



***I'm Still Here*TM: Montessori-Based Activities for Dementia**

Date: Feb. 11 & Feb. 12, 2014

Registration: 8 a.m. – 8:30 a.m.

Program: Day 1: 8:30 a.m. – 4:15 p.m.

Location: NJHA Conference and Event Center

Day 2: 8:30 a.m. – 3:45 p.m.

760 Alexander Road, Princeton, NJ 08543

This course focuses on *I'm Still Here*TM Hearthstone's Montessori-Based Activity Program (MAP), an innovative method of working with persons living with cognitive impairments based on the educational philosophies of famed childhood educator Maria Montessori. This methodology has been researched for over 15 years by Dr. Cameron Camp and has been shown to significantly increase levels of engagement, participation, satisfaction, success and quality of life for persons living with dementia. Participants in this course will learn the fundamental principles of this methodology, in addition to the application of these principles using real-life examples drawn from their use at Hearthstone's treatment residences.

At the conclusion of this activity, participants should be able to:

- Describe dementia and how it affects the brain
- List ways that participation in activities may be helpful to a person with dementia
- Assess person with dementia to determine if they are appropriate for Montessori-based programming
- Cite the basic principles of Montessori-based programming
- Plan individualized lessons based on Montessori principles for person with dementia
- Develop a transition plan to initiate implementation of Montessori-based programming.

FACULTY:

Michael Skrajner

Director, Research and Program Development
Hearthstone Alzheimer Care

FEE:

Day One (Overview Presentation):

\$100 per person

Days One and Two (Hands-on Workshop; Prerequisite of Day One):

\$325 per person

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TARGET AUDIENCE:

Those who provide care or companionship to persons with memory impairment including: nurses, activity professionals, CNAs, home healthcare workers, social workers, occupational/physical therapists and facility administrators.

The Day One seminar provides an overview for administrators, supervisors and others who do not need instruction on implementation. Both days of training would be beneficial for direct care workers.

Day 1 seminar is required for all Day 2 participants.

CONTINUING EDUCATION CREDITS:

This continuing education program is sponsored/conducted by the Health Research and Educational Trust and is in compliance with N.J.A.C. 8:34-7.3 to provide licensed nursing home administrator (LNHA) and certified assisted living administrator (CALA) education credits accepted by the Nursing Home Administrators Licensing Board. This education activity may only be used for continuing education credit and not to meet academic college credits.

This education activity has been approved for 6.25 LNHA/CALA credits for Day 1 and 5.75 LNHA/CALA credits for Day 2.

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February 11, 2014

- 8:00 *Registration and Continental Breakfast*
- 8:30 **Welcome and Overview of the Montessori Model**
- 8:45 **The Importance of Montessori Activities**
- 9:15 **Understanding Dementia**
- 9:45 *Break*
- 10:00 **Memory and Reading Ability**
- 12:00 *Networking Luncheon*
- 1:00 **Introduction to MAP**
- 2:15 *Break*
- 2:30 **MAP Principles**
- 4:00 **Questions and Answers, Evaluation**
- 4:15 *Adjournment*

February 12, 2014

- 8:00 *Registration and Continental Breakfast*
- 8:30 **Review of Day One**
- 9:15 **Evaluation Tools**
- 10:00 *Break*
- 10:15 **Montessori Demonstration and Role Play**
- 12:00 *Networking Luncheon*
- 1:00 **Discussion and Creation of Montessori Activities**
- 2:30 *Break*
- 2:45 **Action Planning for Montessori Programming**
- 3:30 **Questions and Answers, Evaluation**
- 3:45 *Adjournment*

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REGISTRATION INFORMATION

FEE: Day One, Overview Presentation: \$100 per person
 Days One and Two, Hands-on Workshop (prerequisite of Day One): \$325 per person
 Includes continental breakfast, lunch and materials.

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| <p><u>Check Payments:</u></p> <ul style="list-style-type: none"> Registration form must be faxed to 609-275-4271 prior to being mailed with payment Registration form must be included with mailed check to complete registration <p>Please make checks payable to: HRET of NJ</p> <p>Mail to: HRET of NJ P.O. Box 828691 Philadelphia, PA 19182-8691</p> <p>Faxed copies of check will not be accepted.</p> | <p><u>Credit Card Payments:</u></p> <p>Guarantee your seat now by paying online with a credit—it's secure and easy:</p> <p style="text-align: center;"><u>Register Here!</u></p> <p><i>Online registration is recommended as walk-in seating is very limited.</i></p> <p><u>General Information:</u></p> <ul style="list-style-type: none"> Parking is in rear of the building. For brochures or a calendar of upcoming seminars go to http://www.njha.com/index.aspx. In the event of inclement or questionable weather, please call 609-275-4140 for more information. | <p><u>Cancellation Policy:</u></p> <ul style="list-style-type: none"> Cancellations received by Feb. 3 will receive a refund minus a \$40 per person service fee for Day One and \$130 per person service fee for Days One and Two. Cancellations received after Feb. 3 will not be eligible for a refund. Registrants unable to attend may send an alternate. For a complete overview of our cancellation policy, please visit our Web site. |
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For more information, or if you have a disability and need a special accommodation, please call 609-275-4180 or 609-275-4148

For directions or a detailed map, visit NJHA on the Web at <http://www.njha.com/directions.aspx>.

REGISTRATION (Please type or print clearly)

Seminar # 1416 (Montessori) FEE: Day 1: \$100/person

Day 1 & 2: \$325/person

Note: Your registration will not be complete until payment has been received. Payment is due no later than Feb. 3, 2014

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| Name: | Payment Amount: \$ | |
| Job Title & Credentials: | Method of Payment: <input type="checkbox"/> Check #: _____ <input type="checkbox"/> Amex <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard | |
| E-mail: | Card Number: | |
| Organization: | Expiration Date: | CCV Code: |
| Organization Address: | Billing Street Address: | |
| City, State, Zip: | Billing City, State, Zip: | |
| Phone Number: | Name on Card: | |
| Fax Number: | Signature: | |

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