








# The GEMS State Model

Positive  
Approach  
to Care

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

 <b>Sapphire</b> True blue Healthy brain Normal aging Flexible Adaptable Optimal cognition Can provide support for other GEMS states with proper self-care and support	 <b>Diamond</b> Clear – Sharp Many facets Lives by habit and routine Likes familiar, dislikes change Blames or dismisses errors Can cut and shine	 <b>Emerald</b> Green On the go with purpose Flawed Seeks independence or connections Repeats Misses details Travels in time and place	 <b>Amber</b> Orange Caught in a moment of time More curious than cautious Focused on sensory needs Lives in the moment Copies actions, not tasks Resists dislikes, seeks likes Can confuse objects	 <b>Ruby</b> Strong red Retains strength, not skills Big/strong actions Has rhythm Notices tone of voice In motion or still Imitates actions	 <b>Pearl</b> Hidden in a shell Ruled by reflexes Short moments of connection Mostly immobile Expresses unmet needs with distress Reacts to touch Can recognize familiar and liked
Less peripheral awareness with age	Scuba vision	Binocular vision	Can confuse objects	Monocular vision	Limited visual regard





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

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

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

### \* Hand-under-Hand Techniques



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

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# Dementia

## Fronto-temporal Dementias

### Alzheimer's Disease:

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

### Lewy Body Disease:

- Parkinsons related
- Diffuse Lewy Body

## Vascular Dementias:

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

## Other Dementias:

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



## Four Truths About All Dementias:

- At least two parts of the brain are dying
- It is not curable or fixable – chronic
- It keeps changing and getting worse – progressive
- It results in death – terminal

### Alzheimers

New details lost first  
Recent memory worse  
Some language problems, mis-speaks  
More impulsive or indecisive  
Gets lost – time/place  
Several forms and patterns  
Young onset can vary from late life onset  
Down Syndrome is high risk  
Notice changes over time  
Related to beta-amyloid plaques and tau pathologies

### Lewy Body

- Movement problems – Falls
- Visual disturbances
- Delusional thinking
- Fine motor problems – hands and swallowing
- Episodes of rigidity and syncope
- Insomnia – sleep disturbances
- Nightmares that seem real
- Fluctuations in abilities
- Drug responses can be extreme and strange
- Related to synuclein protein malformations

### Vascular

- Sudden changes in ability – some recovery
- Symptom combinations are highly variable
- Can have bounce back and bad days
- Judgment and behavior *not the same*
- Spotty losses
- Emotional and energy shifts
- Least predictable
- Caused by problems with blood flow, oxygen, nourishment of brain cells

### Frontotemporal

- Many types
- Frontal: impulse and behavior control changes
  - Says unexpected, rude, mean, odd things
  - Apathy – not caring
  - Problems with initiation or sequencing
  - Dis-inhibited: sex, food, drink, emotions, actions
- Temporal: language change
  - Difficulty with speaking – missing/changing words
  - Rhythm OK, content missing
  - Not getting messages
- Related to tau pathologies





# The LIVING GEMS

The GEMS™ model recognizes the dynamic nature of the human brain and its abilities. Unlike other cognitive models, it acknowledges that everyone's abilities can change in a moment. Modifying environments, situations, interactions, and expectations will create either supportive positive opportunities or result in distress and a sense of failure. Just as gemstones need different settings and care to show their best characteristics, so do people. Rather than focusing on a person's loss when there is brain change, seeing individuals as precious, unique, and capable encourages a care partnership and is the core of this model. Providing supportive settings for everyone, including care providers, allows them to use what they have to be their best. The GEMS™ advocate that everyone living with brain change when given the opportunity will shine. Teepea Snow and Positive Approach™ to Care Team

## **SAPPHIRE** ~ True Blue ~ Optimal Cognition, Healthy Brain

True to self: personal preferences remain basically the same  
Can be flexible in thinking and appreciate multiple perspectives  
Stress/pain/fatigue may trigger Diamond state: back to Sapphire with relief  
Able to suppress and filter personal reactions: chooses effective responses  
Selects from options and can make informed decisions  
Processes well and able to successfully transition  
Aging doesn't change ability: processing slows, more effort/time/practice needed

## **DIAMOND** ~ Clear and Sharp ~ Routines and Rituals Rule

Displays many facets: behavior and perspective can shift dramatically  
Prefers the familiar and may resist change: challenged by transitions  
More rigid and self-focused; sees wants as needs, when stressed  
Personal likes/dislikes in relationships/space/belongings become more intense  
Reacts to changes in environment; benefits from familiar; functional/forgiving  
Needs repetition and time to absorb new/different information or routines  
Trusted authority figures can help: reacts better when respect is mutual

## **EMERALD** ~ Green and On the Go With a Purpose ~ Naturally Flawed

Sees self as able and independent with limited awareness of changes in ability  
Lives in moments of clarity mixed with periods of loss in logic/reason/perspective  
Understanding and use of language change: vague words and many repeats  
Cues and support help when getting to/from places and doing daily routines  
Awareness of time, place, and situation will not always match current reality  
Strong emotional reactions are triggered by fears, desires, or unmet needs  
Needs to know what comes next: seeks guidance and assistance to fill the day

## **AMBER** ~ Caught in a Moment of Time ~ Caution Required

- Focused on sensation: seeks to satisfy desires and tries to avoid what is disliked
- Environment can drive actions and reactions, without safety awareness
- Visual abilities are limited: focus is on pieces or parts not the whole picture
- What happens to or around an Amber, may cause strong and surprising reactions
- Enters others' space and crosses boundaries attempting to meet own needs
- Has periods of intense activity: may be very curious or repetitive with objects or actions
- Care is refused or seen as threatening due to differences in perspective and ability

## **RUBY** ~ Deep and Strong in Color ~ Others Stop Seeing What is Possible

- Makes use of rhythm: can usually sing, hum, pray, sway, rock, clap, and dance
- When moving can't stop, when stopped can't get moving: needs guidance and help
- Big, strong movements are possible, while skilled abilities are being lost
- Danger exists due to limited abilities combined with automatic actions or reactions
- Tends to miss subtle hints, but gets magnified facial expressions and voice rhythms
- Can mimic actions or motions, but will struggle to understand instructions/gestures
- Able to pick up and hold objects, and yet not know what to do with them

## **PEARL** ~ Hidden Within a Shell ~ Beautiful Moments to Behold

- Will frequently recognize familiar touches, voices, faces, aromas, and tastes
- Personhood survives, although all other capabilities are minimal
- Understanding input takes time: go slow and simplify for success
- In care, first get connected by offering comfort then use careful and caring touch
- Changes in the body are profound: weight loss, immobility, systems are failing
- As protective reflexes are lost, breathing, swallowing, and moving will be difficult
- Care partners benefit from learning the art of letting go rather than simply giving up





# The LIVING GEMS

"My brain is healthy - true blue. If I am aging normally or distressed, it may be hard for me to find words. I can describe what I am thinking so you understand. I may talk to myself because I am giving myself cues and prompts. I can learn new things and change habits, but it takes time and effort. Honoring my choices and preferences, when possible, is important. I need more time to make decisions. Give me the details and let me think about it before you need an answer. I am able to remember plans and information but supports are helpful. I may like specific prompts such as notes, calendars, and reminder calls. Health changes in vision, hearing, balance, coordination, depression, anxiety, pain, or medication may impact my behavior, but my cognitive abilities remain the same."



"My overall cognition is clear and sharp. When happy and supported, I am capable and shine in my abilities. When distressed, I can be cutting and rigid and may see your help as a threat. I have trouble seeing other points of view and may become less aware of boundaries or more possessive about my relationships, personal space, and belongings. I have many facets so people see me differently depending on the situation. This can cause conflict among my family, friends, or care team as it's hard to tell if I am choosing my behavior or truly have limits in my ability. I can socially engage and have good cover skills. People will vary in their awareness of what is happening to me. I want to keep habits and environments as they have always been even if they are problematic for me or others. I am often focused on the past, personal values, or finances. I will need help to make changes in my life; it's hard for me. I can be in a Diamond state for reasons other than dementia."



"I am flawed; it is part of being a natural emerald. I tend to be focused on what I want or need in this moment and may not be aware of my own safety or changing abilities. I can chat socially, but I typically miss one out of every four words and cannot accurately follow the meaning of longer conversations. I won't remember the details of our time together, but I will remember how your body language and tone of voice made me feel. I may hide or misplace things and believe someone has taken them. My brain will make up information to fill in the blanks which makes you think I am lying. If you try to correct me or argue I may become resentful or suspicious of you. I am not always rational, but don't want to be made to feel incompetent. My brain plays tricks on me, taking me to different times and places in my life. When I am struggling I may tell you 'I want to go home.' To provide the help and assistance I need you must go with my flow, use a positive, partnered approach, and modify my environment."



"Like a particle trapped in an amber, I am caught in a moment of time. It may surprise you to see how I take in the world around me. I may not know you or see you as a whole person. I react to you based on how you look, sound, move, smell, and respond to me. I like to do simple tasks over and over and may need to repeatedly move and touch, smell, taste, take or tear items apart. While it may exhaust or frustrate you, it soothes me. I don't recognize danger; you will have to safeguard my environment. I'm intolerant to discomfort because my mouth, hands, feet, and genitalia are highly sensitive due to changes in my nervous system. Therefore, activities like eating, taking medication, mouth care, bathing, dressing, and toileting may distress me. Please notice my reaction and stop if I am resisting. I can't help myself and one or both of us may get hurt emotionally and/or physically. If this happens, wait a few minutes, connect with me, and try a different approach; possibly substituting one area of focus for another."



"As the deep red of a ruby masks detail, my obvious losses make my remaining abilities harder to notice. Although my fine motor skills have become very limited, remember I am able to move and do simple things with my hands. You will need to anticipate, identify, and respond to all of my needs, even though I may not be aware of them. Plan to create a supportive environment, help with the details of care, and structure my day. Just as a crossing guard directs traffic, you will need to guide my movement and transitions. I can rarely stop or start on my own and switching gears is a challenge. Move with me first, then use your body to show me what you want me to do next, going one step at a time. Hand-under-hand™ assistance helps me to feel safe and secure and to know what to do. Danger is part of my life due to losses in visual skills, chewing abilities, balance, and coordination. You can reduce the risks to me, but not eliminate them. I can still have moments of joy when you are able to provide what gives me pleasure."



"While hidden like a pearl in an oyster shell, I will still have moments when I become alert and responsive. I am near the end of my life. Moments of connection create a sense of wholeness and value between us. Use our time together not just to provide care, but to comfort and connect with me. To help me complete life well, it's important to honor my personhood when making medical or care decisions; please don't talk about me as though I am not still here. I respond best to familiar voices and gentle rhythmic movements. I am ruled by reflexes and will startle easily. My brain is losing its ability to control and heal my body. Be prepared to see me having difficulty breathing or swallowing. My body may no longer desire food and drink as I prepare to leave this life. I may not be able to stop living without permission from you. Your greatest gift at this time in my life is to let me know that it is ok to go."

