In-Home Aides

Partners in Quality Care

JUNE 2025



OBJECTIVES:

Review challenging behaviors

Review changes in behavior with Dementia

Review ways to cope with challenging behaviors

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References:

NCDHHS/DHSR/HCPEC | Home Care Aide Curriculum | July 2021 Module 20-Understanding Challenging Behaviors

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Challenging Behaviors

Challenging behaviors are clues to a bigger issue that someone is experiencing. Challenging behaviors can be because a person has dementia such as Alzheimer's disease or other dementia diagnosis. Challenging behaviors can be due to a person having a brain injury, or cognitive changes due to a stroke, or due to a mental health disorder. Working with clients with challenging behaviors requires training specific to the cause of the behavior. Older adults going through life changes, losses, body changes, as well and other potential challenges such as memory loss, chronic pain, body aches, or medication side effects can be contributing factors for challenging behaviors with older adults. Someone experiencing issues may not mean to exhibit challenging behaviors; they may feel they are justified in their actions given how they feel and what they are going through, or they may not even have a grasp on how their words and actions affect those around them. There may be times when clients display behaviors you are not expecting when working as an In- home aide. These behaviors may include anxiousness and worry, tearfulness, irritability, demanding behavior, anger, screaming and agitation. As an In-home aide, you might have a hard time working around challenging behaviors to do your job well and as planned. It is helpful to know when your client is starting to become agitated, this may help you with calming him/her down or alleviating the behavior/problem before it gets out of hand. Signs of agitation to look for include fidgeting, grinding teeth, furrowing brow, frowning, jaw clinching, eye rolling, hands on hips or crossed tightly, and pacing. Alzheimer's disease changes the brain in ways that can affect how a person acts. Some days, the person might seem like themselves, and other days they might act in unusual ways. This variation from one day to the next is common for people with Alzheimer's. In addition to thinking and memory problems, people with Alzheimer's may experience symptoms such as agitation, trouble sleeping, and hallucinations. They may wander, pace, and behave in unusual ways.

Ways to deal with challenging behavior include:

• Communication is key. Part of communication is the ability to be a good listener. By listening to your client, you may be able to understand the root of the problem. Problem-solving and figuring out what the real issue is will help you deal with the present situation/behavior.

• Respect your client's right to privacy and independence. Encourage the client to do the things that he/she can do; never force a client to do a task.

• Be sensitive to the fact that your client may still be adjusting to losing some independence and health.

• Always know who to call in case of an emergency – your office administrator, the nurse supervisor, or other.

If a situation is getting out of hand, leave if you feel unsafe. Make sure you always have a clear exit out of the home. Call your agency supervisor to report what is happening and for assistance. Depending on the severity of the event, you may have to call 911. Talk to your supervisor about how to handle these potential situations. Your safety and the client's safety are important.

In-home aides Partners in Quality Care – June 2025 page 2

Challenging Behaviors

Tips for talking to someone who has Dementia include using simple words and sentences and speak slowly. Speak in a quiet voice. Talking loudly, as if the person is hard of hearing, will not help. Repeat your words, if needed. Use names and places the person knows. Try not to use pronouns, such as he, she, and them. This can confuse someone with dementia. Tell them when you are going to change the subject. Talk to people who have dementia as adults. Don't make them feel as if they are children. If there is frustration with a confused client, let them know you understand something is bothering them and try to redirect the subject or activity while showing empathy. Ask questions so they can answer with yes or no. Give the person clear choices, and a visual cue, such as pointing to something, if possible. Don't give them too many options. When giving instructions:

- Break directions down into small and simple steps.
- Allow time for the person to understand.
- If they get frustrated, consider switching to another activity.

Try to get them talking about something they enjoy. Many people with dementia like to talk about the past, and many can remember the distant past better than recent events. Even if they remember something wrong, do not insist on correcting them.

Some individuals that you will provide care for will be dealing with various stressors. Those stressors could include loss of close friends or spouse, the loss of physical ability, or even the loss of social support. Feelings of depression, isolation, anxiety, and fear of being alone can be overwhelming to a person. It is important that as an In-home aide you learn how to identify triggers that result in anger and frustration, as well as methods with which to defuse an angry, combative, or agitated client. Talk to your supervisor about your agency policies and procedures for dealing with situations in which clients are exhibiting challenging behaviors. Talk to your supervisor about the need to receive training in these areas.

Communication with a client exhibiting challenging behaviors such as anger may include verbal deescalation. Verbal de-escalation is a method of communication used to calm a potentially hostile encounter. Verbally de-escalating a client can be difficult, especially if there is a health issue or some form of dementia present. Reasoning with a person when they are extremely angry or screaming will be ineffective. Your goal is to stay calm and collected when talking with your agitated client. Staying calm and collected can be a challenge. It is human nature to fight, flee or freeze when confronted mentally or physically with a threatening situation; however, remain calm and always be a professional.

While staying calm, you must exhibit confidence in what you are saying and what you are doing. Be the authoritative figure in the situation. Keep your voice low and even. Do not criticize or talk down to your client. Do not make jokes about the subject or the client's behavior. Such comments are humiliating to the clients and will lead to them feeling worse. The client may be lashing out at you simply because you are there rather and it may feel like it is on a personal level. Do not take this personally and do not react to hurtful comments at the time. This can be discussed later with your supervisor. Instead of thinking the verbal attack is about you, focus on the intention of the client. By using your problem-solving skills to discover the intention of the client's comments, i.e., what the real issue is, you will move your focus from yourself to the client. Once you are talking calmly with your client, wait for breaks in the conversation to talk. Do not speak over your client. It is important not to try to win the war. Your role is to figure out the client's issue. Anger is a common feeling associated with illness. Clients may be angry because they are sick or have a disability and they may take that feeling out on their friends, families, and In-home aide. Anger can be demonstrated in impatience. Clients can also express frustration because they are angry about their limitations, the slowness of their progress, and their inability to control the situation. The In-home aide's role is to be calm and patient and try not to become angry yourself, as anger is a barrier to communication. Keep in mind that the client is angry about being sick or disabled. Discuss the situation with your supervisor to gain a better understanding of your client's individual needs.

In-home aides Partners in Quality Care- June 2025 page 3

Challenging Behaviors

People with dementia can, at times, become physically aggressive and create a risk to the health and safety of themselves, homecare workers, and others. This can happen because of the following reasons:

• They are experiencing pain or discomfort from a physical condition they cannot identify or explain, such as hunger, constipation, or a urinary tract infection.

• They are feeling stress from something in their environment, such as the level of noise, activity, other stimuli, or the temperature.

• They have had stressful interactions with others.

• They are suffering from delusions, paranoia, or other impacts from their dementia.

Common behavior changes with Alzheimer's disease include:

- ✓ Showing signs of anxiety or fear
- ✓ Getting upset, worried, and angry more easily
- ✓ Acting depressed or not interested in things
- ✓ Hiding things or believing other people are hiding things
- ✓ Imagining things that aren't there
- ✓ Feeling suspicious of or threatened by others, for little or no reason
- \checkmark Pacing a lot of the time
- ✓ Showing unusual sexual behavior
- ✓ Wandering away from home
- ✓ Hitting other people
- ✓ Misunderstanding what they see or hear
- ✓ Having difficulty sleeping through the night

Tips to manage behavior changes include:

- Be patient, try not to show frustration, and avoid arguing.
- Reassure the person that you are there to help. Respect personal space.
- Learn how to communicate with a person with Alzheimer's such as being aware of your tone, volume, facial expressions, and body language. Try to avoid appearing angry or tense. Show a warm, loving, and matter-of-fact manner.
- Be aware of nonverbal communication. As people lose the ability to talk clearly, they may rely on other ways to communicate their thoughts and feelings. For example, their facial expressions may show sadness, anger, or frustration.
- Redirect their attention to a new object or activity, such as listening to music, reading a book, or going for a walk.
- Create a comforting home setting by reducing noise and clutter and keeping well-loved objects (such as photos) around the home.
- Try to keep the person to a routine by bathing, dressing, and eating at the same time each day.
- Find ways for the person to be physically active, which can improve mood and sleep.

Alzheimer's Disease and Sundowning: Avoiding Late-Day Confusion

When restlessness, agitation, irritability, and confusion happen as daylight begins to fade, it's known as sundowning. Being overly tired can increase late-afternoon and early-evening restlessness. Try taking these steps with the person living with dementia to help prevent sundowning:

- Stick to a schedule.
- Arrange a time to go outside or sit by a window to get sunlight each day.
- Aim to be physically active each day, but don't plan too many activities.
- Avoid alcoholic drinks and beverages with caffeine, such as coffee or cola, late in the day.
- Discourage long naps and dozing late in the day.

Some people with dementia cannot control their emotions and their personalities may change. They may become apathetic, meaning that they are no longer interested in normal daily activities or events. They may lose their inhibitions and stop caring about other peoples' feelings.