

# activity based alzheimer's care

## *Building a Therapeutic Program*



Thursday, October 13, 2011  
8:30 a.m. – 4:30 p.m.

Kensington Court  
864 Shrewsbury Ave  
Tinton Falls, NJ 07724

## Activity Based Alzheimer's Care

### **Building a Therapeutic Program**

Activity Based Alzheimer's Care (ABAC) suggests that activities are the foundation of care. Every event, encounter or exchange is an activity. The scope of activities includes every interaction with staff members, volunteers, relatives and other individuals; not only scheduled events provided by activity staff.

*Building a Therapeutic Program* was developed by the Alzheimer's Association along with some of the nation's leading activity experts in dementia care to support care settings and caregiving staff in building therapeutic programs. Content and objectives are based on information and input from national focus groups, pilot programs, Association representatives and other national organizations.

### **Who Should Attend?**

Activity professionals who have a basic understanding of Alzheimer's disease and whose primary job responsibilities include activity programming, design and implementation.

\*Each participant will receive an ABAC Training Manual

*Continuing  
Education*

This program is pre-approved for five hours of Continuing Education through the National Certification Council for Activity Professionals (NCCAP). Application for Continuing Education credits has been made to the American Therapeutic Recreation Association (ATRA).

## DIRECTIONS

### Kensington Court

864 Shrewsbury Avenue  
Tinton Falls, NJ 07724  
732.784.2427

#### FROM NORTH (GARDEN STATE PARKWAY)

1. Take exit 109 for County Rd 520 toward Red Bank/Lincroft
2. Turn left onto County Rd 520/Main St/ Newman Springs Rd
3. Continue to follow County Rd 520/Newman Springs Rd
4. Turn right onto Shrewsbury Ave
5. Destination will be on the RIGHT

#### FROM SOUTH (GARDEN STATE PARKWAY)

1. Take exit 105 for NJ-36 E/NJ-18 N toward New Brunswick/Long Branch
2. Keep left at the fork; merge onto NJ-36 E
3. Turn left onto Wyckoff Rd
4. Turn left onto NJ-35 N
5. Turn right toward Shrewsbury Ave
6. Continue straight onto Shrewsbury Ave
7. Destination will be on the LEFT

#### FROM POINTS WEST (ROUTE 18)

1. Take exit 15A for Wayside Rd N
2. Merge onto Wayside Rd
3. Slight left onto County Rd 537 W
4. Take the 3rd right onto Sycamore Ave
5. Turn right onto Shrewsbury Ave
6. Destination will be on the RIGHT

## Participant Objectives

- Learn the fundamental components of Activity Based Alzheimer's Care
- Effectively examine assessment and care planning
- Identify program design options and methods for implementation
- Learn to adapt activities and the environment to better meet individual needs
- Learn a variety of ways to evaluate new and current programs
- Identify and implement the various aspects of teamwork

## registration details

**\$115** Includes training manual

**\$90** Per person if two or more register from the same organization

*\*Space is limited - register early!*

Registration Deadline:

**Monday, October 10, 2011**

***Fax credit card registration to:  
973.586.0094***

*Registered participants will receive a confirmation letter. Please bring this letter with you on the day of the program. If confirmation is not received, please call 973.586.4300.*

For more information, please contact  
Barbara DeAngelis at:

609.275.1180

## REGISTRATION

### **Activity Based Alzheimer's Care**

Thursday, October 13, 2011, 8:30 a.m. – 4:30 p.m.

\*Registration not complete without payment\*

NAME: \_\_\_\_\_

FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Desired CEU:      Activity      Recreation

NAME: \_\_\_\_\_

FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Desired CEU:      Activity      Recreation

NAME: \_\_\_\_\_

FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Desired CEU:      Activity      Recreation

TOTAL AMOUNT DUE: \$ \_\_\_\_\_

PAYMENT METHOD

⇒CHECK # \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

⇒CREDIT CARD

\_\_\_ VISA    \_\_\_ DISCOVER    \_\_\_ MASTERCARD

\_\_\_ AMERICAN EXPRESS

CREDIT CARD NUMBER

EXPIRATION DATE

CARDHOLDER'S NAME

✂ CARDHOLDER'S SIGNATURE