KOKUA MARKET · HOME CARE SERIES

The Dementia Caregiver's Daily Guide

Calm words, simple routines, and safety checklists for the hard days and the good ones.

寄り添う

Gentle care from Japan,
for families and care staff in America.

For families caring for a loved one with dementia at home, and for the care staff who support them.

Written by Shibuya — a nurse for more than 30 years, now caring for patients with dementia.

This guide offers general information and practical tips. It is not medical advice and does not replace care from a doctor, nurse, or other licensed professional who knows your loved one.

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WELCOME

You are not doing this alone

I have worked as a nurse for more than 30 years. Today I care for patients with dementia every day. I wrote this guide for the families and care staff I meet along the way.

Over the years I have watched many families and new care workers struggle. Knowing the facts is not enough when you are tired, it is 3 a.m., and the person in front of you does not recognize their own home. What helps most are simple, practical tools.

So this guide is not a textbook. It is a set of tools you can use today: words to say, routines to try, and checklists to keep on the fridge. Use what helps. Skip what doesn't. Every person with dementia is different, and so is every family.

One idea to carry with you

Behavior is communication. When your loved one becomes upset, refuses, or repeats, they are usually trying to tell you something they no longer have words for: *I'm scared, I'm in pain, I'm bored, I need the bathroom, this is too much.* Your job is not to win the moment. It is to find the need.

What's inside

Before we begin: The *yorisou* way — gentle care from Japan

1. Understanding what's changing
2. Communication that calms
3. Building a steady daily routine
4. When behavior gets hard: Pause, Check, Respond
5. Home safety checklist
6. When to call the doctor, and when to call 911
7. Caring for the caregiver
8. Planning ahead
9. U.S. help lines and resources
10. Printable pages: emergency sheet, medication list, daily log

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BEFORE WE BEGIN

The *yorisou* way: gentle care from Japan

Japan has the oldest population in the world: nearly 3 in 10 people are 65 or older. Families, nurses, and whole communities have spent decades learning how to care for people with dementia with patience and respect.

寄り添う

In Japanese we call this ***yorisou*** (yoh-ree-soh-oo). It means *to draw close and stay beside someone*: moving at their pace, caring for their feelings as much as their body, and never leaving them alone with their fear. Every tool in this guide grows from this idea.

Six principles of yorisou care

Principle	What it looks like
1. Beside, not in front	Approach from the front so you don't startle them, then sit or walk beside them, shoulder to shoulder. Beside feels like partners. Standing over someone can feel like a confrontation.
2. Their pace, not ours	Rushing is one of the most common triggers of distress. Slow down, wait for answers, and build extra time into the day. Ten calm minutes often save an hour of struggle.
3. Feelings before facts	Respond to the emotion first ("You're worried"), not the mistaken detail. Comfort comes before correction, and often correction isn't needed at all.
4. Never force	If care is refused, step back, change the approach, and try again later or let someone else try. Gentleness is not weakness. It is what keeps both of you safe.
5. Keep their role	Let them do what they still can, even if it's slower or imperfect: folding, stirring, wiping a table. Being needed protects a person's sense of self. Say "thank you" often.
6. Care together	In Japan, millions of ordinary people have taken free community training to understand dementia. No one should carry this alone. Asking for help is part of good care.

When your patience is running out

Every caregiver reaches this point. Feeling angry does not make you a bad person. But harsh words, rough handling, or force are never part of good care, and they leave both of you more frightened. If you feel close to losing control: make sure your loved one is safe, step out of the room, and breathe (see the 3-minute reset in Chapter 7). Then call someone. The Alzheimer's Association 24/7 Helpline (1-800-272-3900) is there for exactly this moment.

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CHAPTER 2

Communication that calms

You cannot bring back their memory, but you can change how a conversation feels.

Before you speak

- Approach from the front, at eye level.
- Say their name and yours: "Hi Mom, it's Ken."
- Turn off the TV or move to a quiet spot.
- Check your own face and breathing. They read your mood first.

While you speak

- One idea per sentence. Short, slow, warm.
- Offer two choices, not open questions.
- Wait. Give them 10 or more seconds to answer.
- Show, don't just tell: point, demonstrate, hand it over.

Phrase swaps

Instead of...	Try...
"Don't you remember? I told you."	"Let me tell you again. We're going to see Dr. Lee at 2."
"Your husband died years ago."	"You're thinking about Joe. Tell me about him." (Correcting can make them grieve all over again.)
"What do you want for lunch?"	"Would you like soup or a sandwich?"
"You can't go home. This IS your home."	"You want to go home. What do you miss most about it?" Then offer tea or a walk.
"Stop asking me that!"	Answer calmly, then write the answer on a card they can keep.
"You need a shower. Now."	"Let's get warm and fresh before your visitor comes."

Enter their reality

If your loved one believes it is 1985 and they need to pick up the kids, arguing rarely helps. Respond to the feeling ("You're a caring mother. The kids are safe.") and gently redirect. This is not lying to hurt them. It is choosing comfort over being right.

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CHAPTER 6

When to call the doctor, and when to call 911

Keep this page on the fridge. When you're tired and worried, you shouldn't have to think.

Call 911 now

- Trouble breathing, choking that doesn't clear, or blue lips
- Chest pain or pressure
- Signs of stroke: face drooping, arm weakness, slurred speech. Note the time it started.
- A seizure, or you can't wake them up
- A serious fall, a suspected broken bone, or a head injury with vomiting or drowsiness
- They are missing and you can't find them quickly
- Anyone is in danger of being hurt

Call the doctor today

- Confusion or agitation much worse than usual over hours or days
- Fever, burning or frequent urination, new incontinence, or strong-smelling urine
- Not eating or drinking for a day, or signs of dehydration (dark urine, dry mouth, dizziness)
- No bowel movement for 3 or more days, or belly pain
- A fall, even without obvious injury
- New side effects after a medicine change
- A red or broken area of skin that won't go away

Mention at the next visit

- Slow changes in sleep, mood, appetite, or weight
- Hearing, vision, or dental problems
- Questions about memory medicines, or reducing medicines they may no longer need
- How you, the caregiver, are coping

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END OF FREE SAMPLE

Thank you for reading

This sample includes 5 of the 15 pages. The full guide gives you everything you need for daily care at home or at work.

Also in the full guide:

- ✓ Chapter 1 — Understanding what's changing, and spotting delirium
- ✓ Chapter 3 — A steady daily routine: bathing, eating, toileting, sleep, sundowning
- ✓ Chapter 4 — Pause, Check, Respond: a 3-step plan for refusal and agitation
- ✓ Chapter 5 — Home safety checklist
- ✓ Chapter 7 — Caring for the caregiver, with the 3-minute reset
- ✓ Chapter 8 — Planning ahead: health care proxy, advance directive, POLST
- ✓ Chapter 9 — U.S. help lines and resources
- ✓ Printable pages — emergency information sheet, medication list, daily care log

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Gentle care from Japan, for families and care staff in America.

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