

# CareCertify LLC

## Front-Line Caregiver Training Series

CG-05

## Dementia & Cognitive Care

### *Participant Guide*

Front-Line Caregiver Training Series · Audience: CNAs · HHAs · PCAs · DSPs · Caregivers · CE Hours: 1.0

### Understanding the Person Behind the Diagnosis

Dementia is a group of progressive conditions — Alzheimer's is the most common — that affect memory, thinking, language, and behavior. Many of your clients live with cognitive changes, often in their own homes, which brings both comfort and risk. Skilled dementia care improves their lives and reduces distress.

This guide focuses on what you can do: communicate so the person can receive you, 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, validating communication
- Support clients 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's progressive and caused by physical brain changes — not normal aging, and not willful behavior.

Abilities fluctuate, so meet the client at their current level rather than expecting yesterday's abilities.

### Section 2: How Dementia Affects Memory and Behavior

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

### Section 3: Person-Centered, Validating Communication

Approach from the front so you don't startle them, make eye contact, greet by name, and smile. Speak slowly in short, simple sentences, one idea at a time, and allow time to respond. Validate feelings instead of arguing facts. Your calm tone and body language set the emotional temperature.

### **Behavior is communication**

Most challenging behaviors express an unmet need — pain, hunger, fear, boredom, or needing the bathroom. Ask 'what is this person telling me?' before reacting.

## **Section 4: Entering the Client's Reality**

Forceful reorientation usually causes distress and damages trust without lasting benefit. Enter the client's reality and engage with the emotional truth of their experience. Reminiscence — talking about earlier life — reinforces identity and provides comfort.

## **Section 5: Supporting Activities of Daily Living**

Daily activities can confuse someone with dementia. Break tasks into simple steps, offer limited choices, and keep routines consistent to lower anxiety. Protect dignity and privacy, explain before you act, and go at the client'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 force. Look for the trigger — pain, hunger, fatigue, overstimulation, loneliness, or needing the bathroom. Respond by meeting the need, redirecting, or adjusting the environment. Report patterns so the plan can be updated.

## **Section 7: Home Safety and Wandering**

Clients with dementia face safety risks at home: medications, hot water, stoves, and leaving unsupervised. Work with the family and care plan to reduce hazards while preserving dignity. Wandering is common — know the client's risk and the plan, use routine and engagement to reduce restlessness, and report changes promptly.

## **Section 8: When to Report and Get Help**

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 or supervisor. For a mental-health crisis or thoughts of self-harm, the 988 Suicide and Crisis Lifeline and the family's plan are resources.

### **Sudden change = report now**

If a client with dementia suddenly becomes much more confused, agitated, or sleepy than their baseline, that can be a medical emergency. Report it immediately.

## **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 client's feelings rather than correcting facts.
Trigger	A cause behind a challenging behavior, such as pain, noise, or hunger.
Delirium	Sudden, new confusion from a medical cause — a medical emergency.

## Check Your Understanding

1. How is dementia different from normal aging?
2. Give three techniques for communicating with a client who has dementia.
3. Why validate feelings rather than correct facts?
4. What should you look for when a client shows a challenging behavior?
5. What sudden change should you report immediately, and why?

## What's Next

### Looking ahead

Next, CG-06: Grief, Loss & End-of-Life Support covers supporting clients and families through decline, dying, and grief.