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: $21 fee (covers light breakfast and lunch)
Advance Registration Required
Online: act.alz.org/MachiasHabilitation
By Phone: 800 272 3900

Thursday, April 2, 2015
8 a.m. to 4 p.m.
Science Building Room 102
University of Maine at Machias
116 O’Brien Avenue
Machias, ME 04654

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/MachiasHabilitation

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

By Phone
800 272 3900

Name

Facility (if applicable)

Address

City ST Zip

Email Phone

$21 Fee (covers light breakfast and lunch)

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

Please charge my (circle one)

VISA MasterCard Discover

Card# Exp Date $ Amount

Name as it appears on card CVV

Credit Card Billing Address (if different than above address)

Signature

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