A Professional Training Program
For CNA’s, PSS’s and all
Direct Care Staff

caring for the person
with dementia
A Training Program for Direct Care Staff

The life of the person with Alzheimer’s disease once was defined as revolving entirely around inevitable loss. Another view of Alzheimer’s disease has emerged in which individuals respond to their disease according to how supportive their environments are.

Developing a better understanding of how a person thinks, feels, communicates, compensates, and responds to change, to emotion, to love—may bring some of the biggest breakthroughs in treatment. The primary goal of habilitation therapy is to promote a positive emotion in the person with dementia by maximizing their strengths and abilities and minimizing their limitations.

This training teaches important elements in best Habilitation Therapy practices, focusing on four key areas:

- Understanding Alzheimer’s and Dementia: Caring for the Person
- Communication: We Need to Know the Language
- Behavior as Communication: Understanding and Responding
- Understanding and Working with Families

Modules include a PowerPoint presentation, discussion activities, lecture and demonstration, role-play and group work.

Cost: $20 fee (covers light breakfast and lunch)

Advance Registration Required
Online: act.alz.org/BarHarborHabilitation
By Phone: 207 772 0115 or 800 272 3900

Wednesday, February 25, 2015
8 a.m. to 4 p.m.
Atlantic Oceanside Hotel & Conference Center
119 Eden Street
Bar Harbor, ME 04609

Funding for this training is provided by the University of New England Maine Geriatric Education Center which is funded by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) Grant # UB4HP19207
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How to Register

Online
act.alz.org/BarHarborHabilitation

By Mail
Alzheimer’s Association
Maine Chapter
383 US Route One
Suite 2C
Scarborough, ME 04074

By Phone
800 272 3900
207 772 0115

Name

Facility (if applicable)

Address

City      ST   Zip

Email      Phone

$20 Fee (covers light breakfast and lunch)

Make checks payable to: Alzheimer’s Association, Maine Chapter

Please charge my (circle one)            VISA VISA VISA VISA            MasterCard                Discover MasterCard                Discover MasterCard                Discover MasterCard                Discover

____________________________________________   _________   $____________
Card#    Exp Date   Amount

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Name as it appears on card        CVV

Credit Card Billing Address (if different than above address)

______________________________________________________________
Signature

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