Introduction to Tipper Snow and dementia care

Welcome back to the Reverse Alzheimer's Summit. I am thrilled to have Tipper Snow with us today. I have been looking forward to this interview for a long time.

Tipper is an occupational therapist with over 40 years of rich and varied clinical and academic experience. Her experience led to the development of the Gems state model for understanding the progression of dementia and the Positive Approach training series.

Her company, Positive Approach to Care, provides online and in-person education and products. Tipper presents with an extraordinary expertise and humor for audiences throughout the world.

Her expertise is so valuable, I just cannot wait for her to share her tips about how to approach someone with dementia. This is critical information for anyone who is a caregiver or anyone who has a loved one who is suffering.

So let's dive right in. Type of welcome first. Thanks. It's a pleasure to be with you. It's so fun. I don't know if I should do Doctor Santa son or. Oh, no, no, no. Just Heather.

Yeah. You know, I didn't want to step on toes, so you always sort of check in on the. And you're Heather, so that works out great. I was so excited to have you here.

I wanted I wanted to say, dive into getting people like the magic that you have to offer. So in what ways does the individual providing support so that get caregiver that that witness to someone's experience?

How did they affect the person living with dementia? There is an impact, right? It's not all about the person with dementia. It's a lot of so, you know, one way we have of talking about it is like, show me the number six on your fingers.

And everybody out there just spontaneously hold up six fingers. And almost always, they hope people hold up one whole hand, and then they hold up a digit on the other hand.

So either an index finger or a thumb, if you hold up your index finger, that's that's the way most people do it anyway. And it's like you're the problem and I'm trying to help.

And so we see the person living with dementia as the problem or the or the one that holds all the cards, when in fact, if we think about dementia as a condition where the person is losing skill.

Well, I'm an occupational therapist by training, and I'm here to tell you something. If you look at your hand like, look at the palm of your hand and you draw a line between the ring finger and the middle finger of your hand, what you're doing is dividing your hand sort of down the middle of your palm and on the thumb, side thumb, index finger, middle finger.

Those three fingers get their feeling and their movement control from the median nerve. And the median nerve is the nerve that goes through your wrist.

It's why people get 12 comp carpal tunnel because they use it so much and it stresses. But this is the skill side of your hand, the ulnar nerve, which runs down outside and goes behind your elbow.

If you've ever hit your elbow, you've hit it. That's like an old funny bone. Not really. These two fingers make your hand strong and powerful. So when you pull those two fingers and you can make your hand really strong, but not very skillful.

So in the world of dementia, people are losing skills. Everyone with dementia will lose skill before they lose strength. So they can be very strong but not very skillful.

How caregiver behavior affects dementia

So if they're losing skill, what are they going to need for us to support them with in order for this to go well? Heather, what do you think? What do they need from us?

Some extra skill or some? Yeah. So how many how many pieces of the puzzle do each of us hold? Three. First, we're human beings, so we have our old relationship.

We have the relationship we choose to have. We figure out what we're going to do with each other, then we have for the person living in dementia, they're living inside a body.

So there's this body element. So if I have arthritis, that's going to impact me. If I have diabetes, that's going to impact me. It's not just my third finger, my brain change or my dementia.

So those are the three pieces for them me, who I've been and who I am. My other things that are going on sensation, movement, diseases, wellness, mental health.

But then also my brain changes. But then there's us and there's the environment around us and how we fill the time. I mean, how do we fill up the time together?

So I play a key role. So what I thought I'd do is show us some video and you can hear it. So for those of you who are listening, I'll set it up a little bit for you.

So I'm going to show you a little video clip, first video clip, and then I'll actually show a second video clip. Now, to do that, Heather has to be nice and grant me permission here.

She got got. Let me be okay. Here. Let me see. Oh, there she did it. She is so nice. Well, plus, if she'd like to have this happen, she sort of has to.

All right, so what we're looking at is there's a woman in our community, and she's behind her door in her room, and it's 5 a.m.. It's 5 a.m.. Everybody else is sleeping.

But if you were looking at this, you would see that it's a light on and she's awake. So let's see what happens. Let's see if you can listen in because she's at the door.

No, but. Hey, miss. No! Hey, look, you. I've been trying to call and call and nobody answered the the call thing. Yeah, the call thing that you guys have hooked up because I'm out of coffee and tea.

But I need you, and I'm going to go get some coffee. But you got to get back in your room right now. I'm going to the lounge and getting coffee. Can't go to the lab.

I came to you. Watch me. I walk right down this hall. Go. You are not the boss of me. You guys didn't answer my call. Well, were you calling the right number?

Do you think I don't know the number to call now I don't know. Oh. This is. I'm on. I'm out of here. But you got to get back in your room. I'm not. Okay, so, Heather, what impact do you think that young man had on my behavior?

It seems like it probably amplified your behavior because he was telling her she was wrong, and she needed to go back to her room. Oh, how how do you how did you pick up on that?

There was, there was an increase in her emotion and her, it just seemed to make everything worse. Yeah. So the volume change, the intensity change. The words change.

She actually swore as she walked away. And was she going back to her room, by the way? No, it didn't help the situation at all. She actually was going on down the hall, so I'm not sure it solved anything.

And as a matter of fact, it made it more difficult for her to figure out anything, and the relationship was really not going well. So now we're going to watch the same scenario with somebody who has some different abilities.

Let's see what happens if we are. Other people can relate to that. That kind of situation of finding someone, realizing they're not doing what they're supposed to be doing, they're probably disturbing somebody else, and they just want them to follow the instructions.

Yeah. And whoa whoa whoa. No, no, no, you need to go back. No, ma'am. You can't do that right now. This is your home. I mean, all the things that we say because we recognize what they're thinking isn't accurate. But.

And when we say something silly like, you can't go there and it's like, watch me. It's like a dare. So watch what happens. Listen to what happens. So we got the same scenario and listen this time.

See what you notice. Hey, what is this? What's wrong? Well, these are called baffled. Your home and nobody answered. Nobody know. And look. Do you see this? Oh, Lord, that is.

What do you think? God? What? What I think I you need coffee? Yes, I did coffee. Listen. Yes, I need help right here. I know, I know, it's so frustrating.

They have all these rules around me. Okay, I have to work, and I'm all the all that must. In the end, nobody answers it. Well, I don't know for sure, but y'all are supposed to.

Hello there. Somebody to come and help. And now you are. I did it and nobody answered. And nobody answered. Well, listen. Coffee? Yes. I can take care of this while I'm get.

Could you do me a favor? I just wipe this off for me. You want me to wipe all this? You could wipe this and this. This is the same thing again, talking about.

You're supposed to do it. If you could help me with that, I do. You want me to do you? That's. That would be great. I was not going to ask you for all that, but.

Well, it just don't take a long time. Not. I'll be right back. All right? This is what needed to be done in the first place. If y'all keep it clean, people don't have problems.

Dominant side support and hand-under-hand technique

And then we would all be locked up like prison, like prisoners, like prisoners. Yeah. You're doing a good job. Well, this is what you need to teach people to do.

So you have to do that. Don't learn. You'd have to do that. You've got gloves on. Hold that. I'll check this. This will wait. I've got it. You've got to do the edges of the edge.

This is where people make this mistake and you've got to do this. See? You can't just see how y'all you open it. Well, then that's germs. It is. You are exactly right.

And I. No germs when I say them. And now I'm better. But. Well. Oh, good. That's what I was looking for from before. And yeah, you might want to wash your hands.

Yeah, that's a good on all those things. Oh, that is a good suggestion. I will take care of that right away. I'm going to put these in the trash because people shouldn't reuse them.

People should not. It's ridiculous. But people to true. All right. Thank you for your or keep them. Thank you for your

help. I knew you would be the one as well, but I get that for you.

Sure. All right. You know, next time, answer when I call you, you know, just in case that does it. Yeah. Come back in five minutes and check in. I appreciate it, because nobody else does.

I hate that. I'm so sorry. Well. Me too. All right, I'll be back. All right. So, Heather, what's your take on that? So much easier. And everybody got what they wanted.

Yeah. Now it did take a little longer. But during that time, people wasn't roaming around. She wasn't waking. She was cleaning a chair in the hallway and cleaning.

And she felt purposeful and valued. And when she Melanie brought the coffee back, it was like, yeah, well, wait a minute, I'm not done here. And then spontaneously, she went back in her own room and was going to drink her coffee.

And what was the alert Melanie got from this? She needed to check in a little more often. Right. Because did she know about the call Bell system? No. What did she think she was supposed to do, use her phone to call?

Oh, yeah. So we know that tape is brain isn't working well, but getting upset with her didn't help. So the quality of what we do and how we do it makes all the difference in the world for both of us.

Because it skill that Melanie developed on how to help tip is missing skills. And all of a sudden things are very different. Very different. Yes. And less frustrated.

And so is so is poured out. Melanie is not frustrated. She knows what she needs to do as opposed to Matthew, who might very well quit. What he's doing or need out or need a break, or like I don't know what to do with her or call an emergency service.

And then he ends up in a psychiatric setting because she's or ends up doing something she shouldn't and goes outside. And now we've got an elopement issue.

And and that's what the difference is for me, is when we have skilled supported carers, what we end up with is better situations and better brain function for both parties.

Frankly, yeah, everybody's under less stress. That's amazing. So understanding these skills and there's a lot of small practical skills that you teach.

Some of them like I've heard you say, to approach from the dominant side. Can you explain, like why that's important, how somebody knows which side is dominant.

Yeah. So one of the things you can I mean a real simple thing you can do is have somebody roll up a piece of paper, like just roll it up and have them, like, tell and spontaneously fold it out sort of right in the middle in front of it.

And they look through this and they'll put it up to their preferred eye, and they'll use their preferred hand to fake it. So it allows me to look at what I they like, what hand they like.

But what it turns out, as human beings are more comfortable using one side of their body than the other. They're more skillful. Using that side and their wiring into that side has more synaptic connections for fine detail and skill development.

So if you were to open a jar of peanut butter, just imagine, go ahead and open a jar. Peanut butter. Try. Classically, you hold it with your non-dominant hand and twist the lid with your skilled hand, your dominant hand.

And now I'm going to have you get a jar, a knife out of the drawer. So you pull the door open, go use your dominant hand classically, and then you'll get the knife out with your dominant hand.

Then you close the door with your non-dominant, and you don't even think of doing these things, but you're crossing the midline for a task. Back and forth, back and forth.

And now you'll pick up the jar with your non-dominant. Get the peanut butter out, and now you got to figure out how to pick the bread up. And you're like, And so some people will lay the knife across the top of the jar, pick the bread up with their dominant, put it in their non-dominant hand, and then spread because, I mean, it's that much difference in skill development.

So with that, how much skill difference there is then which side do you think you might prefer? Somebody you don't know very well, or that you're going to do something with?

Which side do you think you'd rather have them on? Yeah, and the dominant side makes a lot of sense. Yeah, yeah. I'm just more comfortable with you over there.

And if you want to try it out, just have somebody stand and mess with you a little bit on your dominant side and then have them do it on your non-dominant.

And almost universally people go, yeah, I didn't think I cared, but I really don't like it. And if you eliminate vision and they come up and do it, then you'll find you actually might startle more on one side or jerk more, or actually throw your arm out on your non-dominant side for more.

Just like a sense of whoa, I really don't like it added. Which, if you're going to assist me, if you're on my non-dominant side, you're trying to stimulate a part of my body that's never been the skilled deliverer of service for me.

So this can create a lot of ease, a bit more ease in the relationship. This is a challenging situation to be caring for with dementia. And if we can find these little windows to making it a little bit more useful, then the whole day goes a little smoother.

Yeah. So I mean including setting up the environment so that what people might be looking for could be toward their dominant side, or if you're trying to get them to look on the other side, just be aware they may be missing it entirely.

And so they might actually say, where's my code? And if we just say, well, mom, it's right there, it sounds like we're angry rather than, oh, you're looking for your code.

It's over here. And using a visual cue or a gesture to point to where it is can guide the eyes to where the code actually is. And if you start noticing, wow, they're really guiding to their dominant side.

You may want to adjust the environment to match so that people don't come in from the blind side and startle them and cause someone to be unhappy with someone before you've even done anything.

And you also describe this hand over hand technique. Yeah. Can you tell us more about that? Yeah. And so which side of your hand do you do more with in just the palm apart.

Okay. So what do you do with the back of your hand. Gaze out of the door. Any kind of thing. You know other people I throw away go away. So are we good ideas, you know?

Yeah. Yeah. None of those things are really causing the palm of your hand, however, is used to interacting with the world. It's also where you have incredible amounts of sensation at the tip, and you have pressure awareness in the palm.

What a proprioceptive input in here. And so what I can do is if I have somebody. So I have to pretend because I don't have someone here. But if I take my let's shake hands with a right hand.

So take your left hand and face it forward. Take your right hand and face it towards you. Now shake hands with

yourself, but you have to stick your little finger up like it's a thumb.

It's a little tricky. Now the left hand stick your. There you go. So shake hands and now rock your hand up your right hand upward. There you go. And lay it out so that your left hand is resting on top of your right hand.

Okay. So if you were doing that, what you'd have is you'd have the person who's living with dementia, who's not able to do some things. And then I would have my hand holding the tool that we're going to use.

So their hand is in my hand, palm to palm. And so when I bring it to their body or bring it to their face, their brain goes, oh, I know that my hand is coming to my body.

That makes sense. So again, I'll show you a little video clip to give you, a visual on this that might be helpful as we're talking about this, this is a lady very, very, very late in dementia.

Okay. As a matter of fact, immediately prior to this, one of the reasons I was asked to take a look was that everybody was thinking, probably time for hospice, because she had lost 20 pounds in the previous month.

She was expressing no interest in, in things. And when they were trying to give her a fight, they were using, you know, trying to get the spoon in her mouth, what was happening.

She was turning her head left and right. And so it would take like a half hour to an hour to try to get maybe 20%. And, they had tried a pureed diet and that she then refused all ice cream after that, as well as the period, because she didn't like the puree.

She seemed to like texture, but they couldn't get her to open her mouth and she has no ability to speak. She's had 13 strokes. So I'm going to show you what happened when I provided some support with this.

That was do you go on and I was like Okay let that be yum. It's because her hand is coming to her mouth versus you poking her in the mouth with your spent an hour.

Whoa. What's that. Oh wait a minute. Oh yeah. So what you see there Heather is my hand doing the skilled movement of the spoon and her hand resting in my hand so that she can feel the movement of the spoon to and from her mouth.

And when you watch this next bite, you will be able to see before the spoon actually gets to her mouth, she swallows what she has in her mouth and she's ready for the next bite.

So what will happen? Yeah, yeah. Oh it's okay. And this is like, oh, okay. I mean, they do a scoop. That's pretty easy once I know what it is. And she's finishing her chewing.

Here you go. Wallow. For a while. And she opens her mouth and takes a bite, which is the aid is like she never does that. She fights. She throws her head around, she thrashes, and it's like, well, that's because she didn't understand what you were trying to do.

And with this technique, it provides opportunities for what's the first step? What is it you're trying to get me to do? Oh, brush my teeth. I know brushing my teeth, I can do that.

And so it's not uncommon for people to simply take over and start to do things. But the really cool part in this video is that my connection to her with Hand Under Hand actually changes something else.

Gems state model: Sapphire and Diamond

So I'm going to let you watch it for just a couple more seconds here. In that fun. Oh my. Both of you are going to have a better time. And what I'm doing is supporting under elbow.

And so that gives her a little added information. And when I do that, she can sit upright a little bit better to go back. And I can judge this is not amazing.

Hey come here girl. Hey. I improve I learn something new and they're fun. So we're going to try the same thing with Miss Frances a minute to see if she's okay with it.

See if she likes cheat. Now what I want you to see is I had, I had turned my body to look at Miss Frances and I said, we're going to try this with this Frances and see if she likes it.

And my friend Lucille, who tends not to be doing anything, perks her head up, opens her eyes and looks where Miss Frances is at. It's like, so what I was able to show family is she's still here.

She's still attending to what's going on. She may not be able to interact, but she's picking up on things. And when she gets something she can respond to us.

Wow, how incredible. So you talk about the gems and the gems date. And I think this is just such a great way to start thinking about the people that we're interacting with and help them to shine, as you say.

So take us through the the different gemstones and these states and tell us a little bit about how we can make each one of them show up in the best way possible.

Yeah. So a sapphire is a true blue stone, and it's like the sky or the ocean or the river. It supports life. And so that's us at our most flexible, our most changeable, and our most able to do something to be supportive.

And so when we're in the Sapphire State, we're aware of what's going on, but we're there to support others. And that's that's our main thing is we're very tuned in to what's going on around us and our skill set is high.

So we've got to be rested and we've got to be alert and we've got to be tuned up and turned then and refreshed. We'll get back to that later. But you can't be that 24 seven.

I don't care what you want to do. You know you've got to recover every day. Well and then we have another gem State and that's diamonds and diamonds. What color is a diamond teller?

Most of them anyway. Clear. They're clear. They're sharp. But they can also be sort of rigid. So diamonds like routines, they like to know how to have lots of facets, and they can be absolutely lovely.

But diamonds can also cut because diamonds like it the way they like it. And when they get what they like and they can do it the way they've always done it, we're fine.

And there's value in routines. We like our routines. People need routines. The challenge is when the routine we've been using isn't working so well. Diamonds have a hard time with change.

They also really often are very familiar with who's the boss. And diamonds either like to be really well connected or they want to be in control. And so, so I might say Doctor Sanders, son, I have a bone to take with you, and that should be your warning.

Oh, she's in commode as opposed to. Oh, Doctor Sanders. Oh, she is the best. Oh, my heavens, she I love being with her Doctor Sanders. And now this other lady that I've been talking about.

That poor thing. She is just having so much trouble. I am so glad I do not have to go. Everybody's like, so Diane Diamond is that place where we can be, you know, absolutely wonderful.

But be aware that, oh, you know, it can get sort of cutting here if I don't get what I like or you're trying to push for change. What do you mean? I can't drive?

This is ridiculous. Who said I can't drive? Oh, I can't, I've been driving since I was 16 years old. So this is that place where, Imagine you're my kid, and you're going to tell me that I can't drive.

You're not the bus. Me? No. It's more like you need to practice. I brought you in this world. I will be happy to take you right back out. It's a little firmer than that.

Yeah. And so, you know, mom, I was wondering, how do you feel like you do in with your drive in these days? I'm a great. There. You. Oh, you've been great driving. Oh.

I thought there you hadn't had some trouble getting back from church the other day. No, no, I had no trouble getting back from church. That's easy. I've been doing that for years.

You're absolutely right. You have gone to that church for years. So what I just figured out was, boy, I had a nice, rigid, solid diamond who's clear, sharp and inflexible.

So as a sapphire, I'm going to go, okay, well, that's not going to get me anywhere. Talking about, you know, getting lost and maybe not wanting to go by herself.

So I gotta come up with another strategy. So not driving is an option because pointing out her flaws. And that's why we just so many people out on the road driving without licenses.

We don't care who takes a little way. I'll drive my tractor down the road if I walk through. You are not in a new car. You're not the boss of me. And it's because we struggle with how to support diamonds who are unaware of changes.

And we aren't quite sure how to bring into awareness in a way that doesn't cause lots of stress and distress. So then we have our emeralds. Well, if I, if I just go back to that, is there a tip there?

So how do we help our diamonds kind of get the self-reflection that might help them make changes for safety especially. Yeah. Oh, I have a huge favor to ask of you.

Now, I'm wanting to remember the route to the, the church, and I find if I don't drive, I don't pay attention. Would you be my navigator and double check me that I'm going the direction and the way I'm supposed to because I just, I get I get busy talking, and then I'm not being careful.

So if you be my passenger, let me drive and tell me if I'm going the right way or. Leave it. All right, so put them back in control. Give them agency.

You help them, they have a job. And that sense of purpose. I have a huge favor to ask of you. I mean that when I say to someone I have a huge favorite.

Ooh, I could really use your help. Those are. Can we try something? Those are all phrases that acknowledge the person's expertise, their skill, their shine.

And I'm here to support that. You know, I know, and sometimes I'll even say, you know, for right now, the doctor for right now, the doctor was doesn't want you driving there doing some medication adjustment.

And so for right now, they're asking that you not drive. We'll bring it up the next time we go in. But for right now, let's just not push the window here.

I hate it, too, I hear you, it doesn't feel fair, but for right now. Now, did I actually throw the doctor under the bus? No, I said we can talk about it the next time.

What do I want? To let them know it's coming up again. Why? Because, I mean, frankly, when I lose the ability to drive, my whole life changes. I mean, I think we underestimate how being able to move around in the world is part

of feeling like an adult.

Of course. Of course. Right. And yeah, and if we're not self-aware enough to know that it might be dangerous, that then there's no reason to give it up.

Yeah, exactly. And if I can't figure out a way how to start the transition other than a fight, we often end up, you know, if you try too soon, they can pass the DMV test, right?

It's like, does your brain goes, if you can't do this, you will be trapped forever. And it's like, oh, no. Okay. And it gives me everything I can, you know, my brain puts on the gas and I shine during the DMV test.

And it's like, how could she have passed it? Did they not look at the mirrors on the screen? I mean, you're just seeing. Oh no, no, no. But she passed it like miracle.

No, I interrupted you, Emerald. No. Yeah. So. Well, you know then we have the Emerald State now. Emerald. Compared to a diamond, what color is a normal green?

Green. And so green means not clear and sharp anymore. And wheels are a little softer, but they're also, flawed. A true emerald. Every real emerald actually gives it value, because manmade can be perfect, but real emeralds are flawed.

And so in the Emerald State, I have flaws, and the flaws are getting evident. So this is where it gets, you know, like something is going on here. Because what will you'll notice is I sometimes get lost in time or place or situation.

I'm not as clear about relationships. I'm a little more vague on my words sometimes. I, you know, the thing that I was talking about, the what you might call it, this that something, you know what I mean?

The one who goes down to the, And he put. He gets them and he brings them back. You're like, I'm not sure what we're talking about. Or I get stuck in a loop and I keep doing something over and over again, so I can get into something and do it.

But then I don't know how. Stop doing it. I just keep repeating it. So I might be, eating a cookie. Oh, I think I'll have a cookie. Eating a cookie? Oh, do you know what I think?

A cookie eating a cookie. How many cookies will eat you? Bad mom? However many there are when the bag is empty over time. Because I can literally, once I get stuck in this loop, what I'll do is my brain will go, oh sugar, I love it.

Oh oh, I'm feeling that drop off. You know what? I have a cookie and I have no idea that I have actually consumed this many cookies. I have none because I'm looping through it because it's offering me comfort, because I don't know what to do.

And so every time I go in the kitchen, I do something or I go in the kitchen, see the dishes in the sink and think, oh, I already ate. The problem is, those dishes are from yesterday or the day before.

I already took my medicine because I take it every morning, but I'm not catching the difference between I do it every morning versus I did it this morning and I think I did.

So I'm not doing any of this on purpose, but my day is getting a little jumbled, and I may actually look at you and go, I know you where from and you're my daughter, but my brain has you younger.

It has me younger, so I can look in a mirror and I'd say, oh my gosh, there's some old woman in my bathroom. I could really use your help. Could you get her out? Because I need to help.

Gems state model: Emerald and Amber

But she won't leave. I smiled, she waves, but I can't get her to do anything. Well, I also am pretty limited in how much data I can take in at a time, and so we'll often notice that it seems like the vision is more binocular.

So they're really focused on the right here, or they're busy looking around and they miss right here. But either way, it means they're missing data that we would be taking in.

And so we often surprise them or they miss things that are important. So some common kinds of issues here is listen, I need to go home. And you say you are home.

No no I'm talking about my house. This is your house. No this is not my house I live, I live at 609 history. You go. Oh you haven't lived at 609 House Street since you were a kid.

You know, I lived there forever. Is. And what are you talking about? You're not making any sense. Who are you? What are you doing here? And so, depending on how you react to this or respond to this, react automatic react, respond thoughtful.

It really does tell us how is this going to go. Because my the other piece is my internal sensors are not as accurate. So I may be making mistakes about continents not getting where I need to be quick enough or not recognize I shouldn't do that here because there's sort of an emergency or not changing my clothes or bathing because those are some very with the frequency, because I'm not picking up on smells as problem smells.

And, I may eat and then I hide them because I recognize, oh, you shouldn't do stuff like that. So I hide it because, you know, nobody wants to be stupid.

What I don't notice is everybody can smell it because I'm starting to have issues. So, you know, I like to stay busy, and I still can do things, but I often need some support to transition, and I need support to build a day.

I need support to run through a day. But I'm still able to do a whole lot. Once you acknowledge what's missing and then you figure out the right support.

But that's. Let's say that again. I don't like bossy. Don't be bossy. Me. So it's like, how do you be supportive? And when I start to do all up. Yeah.

But it's it works a lot better if you go team by versus. Oh tipo de. Where's your walker? Okay. If I knew I needed it, it I would have it. If I don't have it.

How many of you think I probably know where I left it? Unlikely. Right? Unlikely. So if, So type A. Hey, I see your did not tell you what? Let's go see.

There's something I think you have something your your, somebody wants you to use while you're walking around. Tell you what. Come with me and let us go see.

And I'll do hand under hand support to go down the hall if they have pretty decent and even. Sometimes I prefer hand under hand to a walker, because if they have a walker, they tend to lean forward and push into it.

Which gets them off their center of gravity. And depending on a device that isn't always going to be there. So data says, walkers, they never used it before.

Really question whether you should be giving it to them now. And same with a cane. Same thing, unfortunately with a cane, because they just get left everywhere.

And if somebody is used to sort of relying on it, but sometimes it's there and sometimes it isn't, they're going to be reaching for something. So maybe it's time to modify the environment to provide some things within arm's reach that are stable, all ready, work on strengthening, work on balance, and do some tai chi, which evidence says reduces the risk of falls and fall related injuries.

I love it, I love it. So are there other gems? Rubies? Yeah. We've got ambers coming next. So Amber is, of all the gem states, how do you get Amber? Heather, do you know how you come up with Amber?

Do you know what it is? The sap out of trees. The prehistoric sap. Yeah. And so often something, some kind of inclusion happens, like something gets caught in the sap and then it hardens around it.

And so what I describe it is it's something caught in a moment of time. So these are people caught in a moment of time. And it's all about a sensation.

So if I like a sensation I want more love. And if I don't like a sensation, it's gotta stop now. But I live from moment to moment. So if my eyes see something I like, you can just about bet I'm going to try to travel toward it.

If my eyes see something I don't like, I'm going to either want to get away from it, or want to push it, or get it away from me. So it turns out that the human body is not equally distributed for sensation.

We have high spots, so right around the face, but front of the the mouth, the tip of the tongue, the lips, the nose. Right in this area, high sensory, the tips of the fingers, especially these three high sensory space and the front part of the foot, the toes and the balls.

But much more sensitive than the heel. The heel picks up pressure, but it doesn't have a lot of sensitivity other than pressure out here. That's what allows you to have amazing balance and skill and the ability to dance.

And then we have genitalia, amazing sensory control and motor control plus sensation. Because where we have great sensation, you tend to have pretty decent motor control.

So what we have is, you know, the ability to control urine and feces down here. But it's also very sensitive, you know, because you you want it to be sensitive so that you can pick up on things.

And then we have the armpits okay. So now where does a lot of personal care intimate care take place. And the real under the arms around the mouth and face right here.

The hands. But I also these are the tools I use. And so I'm engaging a lot doing a lot. But what might be happening I'm losing some skill but I still have some.

But now what I'm not always sure of is what is this for. Oh. And then you might watch me. Oh. So what did I figure out that it's a brush. But what is it for brushing your toothbrush.

It's not for brushing your hair. Or I can get the other end and try to shut language. Yes. This is stupid. Because I got the wrong and more. So this is the point where you need a lot of caution.

So your brain is going to pick up on this in a heartbeat. So what are you saying I see hand sanitizer. You do don't you. And what is this I see water.

Yeah. Well, that's a little. So what is your instinct? Instinctively. What did your brain think when I started to do this? What did you want to do right this minute?

Grab it out of your hands and take it away if you grab it. So right in that moment, I'm Amber. But who else is turning Amber right in that moment? Oh, I am, because if you reach and grab this, what am I going to do?

Because I like it and I want it and you're grabbing it. What can happen? Your strength is going to take over. You're going to knock me out of the way and drink it anyways.

And who's going to fill out the incident report? Yeah. So we only hear your point of view was like I was drinking and she came and attacked me right. So the thing about Amber is you've got to be on constant alert all the time because I don't have safety awareness.

And again, setting up the environment so that they're the minimum risks. Yeah. So I'm incredibly curious about things. And what we don't tend to do is. Oh.

That tastes like shit. Yeah. How much do you think I'm going to take? Hopefully not enough to kill you. Yeah. It takes quite a bit of hand sanitizer, I think, to kill you off.

I mean, but you could learn from it and go. Yeah, let's get rid of that. Here, try this. And you're much more likely to get me to take something. Guess what?

This would work better if it tasted like something. If you want to hydrate me, having it look like nothing and tastes like nothing isn't going to inspire me to take it in at this point.

So, yeah, you're getting it, aren't you, Heather? You're so you're like going. Yeah, yeah, yeah. So this being in an amber state, a lot of care that we want to deliver maybe a worse.

And so we've got to figure out a way. And that's where this hand under hand can come in so handy because we give a cue. Oh yeah I got it. And when we give a cue it helps reduce the distress state.

Just something to think about as a way of supporting someone. So Ruby what color. Ruby's red. Red. And what that means is all fine skill stops. And what we have is strength.

So we have big movement. We have a red hair and we wound that pain here. We're gonna go like go down, down, down, down. So what we're going to have is rhythm.

We're going to have automatic. And so what that means people in this state can dance incredibly well but not be able to walk very well. They have more likely to have monocular vision than an ocular vision, because one ocular vision means you have this ability to have vision across the center, access that the optic chasm is working well.

And so I have stereoscopic depth perception. So I'm very likely to not have depth perception. And so you'll sort of notice that when I walk, when I come to something, I'll reach my hand out and check it out with my hand.

Sort of as a flat patting motion. And I'll often do both. But my movements, I tend to be more rounded through the shoulders. My head is off and down and I'm taking small steps.

As I'm moving forward. Unless you turn on music. And then suddenly I might be able to just, like, really go to it because I'm pulling in the cerebellum.

I'm pulling in automatic, reflexive kinds of patterns. But I also have an incredibly high risk for falls and fall related injuries. But I can be really strong, and I can be really scared sometimes.

Because things happen, but I can also music, poetry, prayer and counting tend to be sort of preserved abilities, and the rhythm of speech is still present.

You got together and play, and then you get that other down down. There you go. Get it, get it, get it. Yeah. There you go. Wow. So I'm just so fascinated, you know, as a clinician is like, what do you think is going on?

Is this sort of the amplification or like the signal of somebody's personality that they had getting more extreme, or is it more the part of the brain that's affected that creating patterns?

Yeah. So we have this combo of I'm still in here. You know how now how I'm much I kept myself from showing before my actually or how I showed myself before might be altered because of loss of skill set.

So is whereas before I would have done a lot of things. I'm a very strong doer and I'm in love to help people and do things. Now I mess with stuff, or now I'm getting into things and tearing things apart because deconstruction is easier than construction.

And so I'm grabbing. And so this is, you know, I'll go through my hunting gathering kind of phase and, and those kind of things. But I'm doing what I can do with what I have left.

And so you'll often still see me be if I'm more toward an introverted self, like I like to be in control and I'm I like people fine, but I want to be in control of stuff, and I like stuff more than I like people.

Then you'll start to see me. The only time I try to interact with you is when I need something. Whereas if I'm a connector and I love people, you're going to see me at you all the time.

Hey there. I'm pretty, pretty, pretty good pretty girl with no respect of intimate space. Oh, and I'm a little intense. So it's sort of probably a combination of things, I think.

Yeah, yeah. And so the final gem is a pearl, and, I selected a pearl because you find a pearl inside an oyster shell. And oyster shells are ruled by reflexes.

And at this point, the body is fairly reflexive. And, you know, slam shot when you know. But what happens is the involuntary movements are being eliminated.

And so it tends to be that the person has stronger flexors, forward flexors, and doctors. And so we see people go into what is often described more as a fetal position, which is that position we come into the world.

Well, you know, with dementia, it's often a position we might go out of the world, but the older techniques where we tried to stretch and put people in splints and do this really, you know, now, we actually cast lots of harm in those situations because the muscles are turned on and have no power to turn.

But what I can do is do relaxed things and comfort things. But I can't stop dementia at that point. I mean, we're talking about we are very far along the journey here and reversing things now.

But you watch how a woman could go from not eating at all and losing 20 pounds in a month. Within a month, she was back to her previous weight and she was eating regularly. But that's temporary.

But it's a gift. If you're the person who's trying to make sure that you're not. It wasn't that she wasn't hungry, and it wasn't that she wasn't interested in wasn't that she wasn't willing.

Gems state model: Ruby and Pearl

The problem was, with all the stroke, she didn't have movement prematurely, and hers was low tone because she had had so many strokes and her inability to have language.

So she was really inside there. And that moment of looking up at her friend down the road really gave us that insight into, wow, she's she's got moments of presence for sure.

Yeah. And just knowing how to approach this is where it can open up that world of possibility. Yeah. And so it's so fun once you start to go oh I wonder if she could be in, you know, maybe she's in an amber moment.

So she's like hi sensory need. It's like, what kind of things are she looking for? Things that she can crunch. Okay. Oh, I found some bubble wrap. Let's go show her the bubble wrap.

Let's try the bubble wrap. See if she likes it. Because when I get what I like. How satisfying. I'm not seeking other things. I'm not doing things. You know?

I want to look in drawers. Okay, well, give me some drawers to look at and pull stuff out. And, you know, and some people can be very precise folders, you know, like, so if I'm in an emerald state and I want to fold, you know, give me a surface and stuff to fold up or, a thing to mix or, you know, it all depends.

But you know, certainly it gives us directions to travel, to offer the right support so that we both do better. Yeah, yeah, everyone's better off. Everyone's less stressed.

So we've been talking about this, but I'm wondering if you have any other practical tips for helping to support someone living with dementia. Yeah, one of them is, classically, unless, you know, the person has really significant vision loss, always offer a visual cue, add in a verbal piece of information, and only then when you think you've got that, do you do touch.

So if I, for instance, I wanted to come up to you and say, hey, you were looking down. Let's say you're looking down. You're not looking up at all. I will go knock, knock.

Heather can actually. Now what people out there on radio land or audio land can't hear is I went knock, knock because I'm going to take you back. Knock knock. Yes.

Okay, now remember, you're fifth grade. Heather is a long time ago. Not as long as it was for me, but a long time ago. Not. Not. Hello? No. Oh, there it is. There.

There you go. I knew you could do it if you put your mind to it. Knock, knock. Who's there? Banana. Banana who? Knock, knock. Who's there? Banana. Banana who?

Knock knock. Who's there? But Nana banana. Who? Knock, knock. Who's there? Orange. Orange who? Aren't you glad I didn't say banana now do you? Such a stupid, stupid, stupid joke.

But because we use not. Not jokes when you're like, in grade school. Knock knock is. Do I have permission? So when I say knock knock, it's. Can we have a back and forth?

Can we do a back and forth? And so when I go knock, knock. It also allows me to learn. How long does it take you to go from whatever you're doing to me.

And so I went knock, knock. And it was said, that's head up, Heather. Hey. And so a big smile, plus a hand near my face because I still don't know your gem state exactly, except you were a little slow on the knock.

Knock. So my hand is up near my face in case you have binocular vision. And I go home and I offer my hand in a handshake. And so what I'm calling on is an automatic back and forth.

And if you get it, you'll offer your hand, and I'll shake your hand and I'll slide in the hand and your hand, and I'll move to the side and I'll if you'll let me, I'll keep your hand there and I'll say, Heather, it's cheaper now.

I'm from North Carolina and you're from California. California. Wow. West coast say. That's right. Yeah. Oh, Heather, I grew up on a farm. And you grew up at the beach.

At the beach? Oh, yeah. Now I learned to swim. Did you learn to swim or something else? I like to swim. Yeah. Any surfing? Yes. Now, for those out there who are watching.

What did I do? Right before I said the word surfing? It's a mimed it to get the little mind. Yeah, I did sort of like a balancing thing so that I gave you the visual cue of the word I was going to produce before I gave the word.

So I made it easier for your brain to go locate the word and find surfing. And and I gave you the visual. So you're bringing. Yeah. Surfing. So I didn't just throw it out there like, have you ever been to Malibu?

Because then I'm counting on you knowing the word Malibu, being able to locate it, get its meaning, and give me something back. And given the speed with which you did the knock knock answer, I want to make sure we're going to match up so that I don't go too fast.

I don't ask too much. So you start not wanting to be with me because I make you uncomfortable. But you're

connecting in a way that then when it's time to get to the bathroom or time to get to breakfast, you.

Oh, Heather, could you do me a huge favor? Coming up, I'm going to show you something. And I did a little come a loud signal, and I move my body away a little bit.

So you mean what we did is I signals done conversation. Let's go look at something and do something. And so I gave you a cue that's likely to be a responsive on your part on cue.

And so I'm setting us up for success. And so those are called positive physical approach positive connectors and positive action starters. Wow. Yeah. Caregivers they suffer with burnout.

I mean, this is just sort of the reality of caring for someone with dementia. It can last for a decade or more, and it can last 24 hours a day. What do you suggest for people who are facing burnout?

I first will ask people, how well are you breathing? Because people do not realize how much they're holding their breath, how often they're depriving themselves of oxygen, how rarely they do.

They actually check in with what's your oxygen flow? Because I can guarantee you, if you're if you're depleted, you're not oxygenating. Well, I mean, just basic oxygen flow.

And so I'll say let's try something. Let's set an alarm that goes off five times during the day. And every time your alarm goes, I want it to be a friendly alarm, not a but something that's friendly.

I want you to go. Okay. Now do it again. Real deep. Hopefully. We'll get more now. So tell me how you're doing here, here or here? Much better. Yeah. So one of the realities as a carer who's getting burned out is as a helper, I got to be careful that when I come in, I don't.

You look burned out. I'm sorry. Or. Yeah. What do you expect? And instead I start with let's bring your O2 up a little bit before we start the conversation.

Because if you're telling me you're burned out, typically I would say, I believe you. I think you are. So let's give you a little oxygen flow so we can talk about this.

And you need a little more space. We got to hold a little space here. And then when I go, how are you doing here, here or here? It gives you a range of what maybe is going on.

So and this is a thumbs up the thumbs in the middle or a thumbs down. Yeah. So where are you in this continuum. And so I think by giving it that that's a little different than how are you doing.

I'm fine. How are you doing. Oh it's awful. You know, it's like, tell me two things that are going okay or not as awful as the rest. And what's one thing you wish for different two things that are going okay and one you wish was different.

And I will tell you, if somebody is burned out, they'll start, oh my God, it's everything. And it's like, I hear you, but we're going to start with two things that are going, okay, I don't know.

Okay. What's not as awful as it could be? Well, she's only not taking a shower. I can at least get her to wash her armpits. Okay, cool. So she's getting the armpits clean.

Okay, that's a plus, but she won't take it out. The armpits are getting clean. Yes. What's another? And so sometimes really helping people to look up and out a little bit as a start.

And then what I'll say it sounds like you really could use a break here. So tell me what your team looks like. That's what you hear. What team? I'm it.

It's like, whoa, whoa. So you're on the job 24 seven. Hey, man. You know what would happen if you weren't on the job?

Practical communication tips and caregiver burnout

Yeah. Wow. Yeah. So what's going to happen is the person's going to lose everything they know. And so this, this reality of if we let this go longer and longer, when this transition does happen because it's, you know, 40% of the time we lose a carer as a primary care before we lose the person living with dementia.

Now, I don't mean that they die all the time, I just mean they can't stay to primary care. But what that means for the person living with dementia is I've lost my anchor.

I've lost my primary, I've lost my, my comfort. I've lost my second brain. I've lost. I've lost my support. And so I encourage people to think hard about, okay, if we don't want that to happen, we've got to figure out how to spread the load a little bit more.

And I mean, it may and be uncomfortable. So where are you uncomfortable that I can help. Like is it asking other people to kick in? Is it looking for a resource that isn't a classic resource for you?

I mean, are you alone worth. And we're asking you to work with others because it mean there's all kinds of carers. Males are particularly at risk and who's more likely developed some forms of dementia emails.

So you know, they might have a female partner, they might have a male partner. But if it's a male partner, males are notorious. I'm sorry, but they tend to be notorious for trying to look it up online and do it on their own kind of thing.

And that makes it really stressful because, frankly, trying to work with others, or stepping back and not knowing what to do, and then feeling bad about it.

So, you know, it's burnout is very, very hot, particularly since Covid, where people got dumped into situations that, oh my heavens, you're doing work, you're doing kids, you're doing care all for one location with somebody that you didn't really intend this, and you didn't even realize how bad it was until this happened.

And the other person, we lost the other person because they got Covid or something happened to them. And now all of a sudden, you're assuming so many responsibilities and sustainable something, getting help sooner rather than waiting.

So kind of anticipating that things you may need more before you need it. Yeah. So and making the sort of who's your game, who's your team when it gets to be 24 seven.

Who's going to take some of these hours. There isn't anybody. Let's start making this plan now. The other one is sleep. I'll often check with people. So how are you doing with your sleep pattern?

What? Sleep? Yeah. You know, what are you eating? Comfort food. Yeah. I can, I do. So all the things we know that are risk reducers and health promoters, it's like carers sort of give it up and it's like, well, now you're caring for two people and not sure that eliminates your need for this.

So figuring out who can do some of these things with your person while you go do some of them for you or with someone. So you because what we know is carers actually stick with a regimen better if they have a partner that they've promised they'll go do it with.

Then if you tell them they just do it on your own, they'll give their self up. But if they promise someone else they'll show up, they're more likely to follow through on it next.

So it got a great tip. If you have so many incredible tips and just so much to share with the people who are caring

for a loved one with dementia, and of course, for professional caregivers as well, what you bring to the table is just absolutely valuable and so critical for this community, and I cannot thank you enough.

I also want people to understand how they can get even more of your magic. So tell it and then books online directly communicating with you, having you in to do workshops like what's available, how do they find out more. Yeah.

So we have a website which is pretty easy to find because it's just my name is snow no spaces.com. And we have free resources. We have courses, we have products.

And we also have an 800 number which is (877) 877-1671. And when you go you can get up with us. We have info at cheapest snow. Com because we really are we're on tick tock.

We're on Facebook, we're on Instagram. We're on Twitter, we're on Pinterest. Because what we found is boy oh boy, dimensions everywhere. And it affects people of all ages, in one way or another.

And, you know, being available when people need something. Oh, we have a YouTube channel. Oh, yeah. Exactly. I can tell I can give you a testimonial for that.

I've watched all of your videos on YouTube where you share them, and I'm around the team meetings and we, we are so excited to collaborate with you more and have you out to train our caregivers, because it is just so critical that people understand how much of an impact they're having on the person they're caring for, and then they have they're empowered to use the phrases, the approach, all of these tips that are really very simple.

Once you know them, once you're aware and it just changes, absolutely transforms the experience for everyone. And so I'm just delighted that you've been here to share your wisdom with us, and couldn't be more grateful for your time.

Oh, absolutely. It has been my pleasure. It is a joy to spend time with you. You are such a brilliant person and what you're doing with people and for people and around people.

Creating this opportunity for people to lift up in and have those gem states that they're capable of, and going to those places that they used to live and reentering that space.

And, and by giving the right support, we know we can change lives and we that's where we fit together. Yeah, like peanut butter and jelly or probably some other things other than some other, you know, thing.

Yeah. Like peanut butter. Jelly is not my favorite thing. You get the idea. Yes. Super. Thank you again. You are so welcome. Thanks for the opportunity and it is great to be with you.