

## Partners in Quality Care



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### **Objectives:**

- Define Dementia
- Review brain changes with Dementia
- Assisting a client with Dementia

### **References:**

<https://dementianc.org/education/understanding-dementia/#what> - accessed 4/16/26.

<https://www.mayoclinic.org/diseases-conditions/alzheimers-disease/symptoms-causes/syc-20350447> - accessed 4/16/2026

Why Responding to Dementia Behaviors Feels So Hard - Dr. Natali Edmonds-  
<https://www.youtube.com/watch?v=gJSXRiF9fpw> - accessed 4/16/2026

### **Dementia and Alzheimer's**

Dementia is a broad term used to describe symptoms of cognitive decline. It is an “umbrella” of symptoms of several underlying diseases and brain disorders. Dementia itself is not a single disease but instead is a general description of impairment in two or more areas of brain function. This can include memory, language, problem solving, impulse control, and other thinking skills. These symptoms are severe enough to affect one’s ability to do everyday tasks. Dementia is not a normal part of aging. While Alzheimer’s disease is the most common cause of dementia; vascular dementia, Lewy Body dementia, Frontotemporal dementia (FTD), and mixed dementia (more than one type of dementia occurring in the same brain) can occur. While sometimes seeming similar, each of these diseases impact the brain in different ways, may have different symptoms, and can cause changes in different abilities. Alzheimer’s disease is the biological process that begins with the appearance of a buildup of proteins in the form of amyloid plaques and neurofibrillary tangles in the brain. This causes brain cells to die over time and the brain to shrink.

Dementia is not a part of normal aging. It is a disease process. The risk of developing many types of dementia increases with age. Alzheimer’s affects all aspects of function: memory, reasoning, talking, understanding, social behavior, emotional control, coordination, vision, impulse control, and the ability to swallow, move, and control reflexes. Alzheimer’s Disease is the most common type of permanent dementia. As the disease progresses from very early, mild to moderate, to severe, more of the brain is affected. The role of the In-home aide is to assist a client with dementia in doing everyday activities and assisting to provide a safe meaningful environment. Every type of dementia will progress. Even though there are medications to help control disease progression and control of certain symptoms, there is no cure for Alzheimer’s disease, so change is guaranteed. As the disease progresses, the client’s abilities, interests, and skills will change as damage to the brain spreads. As an In-home aide, you will provide support needed at each level as the client’s abilities change. You will need to communicate with your supervisor regarding changes in the client’s function to ensure the plan of care is updated to match the needs of the client. A person with Alzheimer’s Disease will start out with certain symptoms such as memory loss, poor judgment and decisions, repeating questions, and personality changes. Later in the disease a person will have increased memory loss and confusion, and problems with language, reading, and writing, as well as trouble with thoughts and tasks having multiple steps such as getting dressed, along with wandering (especially in the late afternoon or evening). As the disease progresses to become severe, the person will depend on others for care. A person with Alzheimer’s disease may have hallucinations, and delusions. Individuals living with Alzheimer’s disease and other dementias are at increased risk for injury or harm in certain areas of the home. Pay close attention to the kitchen (stove, knives, plugged in items), and bathroom (sharp objects, risk for falls, appliances used) as areas of potential danger. As the disease progresses, they may become unaware of the dangers that exist. Talk to your supervisor about potential safety issues you notice with your clients. If a client wanders and is at risk of leaving the home and wandering off, special emphasis will need to be placed on that aspect of safety.

## **Dementia and Alzheimer's**

When approaching a client, especially a client with Alzheimer's or other dementia, physical approach is especially important. Keep these techniques in mind:

- Approach from the front – Avoid automatic reactions such as fight, flight, or fright. There may be a loss of side vision that keeps the person from seeing you coming from the side.
- Approach slowly – Give the client time to process that you are coming.
- Step to the side – Avoid confrontational stance. Reduce the risk of defensive or negative reactions to being too close. Also, protect yourself if the client is distressed or frightened.
- Offer your hand – This lets the client know what you are doing and gets the attention up toward your face. Use visual cues that are understood (e.g., wave, handshake).
- Rotate to hand-under-hand – (see the video link below) It feels better to hold onto the client in this position. It is a safe position for both people. If a client clamps and grasps your hand, this person may not have the motor control to release right away. You do not want to get stuck in a handshake position when the client is squeezing hard. You may need to hold the client tightly. This is the only safe way to hold an older client's hand tightly. If you grasp tightly onto any other part of the body, you may hurt the client, and you will leave a purple handprint.
- Lower your body if the client's body is low – make eye contact, maintain personal space, be supportive for your interaction. It may help the client get connected emotionally with you before you ask them to do something with you.
- Call clients by familiar names – it respects who they think and feel they are and helps to get their attention. It also helps a client to realize who you are talking to/interacting with.
- Be careful not to rush to the task too quickly – the client may need more time to process who you are and what you are up to. Make sure you are connected before you do more.

**Click on the link to the video below to see a demonstration of the Hand Under Hand Technique:**

<https://www.youtube.com/watch?v=QFrtnG6-fkU>

It is important to be thoughtful about and plan the way you approach a client. Start the good habit now because the approach will get more important as the client progresses in the disease. Always greet the client and establish your emotional connection before you try to do something with the client. Communication can be hard for people with Alzheimer's and related dementias because they have trouble remembering things. They also can become agitated and anxious, even angry. In some forms of dementia, language abilities are affected such that people have trouble finding the right words or have difficulty speaking.

A person with dementia may believe they are living decades in the past. They may ask for parents who have died, think they are still working at a job they are retired from, or believe their children are still young. This is due to changes in the brain. The brain is losing the now fast. Recent memory relies heavily on a part of the brain called the hippocampus and connected networks. Older memories especially older meaningful memories are stored across broader networks and tend to survive longer. Correcting a person with these memories can lead to sadness, confusion, or anger. A guiding principle in these situations is to respond to the meaning not to the timeframe. If a person with dementia is asking for their deceased parents, the meaning might be "I want safety or I feel alone". If they think I am going to work, the meaning might be, I want purpose or I want routine. It is not necessary to shatter their reality. For example, instead of saying, no, your mom died, you might respond to the meaning of him/her asking about their mom, which is, you miss your mom. You could say tell me about her. Instead of saying you do not work anymore, you can say, you have always been such a great worker, or you have always taken pride in your work. You can ask them to tell you about their favorite job or what kind of work did they do.

## **Dementia and Alzheimer's**

**Responding to Dementia related behaviors** – with dementia the brain is changing, dementia does not stand still. The brain is changing over time, and as the brain changes, the behaviors are going to change with it. Anything that impacts the brain is going to impact behavior. This often means you are not responding to a stable pattern. You are responding to a brain whose abilities shift. Processing speed slows down. The person's tolerance for stress decreases, their ability to follow steps, accept correction, make sense of the environment, or remember what you just said are the reality. That means a strategy you have tried that worked before may no longer work, because the brain is no longer processing in the same way. Even when two situations look exactly the same on the surface, the cause underneath those situations may be completely different. A person can be resisting care maybe because they are scared or because they are overwhelmed or in pain or tired or because they feel rushed, or because they do not understand what is going on around them. Even when responding to the same behavior, if the cause underneath that behavior is different, it often means the way we respond needs to be different too. This explains why two people with the same diagnosis and the same symptoms respond very differently to the same approach. If the usual approaches to working with a client who has dementia are not working, observe if there are changes you notice. For example, are there any changes in the client's environment, eating habits, caregivers, sleep patterns, report of pain or signs of pain, changes in urinary status or bowel habits, or other changes from what you know to be a client's usual baseline. If you notice changes, including increased agitation, report the changes according to the client's plan of care. The client may have an underlying medical condition causing increased confusion that needs to be addressed.

A person with dementia may be unable to express his or her needs because of cognitive losses. It will be important to be attentive to gestures and clues the person may be demonstrating. Every behavior is a response to a need or situation. Gestures, sounds, and conversation may reveal the trigger to the behavior. *As verbal skills diminish, behavior becomes the communication method.* At some point, people with Alzheimer's disease will need help with Activities of Daily Living (ADL's) including bathing, dressing, eating, and grooming. Report any swallowing difficulty your client is experiencing according to the plan of care, and you will need training in assisting a client to eat. At some point, a client with dementia may do better with eating finger foods. Report if the client refuses to eat or decreases their food or fluid intake. Staying well hydrated and eating nutritional meals are an important part of a plan of care for a person with dementia. It is also important to report if a client has a decrease in urine, dark colored or foul-smelling urine, and/or not having regular bowel movements (talk to your supervisor about how to report and what to report for a client's urinary and bowel status). A person with runny stools may have severe constipation. The bathroom is one of the most cognitively demanding spaces in the home, because it requires body awareness, multi-step sequencing, judgment, motor planning, visual spatial processing, timing, social rules, and sensory interpretation. Planning and simplifying the environment can help make bathroom time better for you and the person you are assisting. Cue one step at a time and use visual demonstration over verbal demonstration. Reminding the client to go to the bathroom with a regular bathroom schedule may be helpful.

If the person you are assisting is afraid of bathing, follow his or her lifelong bathing habits, such as doing the bath or shower in the morning or before going to bed. Allow the client to do as much as possible. Undressing and bathing can be scary for a person with dementia. Do not force anyone who is afraid of bathing to take a bath or shower, report the concerns to your supervisor and discuss other options for helping the person bathe that will meet the needs to keep the person clean. To keep the person with Alzheimer's safe during bath time, never leave a confused or frail person alone while they are in the tub or shower. Always check the water temperature before he or she gets in the tub or shower, use a hand-held showerhead as needed. Use a rubber bathmat and safety bars in the tub. Use a sturdy shower chair to support a person who is unsteady and to prevent falls. People with Alzheimer's disease often need more time to dress. Hand the person one thing at a time or give step-by-step dressing instructions and visual cues. A person with Alzheimer's disease will lose language skills. Once a person's language is affected, visual cues are helpful when showing someone what to do. The order of cues to give information to a person with dementia is visual, short verbal, and touch.