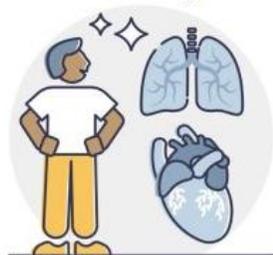
TEMPORAL LOBE

- Auditory Processing
- Language Comprehension
- Memory and Information Retrieval



PARIETAL LOBE

- Touch Perception
- Body Orientation and Sensory Discrimination



BRAINSTEM

- Involuntary Responses



CEREBELLUM

- Balance and Coordination

Frontal Lobe

- Word Finding
- Problem Solving
- Emotion
- Planning
- Behavioral Control

Symptoms

- Behavior
- Mood
- Speech



A few common conditions that affect the Frontal Lobe include:

- Alzheimer's
- Expressive Aphasia
- ADHD
- Autism Spectrum Disorder
- Frontotemporal Degeneration
- Pick's Disease
- Huntington's Disease
- Lewy Body Dementia

Parietal Lobe

- Sensory Information

Symptoms

- Distance
- Perception
- 3-Dimensional Objects and Spaces



A few common conditions that affect the Parietal Lobe include:

- Alzheimer's
- Lewy Body Dementia

Temporal Lobe

- Word Understanding
- Emotion

Symptoms

- Difficulty Finding Words
- Difficulty Understanding Words
- Unusual Emotions

Hippocampus -
Memory



A few common conditions that affect the Temporal Lobe include:

- Alzheimer's
- Frontotemporal Degeneration

Occipital Lobe

- Vision

Symptoms

- Reading
- Recognizing Faces
- Distinguishing Shapes



Changes in Vision Field

- Reduced Peripheral Vision
- Motion is Challenging
- Unable to Recognize Objects
- Brain Unable to Process Information
- Issues with Depth Perception



REDUCED PERIPHERAL VISION

Normal Aging

**Large Circle from
your hair line to
your chin.**

**Not much vision is
lost.**

**I can still drive. I
don't have any
limitations and
really do not even
notice my change.**



REDUCED PERIPHERAL VISION

Early Stage

Scuba Vision

Touch your pointer finger on right hand to pointer finger on left hand. Connect both thumbs at the bottom to make "scuba" vision.

Here we have both social vision and task vision. When looking straight ahead, I can see the table in front of me, I can see the full picture of this on the table, I can look out without moving my head to see what is in front of me. Look at your chest. You can see it, the buttons on your shirt...



REDUCED PERIPHERAL VISION

Middle to Moderate Stage

Binocular Vision

Touch your pointer finger to your thumb on each hand. Put your finger circles together to make binoculars. Move your "binoculars" up to your eyes.

Here is where you now have to choose between task vision or social vision. I don't have both at one time.

Try looking at your chest now. Can you see it?



REDUCE PERIPHERAL VISION

Moderate Stage

Stay in Binocular vision, but you may lose object recognition.

Purple Cleaner could be mistaken for Kool-Aid. Hemorrhoid cream could be mistaken for toothpaste. Bleach could be mistaken for lemonade or water.

Melody's father drank about an 8-ounce glass of purple cleaner thinking it was Kool-Aid.



REDUCED PERIPHERAL VISION

Late Stage

Monocular Vision

Make a circle with your right hand by touching your pointer finger to your thumb. Curve your three additional fingers to follow the pointer finger. Put your right hand in the shape of a circle to your right eye. Now add your left hand completely covering your left eye.

Here you lose depth perception. Look up at a light. How close is it?

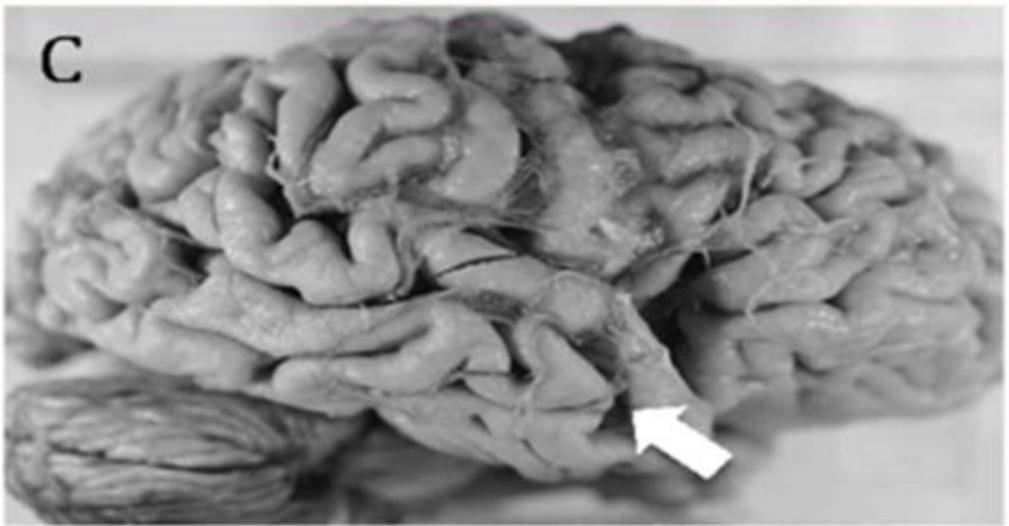
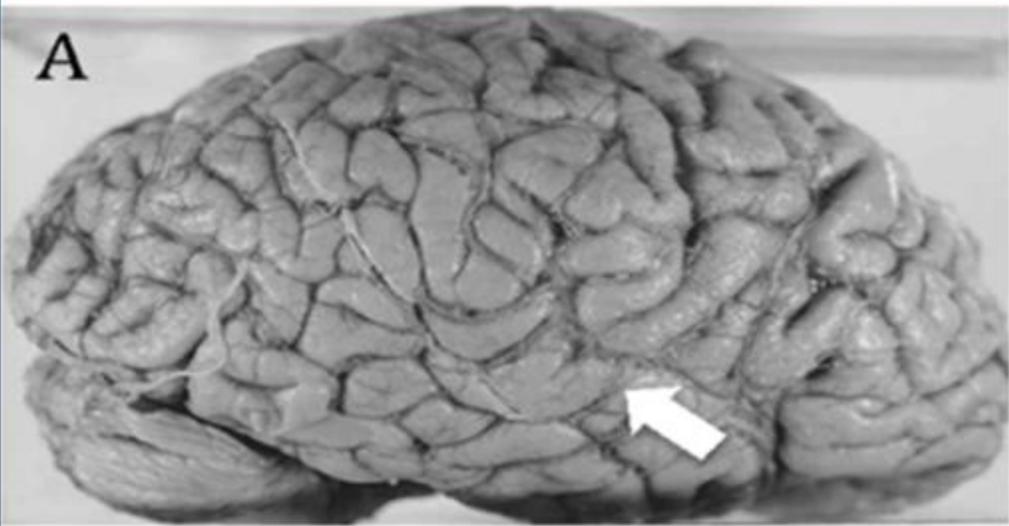
How much of the world visually did you lose?



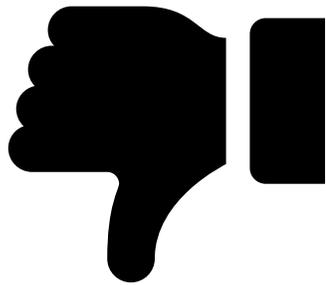
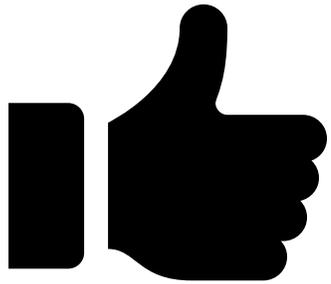


HEALTHY BRAIN
VS
BRAIN
WITH
ALZHEIMER'S





COMMUNICATION CHALLENGE





HOW DOES DEMENTIA AFFECT THE BRAIN



DEMENTIA
EXPERIENCE
MIDDLE TO
LATE STAGE

-
- Walk in the shoes of PLWD (Part 1)
 - Discuss the Experience
 - Walk in the shoes of PLWD (Part 2)
 - Discuss the Experience

Walk a mile in my shoes...
See what I see,
Hear what I hear,
Feel what I feel...
Then maybe you'll understand
Why I do what I do...
Till then don't judge me.

~Unknown Author

PLEASE SANITIZE YOUR COMPONENTS

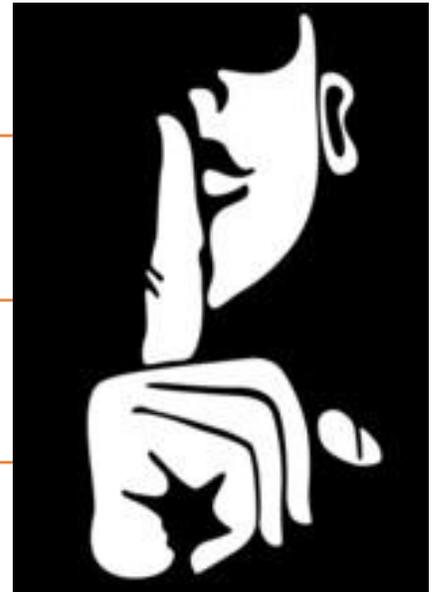
Make sure headphones are turned off - If you need assistance, please raise your hand



Replace used shoe insert plastic covers with new ones in the canvas bag and throw used ones away

Use sanitizer wipes on goggles, headphones, and table area - throw used sanitizer wipe away

Place everything back into the canvas bag



HOW DID THE EXPERIENCE AFFECT YOUR BRAIN

Occipital Lobe

- "I can't see what I'm looking for"

Parietal Lobe

- "I can't grab the item I am trying to pick up"

Temporal Lobe

- "Wait! What did you say? I can't understand you."

Frontal Lobe

- "Huh?"
- "I don't know what to do"



COMPONENTS

- Goggles
- Shoe Inserts
- Headphones
- Gloves

NORMAL DEMENTIA BEHAVIORS... DID YOU EXPERIENCE THEM?

- Wandering
- Agitation
- Confusion
- Loneliness
- Inability to process information

WHAT ARE OTHER DEMENTIA BEHAVIORS THAT YOU SEE?

- Combative
- Resistant to help or care
- Hoarding
- Self Isolating
- Not aware of surroundings/safety

WHAT
MADE
THE
DIFFERENCE
?



YOU !



DEMENTIA
EXPERIENCE
MIDDLE TO
LATE STAGE

SKILL BUILDING



WHAT IS IN YOUR TOOLBOX: SHARPENING OLD TOOLS AND ADDING NEW ONES

Human Needs

Communication

Approach

Do With Me, Not To Me



HUMAN NEEDS

Imagine you are stranded naked on a desert island with no way off. You are allowed to bring 8 items with you to make your time on the island more bearable.

What 8 things would you bring?

Needs in Dementia Care

VYOND



HUMAN NEEDS: PHYSICAL AND PSYCHOLOGICAL

- Physical Need:
 - Hydration, Nourishment, Medication, Movement, Restroom
- Comfort Need:
 - Environment – Familiar, Functional, Friendly, Safe, Included, Too Hot/Too Cold
- Identity Need:
 - Role, Purpose
- Belonging and Love Needs:
 - Friends, Intimate Relationships, Appreciated
- Pain Free:
 - Emotional, Spiritual, Physical

COMMUNICATION OF NEEDS

- Body Language:
 - Pacing, Boredom, Anxiety, Confusion
- Vocalization:
 - Moaning, Yelling, Distressed
- Aggression or Agitation:
 - Verbal Outburst, Visibly Frustrated, Misunderstood
- Repetitiveness:
 - Anxious, Bored, Misunderstood, Lonely
- Changes:
 - Appetite, Sleep Pattern, Personality, Self Isolating



ANTICIPATION TECHNIQUES

- Environment
- Amygdala Level
- Routine
- Eliminate Boredom
- Burn Energy Throughout the Day
- Lighting
- Routine Generation of Positive Feelings/Reassurance
- 5 Senses
- Unmet Needs
- They Can Still Have a Bad Day



COMMUNICATION



COMMUNICATION

“The ability to communicate is the ability to connect, and that’s what building relationships are all about.”

~ Tony Robbins



LANGUAGE

Vocabulary

- How One Uses Words

Speech Production

- How One Verbally Uses the Word Out Loud

Comprehension

- How One Understands What is Being Communicated

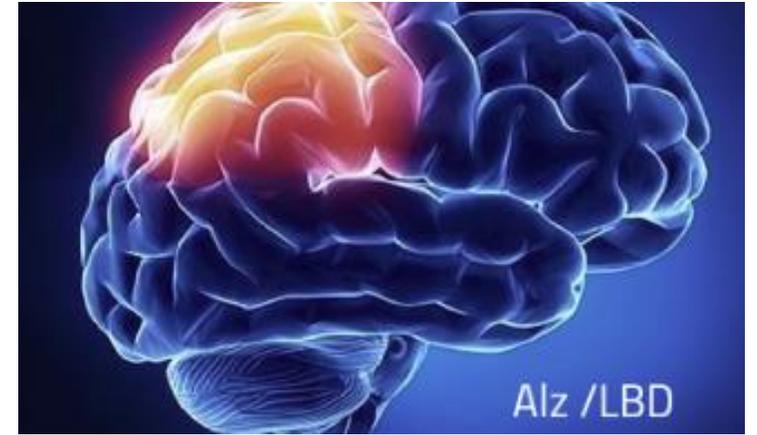
BRAIN



Word Finding
Speech Sounds



Word Understanding
Word Analysis
Sound - Symbol Connection
Letter/Word Recognition



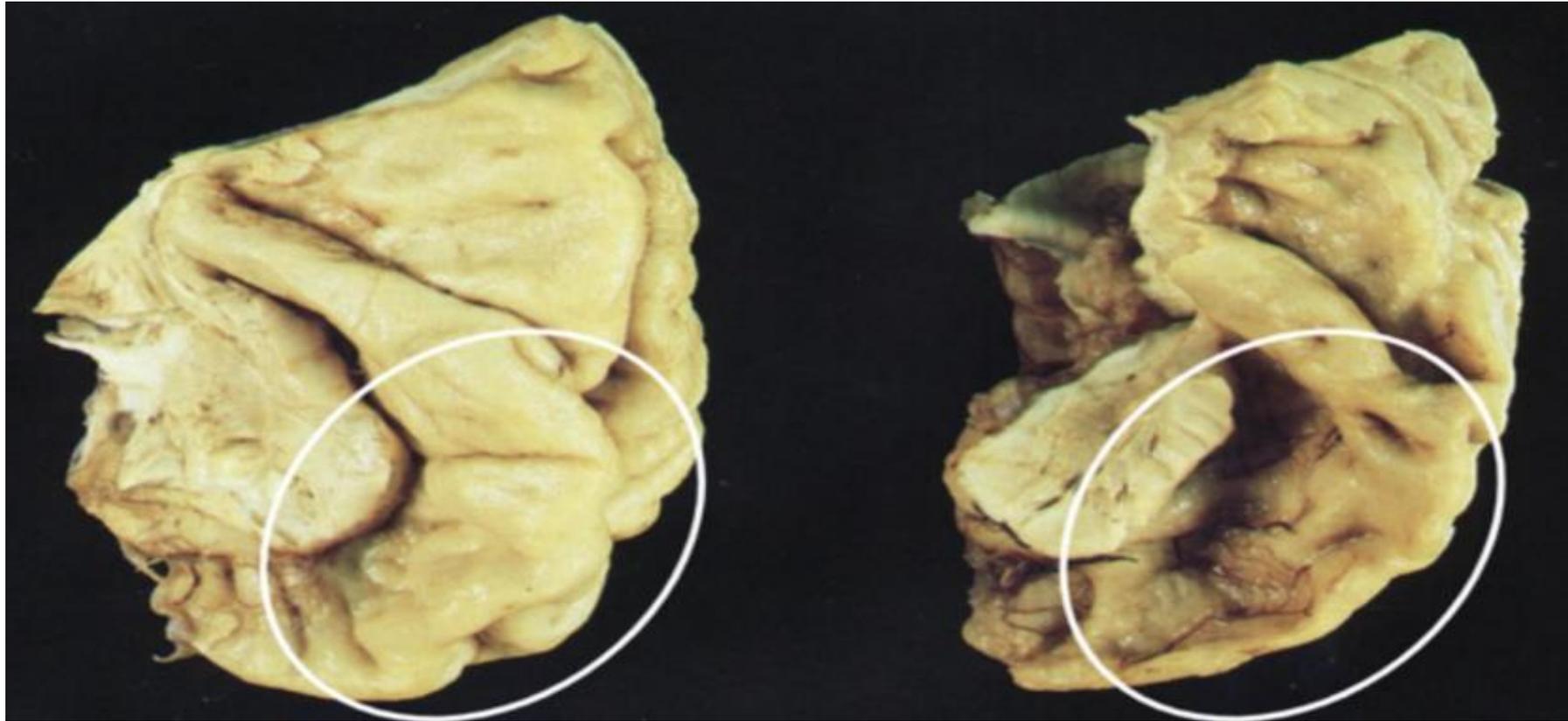
Sensory Information
Word Analysis
Sound - Symbol Connection



Letter / Word Recognition

COMPREHENSION:

UNDERSTANDING WHAT IS BEING COMMUNICATED



I did then I knew how do.
Now that I better, I better.



I did then I knew how do.
Now that I better, I better.

ALL BEHAVIOR
is a form of
COMMUNICATION



Communication



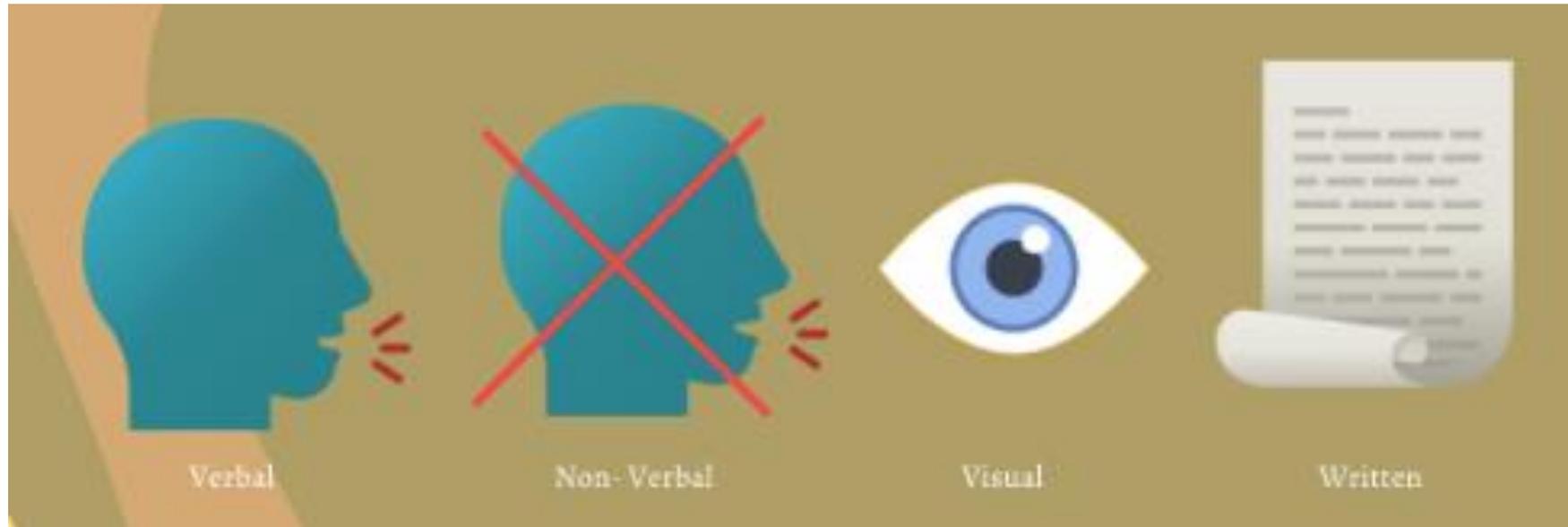
Words



Tone

Body Language

FORMS OF COMMUNICATION



FINAL COMMUNICATION CHALLENGE

Instructions

Communicators: Please communication section
C with a form of communication
other than verbal.

REMEMBER

- Match Their Emotion
- I'm Sorry
- Active Empathetic Listener
- Less Words
- Go At Their Pace



APPROACH



Communication

Skill Building

- Body Positioning
- Getting Started
 - Your Name / Their Name
 - Make Connection
 - Compliment
 - I Have/ You Have
- If they are asking you a question
 - Reflect on what they said
 - Sounds like you are...
- Positive Action Starters
 - "It's time to"
 - "Come with me"
 - "Would you help me"
- Remember
 - Single Step Instructions
 - Go Slow
 - Take a Pause
 - This or That

LET'S
PRACTICE

- Think
 - What is your intent?
 - Conversation or Interaction
- Line of Vision
 - Start at 6 feet
- Supportive Stance
 - Smile
 - Still Open Hand Aside of Face
 - Physical Connection
 - Slowly Extend Hand
- Eye Level or Below
 - Don't Lean In
- Personal Connection
- Initiate Positive Action

APPROACH MATTERS



TEEPA SNOW - APPROACH

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REVIEW WHAT YOU JUST SAW

How was she positioned?

"Handsome fella, sort of like you" (Compliment)

"Hey Gordon... they have a movie out here." Then talked about Glen Ford (Creating personal connection.)

"Let's go out here (pointed).
Come with me?"

How many steps to have Gordon stand up?

- 1) Push Chair Back
- 2) Pull Feet Back
- 3) Time to Stand Up
- 4) 1...2...3...
- 5) Hold on here
- 6) Stand Tall
- 7) Rubbed Back
- 8) Stand Real Tall
- 9) Shoulders Back
- 10) She gets walker
- 11) Hold On
- 12) Get a hold of it
- 13) Take breaks off
- 14) Let's go that way (Points)

- Think
 - What is your intent?
 - Conversation or Interaction
- Line of Vision
 - Start at 6 feet
- Supportive Stance
 - Smile
 - Still Open Hand Aside of Face
 - Physical Connection
 - Slowly Extend Hand
- Eye Level or Below
 - Don't Lean In
- Personal Connection
- Initiate Positive Action

APPROACH MATTERS



What If The Person is ...

- Standing Up
- Entering the Room
- Approaches You
- At a Table
- Asleep
- Tells You To Stay Away

WITH NOT TO SUPPORTIVE HAND TECHNIQUE



WITH ME - NOT TO ME

- ADLs
 - Eating
 - Buttons
 - Walking
 - Brushing Teeth
- IADLs
 - Folding Clothes
- Comfort
- Protection



SKILL BUILDING DEBRIEF



*PERSON
DIRECTED
LIVING AND
INSPIRING
PURPOSE*



BEST PRACTICES FOR CARE OF DEMENTIA PATIENT

Changes in Identity

Support Me In Who I Am Now

Inspiring Purpose

Ways to Support Autonomy



**Promoting
autonomy for
someone living with
dementia can help
maintain
independence and
slow down
cognitive decline**

CHANGING IDENTITIES THROUGH AGING AND DEMENTIA

- Early Adulthood
 - Establish identity based on career, relationships, and personal interests, laying the foundation for later life
- Midlife
 - As responsibilities shift, identities may realign with family roles, career achievements, or personal crises, influencing self-perception
- Later In Life
 - Significant shift as health concerns emerge, prompting a reevaluation of identity and purpose
- Living with Dementia
 - Navigate new identity shaped by dementia, focusing on abilities and strengths rather than limitations, fostering resilience

ENTITY CHALLENGE



Original Purpose
1853 David Smith
Other Purpose

Original Purpose
1887 Solon E. Moore
Other Purpose
Something Else



INSPIRING PURPOSE



**“Resilience is
accepting your new
reality, even if it’s
less good than the
one you had before”**

~Elizabeth Edwards

ENCOURAGE SOCIAL INTERACTIONS

- Social connections among care partners AND individuals with dementia can combat isolation and promote emotional well-being
- Group activities and support groups foster a sense of community and belonging, essential for mental health



HANDS ON APPROACH

- Hands-on engagement can stimulate cognitive function and provide sensory experiences
- Cooking, gardening, arts and crafts are excellent ways to apply skills practically, enhancing memory recall and stimulate cognitive function



ADAPTIVE LEARNING APPROACH

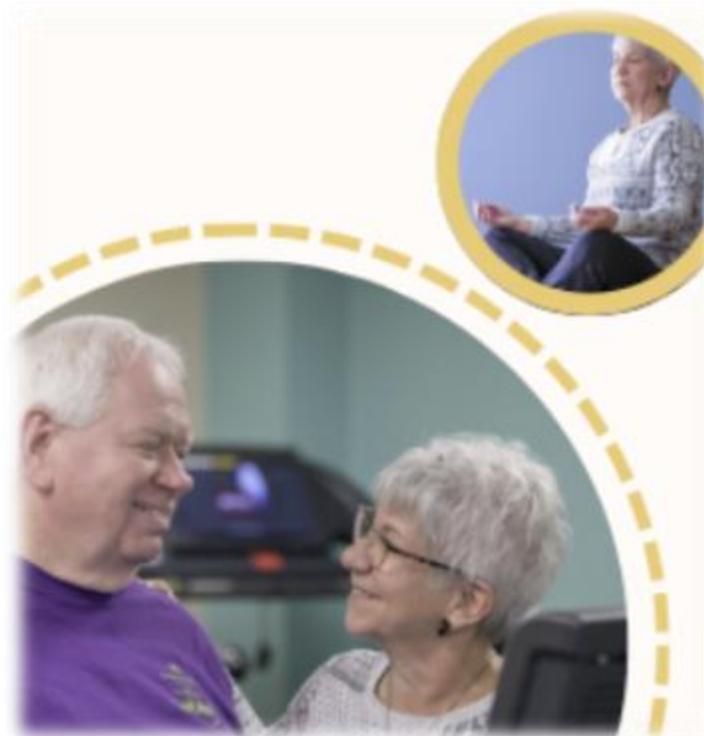


- Employ flexible, tailored learning strategies to cater to varying cognitive abilities
- Simplifying steps and incorporating visual cues can facilitate better understanding and retention of information



FOCUS ON **CURRENT** STRENGTHS, INTERESTS, AND ABILITIES

- Identifying and prioritizing hobbies and passions can enhance their sense of purpose
- Aligned interests can boost self-esteem and encourage participation in daily routines, while enhancing joy and contentment
- **BE IN THEIR MOMENT**



WAYS TO SUPPORT AUTONOMY



“You are still the author of your own story, even as the narrative evolves. We are here to help you write each chapter with dignity and choice.”

~Unknown Author

SUPPORT ME IN WHO I AM NOW

- Involve me in decision making
 - What shirt I am going to wear today is a choice
 - What I want to eat is a choice
 - Do I want to eat breakfast outside is a choice

SUPPORT ME IN WHO I AM NOW

- Never take something away from me with out substituting it for something I would like better
- Before taking something away, can we do something different to make it safe for me

SUPPORT ME IN WHO I AM NOW

- Modify Activities
 - Help me do what I can. It may not be perfect, but at least I did contribute
 - Self Care
 - Support my abilities, even if it takes a few extra minutes.
 - Do with me, NOT to me

- Continuous, not episodic
- Enforced in every aspect
- Continually reevaluating to seek improvement
- Success goals
- Holistic
- Ongoing
- Implemented
- Performance improvement
- Measurable

Person Directed Living



- Social Model NOT Medical Model
- Include "Circles" where EVERY person's voice is heard
- Assumptions have no place in PDL
- The Person is priority, NOT the Task
- Continual Communication
 - Remember Not All Communication is Verbal

Person Directed Living



How are you personally
going to put **ACTION** to
Building a Culture of
Empowerment?

Person Directed Living





PERSON
DIRECTED
LIVING AND
INSPIRING
PURPOSE
DEBRIEF



WHAT
DIFFERENCE
WILL YOU
MAKE?



Where You Are In A
Few Months Depends
On What You Do
Today

Will you be a
Difference Maker?

It's up to
YOU!



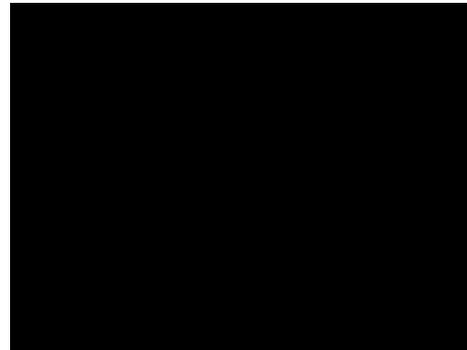
Man with Parkinson's



Microsoft. (n.d.). Bing.
<https://www.bing.com/videos/riverview/relatedvideo?q=man%2Bwith%2Bparkinsons%2Bmusic&mid=D45F674BD410BF7C38CD45F674BD410BF7C38C&FORM=VIRE>

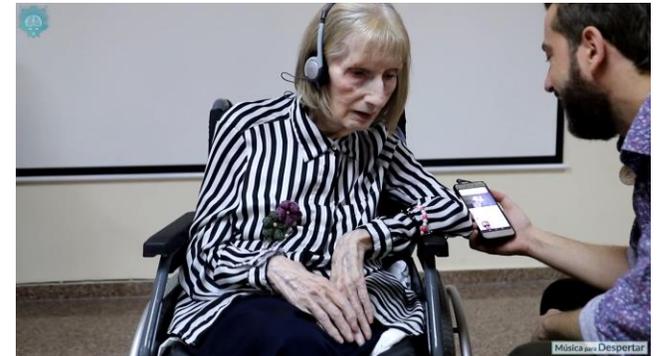
DIFFERENCE MAKERS

Gladys Wilson



YouTube. (n.d.-b). YouTube.
<https://www.youtube.com/watch?v=zm0gyUOBYlg>

Ballerina



YouTube. (n.d.-b). YouTube.
https://www.youtube.com/watch?v=IT_tW3EVDK8

THANK YOU

For More
Information
Melody Karick
CDP, CMDCP, PCHA, PAC
Dementia Consultant,
Educator, Certified
Cognitive Screener,
Creator of C2S Dementia
Experience and Education



Please Sign Out



Certificate



Post Survey



Must Complete
Sign In, Sign Out,
Pre Survey, Post
Survey, AND
Certificate