HELPING AN AGING PARENT

Dementia Communication Cheat Sheet

Made for the refrigerator door, and for handing to anyone else who spends time with your parent — relatives, sitters, visiting friends. Nobody gets this right the first several times.

The two things to remember

Everything else on this page follows from these.

- [ ] **They can't retain a correction.** Telling someone their mother died doesn't install the fact — it creates distress that outlasts the reason for it.
- [ ] **Feeling outlasts fact.** They won't remember that you visited. They will remember, wordlessly, that something good happened this afternoon — or that something frightening did.

Answer the feeling, not the question

Instead of	Try
"When is my mother coming?"	**"Tell me about your mother. What was she like?"**
"Dad, you retired twenty years ago."	**"Sounds like work's on your mind. What did you like best about it?"**
"You already ate lunch."	**"Let's get you something. Come sit with me."**
"Nobody's stealing from you."	**"That's upsetting. Let's look together."**
"This IS your home."	**"You're safe here. I'm staying with you."**

None of these say anything false. They move toward the feeling underneath — which is usually loneliness, fear, or wanting to be somewhere safe. Reach for these before anything else.

When they're confused about a TASK, not a fact

Different problem, different fix. Someone doing a familiar job wrong still *wants* to do it — what's broken is the sequence of steps, not the wanting. Stopping them removes the part that still works.

- [ ] **Quietly take over the broken step and hand back one they can still do.** If they can't measure the ingredients, measure them yourself and say “Would you please stir this for me?”
- [ ] **Join the task, don't stop it.** “Let me help you find it” keeps them in the job; “you can't do that” throws them out of it.
- [ ] **Ask for their help.** “Could you please help me?” — being needed feels completely different from being supervised.
- [ ] One step at a time. Several instructions at once overwhelms.
- [ ] Focus on the process, not the result. It doesn't matter if the towels are folded properly.
- [ ] Don't criticize or correct a harmless activity, even one that looks pointless to you.
- [ ] If they insist on doing it a different way, let it happen. Change it later if you need to.

- [ ] **Substitute an activity for a behavior.** Hand rubbing the table → give them a cloth to wipe it. Feet moving on the floor → put on music so they can tap along.
- [ ] If it isn't working, it may be the wrong time of day. Try again later.

People need to feel useful long after they stop being efficient. Protecting that is most of what quality of life is made of at this stage.

Make the words easier to receive

Avoid	Say instead
"What do you want for dinner?"	**"Do you want fish or chicken?"**
"That's not how you do it."	**"Let's try it this way."**
"How do you feel?"	**"Are you feeling sad?"**
"Are you hungry?"	**"Dinner will be ready in five minutes."**

Before and during any conversation

- [ ] Turn off the TV and cut background noise
- [ ] Approach from the front, make eye contact, use their name
- [ ] Check that hearing aids are in and working, and glasses are on
- [ ] Warm, matter-of-fact tone — it reads clearly even when the words don't
- [ ] Allow more time to respond; don't interrupt
- [ ] Rephrase with different words rather than repeating louder
- [ ] Use touch: hold their hand while you talk
- [ ] Never talk about them as though they aren't there
- [ ] Never use baby talk or a baby voice
- [ ] If you're getting frustrated, step out for two minutes — that's a strategy, not a failure

The same question, over and over

- [ ] Answer the same way each time — varying it creates new confusion
- [ ] Answer briefly; long explanations add to the noise
- [ ] Look for the anxiety underneath. "When are we leaving?" often means "I'm afraid of being left."
- [ ] Write it on a whiteboard — "Sarah comes at 4" can be re-read endlessly and never gets tired
- [ ] Redirect to an activity: folding laundry, sorting photos, music from their teens and twenties

For them it is the first time, every time.

Check the body before you treat it as a behavior

- [ ] Pain
- [ ] Lack of sleep

- [ ] Trouble seeing or hearing — dead hearing aid battery, missing glasses
- [ ] Constipation, hunger, or thirst
- [ ] Side effects of a new medication
- [ ] A noisy room, a loud TV, several conversations at once
- [ ] Sadness, fear, stress, or anxiety
- [ ] Flooring that changes — can look like a step down. Mirrors — can look like another person in the room.
- [ ] **Sudden or rapidly changing behavior, especially after an infection or a medication change, needs a doctor right away.** Fine last week and dramatically confused today is usually not the dementia progressing — it's often something treatable, like a urinary tract infection.

A remarkable share of "sudden agitation" turns out to be someone who needs the bathroom and can't say so.

When the same thing keeps happening — four steps

- [ ] **Describe.** What exactly happened? When, where, who was there, what came right before?
- [ ] **Investigate.** What might be causing it? Physical needs, pain, medications, the room, the time of day, how tired everyone was.
- [ ] **Create.** Make one change and try it.
- [ ] **Evaluate.** Did it help? If not, change something else.

Keeping these notes turns "Mom's been agitated" into something a doctor can actually work with. Bring them to the appointment.

Accusations and paranoia

- [ ] Don't argue or defend yourself. Say they're safe. Gentle touch helps.
- [ ] Offer to look for the item together, then redirect to something else
- [ ] Keep duplicates of frequently "stolen" items — spare glasses, a second wallet with a few dollars
- [ ] Learn the hiding places; most people have two or three
- [ ] Turn off violent or upsetting TV — they may believe it's happening in the room
- [ ] Tell the doctor about hallucinations or delusions, and review illnesses and medications
- [ ] **Don't dismiss every accusation as symptom.** Vulnerable older adults are targeted by real people. Check.

Paranoia in dementia is usually tied to memory loss: a misplaced object becomes a theft, an unrecognized caregiver becomes a stranger. It can also be how loss gets expressed when no other explanation makes sense.

When safety overrides everything

- [ ] **You can accept a false belief. You can't accept a dangerous action.**
- [ ] Driving: don't debate competence — make the car unavailable, then treat the loss as the real loss it is
- [ ] Wandering: locks high or low out of the usual eyeline, door alarms, GPS device. If someone is missing, call 911 immediately and say the person has dementia.
- [ ] Stove, medications, tools, firearms: remove or disable rather than instruct — someone who can't retain a correction can't retain a safety rule
- [ ] Aggression: step back, give space, don't corner or restrain unless immediate safety requires it. Look for the trigger afterward — pain, the bathroom, noise, being rushed.
- [ ] **Sudden dramatic change in behavior is a medical event until proven otherwise.** Infections, especially urinary, routinely show up as sudden confusion or agitation.

Some door hardware that impedes exit can conflict with local fire codes — ask your fire department or an occupational therapist what's allowed where you live.

Free 24/7 help, any day of the year: Alzheimer's Association Helpline — 800-272-3900. A live person, master's-level care consultants, crisis support, 200+ languages, confidential. Dial 711 for TRS.

Local respite and support groups: Eldercare Locator — 800-677-1116

One more thing. You will lose your temper at some point — at the fortieth question, or in a voice you don't recognize. They almost certainly won't remember the words. You will. That asymmetry is much of what makes this so heavy: you carry the whole record of the relationship alone now. Losing patience with an impossible situation isn't a referendum on your love.

What works with your person

Phrases that land, topics that calm them, music they respond to, times of day that go better.