CareCertify LLC

Assisted Living Training Series

AL-05

Dementia Awareness

Participant Guide

Assisted Living Training Series · Audience: HHAs · CNAs · PCAs · DSPs · AL Staff · CE Hours: 1.0

Understanding the Person Behind the Diagnosis

Dementia is not a single disease but a group of conditions — Alzheimer's disease is the most common — that progressively affect memory, thinking, language, and behavior. Minnesota law (Minn. Stat. 144G.64) requires dementia training for assisted living staff because skilled dementia care measurably improves residents' lives and reduces distress.

This guide focuses on what you can do at the bedside: communicate in ways the person can receive, support daily routines that preserve dignity, and read behavior as a message about an unmet need.

Learning Objectives — by the end of this module you will be able to:

- Explain what dementia is and how it differs from normal aging
- Describe how dementia affects memory, communication, and behavior
- Use person-centered and validating communication
- Support residents with activities of daily living respectfully
- Respond to challenging behaviors by identifying the unmet need

Section 1: Understanding Alzheimer's and Other Dementias

Dementia describes a decline in memory and thinking severe enough to interfere with daily life. Alzheimer's is the most common cause; others include vascular, Lewy body, and frontotemporal dementia. It is progressive and caused by physical changes in the brain.

It is not normal aging and not willful behavior. Abilities fluctuate, so a person-centered approach meets the resident at their current level rather than expecting yesterday's abilities.

Section 2: How Dementia Affects Memory and Behavior

Dementia changes memory (repetition, forgetting recent events), language (word-finding, following conversation), judgment (decisions, safety, sequencing tasks), and behavior (agitation, wandering, withdrawal). Understanding these changes helps you respond with patience rather than frustration.

Section 3: Person-Centered and Validating Communication

Approach from the front so you don't startle them, make eye contact, greet by name, and smile. Speak slowly using short, simple sentences and ask one question at a time, allowing plenty of time to respond.

Validate feelings instead of arguing facts. Your calm tone, relaxed posture, and patience set the emotional temperature of the interaction.

> **Behavior is communication**
>
> Most challenging behaviors express an unmet need — pain, hunger, fear, boredom, or needing the bathroom. Ask 'what is this person trying to tell me?' before reacting.

Section 4: Entering the Resident's Reality

Forceful reorientation — insisting on the facts — usually causes distress and damages trust without lasting orientation benefit. Instead, enter the resident's reality and engage with the emotional truth of their experience.

Reminiscence, talking about earlier life, reinforces identity, provides pleasure, and has documented emotional benefits.

Section 5: Assisting With Activities of Daily Living

Daily activities can confuse someone with dementia. Break each task into simple steps and guide gently. Offer limited choices to preserve control without overwhelming. Keep routines consistent, since familiarity lowers anxiety.

Protect dignity throughout: ensure privacy, explain what you're about to do, and go at the resident's pace. Rushing or scolding increases distress and resistance.

Section 6: Problem-Solving Challenging Behaviors

Challenging behaviors are signals, not misbehavior. Keep everyone safe, stay calm, and avoid arguing or using restraint. Look for the trigger — pain, hunger, fatigue, overstimulation, loneliness, or needing the bathroom.

Respond by meeting the need, redirecting to a soothing activity, or adjusting the environment. Report patterns to the nurse so the care plan can be updated.

> **Never restrain for convenience**
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> Physical or chemical restraints for discipline or staff convenience are prohibited and dangerous. De-escalation, redirection, and environmental changes come first.

Section 7: Wandering and Environmental Safety

Many residents with dementia wander. A safe environment, managed exits per the facility plan, and meaningful engagement reduce risk while preserving dignity. Know which residents are at risk of elopement and report changes in their patterns to the nurse.

Section 8: Minnesota's Dementia Training Requirements (144G.64)

Direct-care staff need at least eight hours of initial dementia training within 160 working hours of hire — within 80 in a facility with dementia care — plus two hours of dementia and one hour of mental illness/de-

escalation training each year. Until initial training is complete, a new staff member may provide direct care only when a trained staff member is on site as a resource.

Required topics include explaining Alzheimer's and other dementias, ADLs, problem-solving behaviors, communication, person-centered planning, recognizing mental illness, de-escalation, and crisis resolution and suicide prevention (988 and county crisis teams).

Section 9: When to Involve the Nurse and Crisis Resources

A sudden, new change in confusion can signal delirium — a medical emergency — and must be reported immediately. Report sudden behavior changes, declines, or safety concerns to the nurse so the plan stays current. For a mental-health crisis or thoughts of self-harm, the 988 Suicide and Crisis Lifeline and county crisis teams are resources your facility uses.

Key Terms

Term	What it means
Dementia	A group of progressive conditions impairing memory, thinking, and behavior.
Alzheimer's disease	The most common cause of dementia.
Person-centered care	Care built around the individual's preferences, history, and current abilities.
Validation	Acknowledging a resident's feelings rather than correcting facts.
Anosognosia	The neurological inability to recognize one's own cognitive impairment.
Trigger	A cause behind a challenging behavior, such as pain, noise, or hunger.

Check Your Understanding

1. How is dementia different from normal aging?
2. Give three techniques for communicating with a resident who has dementia.
3. Why validate feelings rather than correct facts?
4. What should you look for when a resident shows a challenging behavior?
5. How many initial hours of dementia training does a direct-care staff member need, and by when?

What's Next

> **Looking ahead**
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> Next, AL-06: Mental Illness & De-escalation covers recognizing mental illness, de-escalation techniques, and crisis response under Minn. Stat. 144G.64.