

# Normal and Not Normal Aging

## Understanding the Difference

Wednesday

February 24<sup>th</sup>, 2016

8:45 am – 11:45am

### Workshop Description

This 2 hour workshop will help Learners recognize and understand “normal” and “not normal” aging. The Learner will develop better observational skills to recognize and intervene effectively when behavioral challenges occur. The Learner will also develop new skills related to approach, cueing and ability to connect with people living with Dementia. The workshop emphasizes the value of matching helping behaviors to the person living with Dementia’s needs and retained abilities. The workshop will also address typical issues that occur as dementia progresses and how to promote a sense of control and self-direction in the person living with Dementia.



Jointly Provided



Jean McGuire, R.N. M.S

### *Agenda*

8:45- 9:00	Registration, Refreshments
9:00-9:30	Introduction and Pre Test
9:30- 9:45	Normal Aging- Video and Discussion
9:45-10:00	Humans Take In Data from the World around Us- Video, Learning Activity and Discussion
10:00- 10:15	Hand Under Hand Skill- Rationale, Learning Activity And Discussion
10:15- 10:45	Break
10:45-11:30	Not Normal Aging – Video and Discussion
11:30- 11:45	Evaluations and Post Test

### *Workshop Objectives*

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By the completion of this 2 hour workshop Learners will be able to:

1. Compare and contrast “normal” aging versus “not normal” aging related to various cognitive functions.
2. Describe the five sensory input and processing systems, highlighting the dominant role of vision.
3. Discuss the impact of changing sensory awareness and processing as dementia progresses.

### **Who should come?**

RNs, LPNs, Nurse Practitioners, CNAs, Medical Assistants, Social Workers, PTs, PTAs , OTs, OTAs and others who are new to the **Positive Approach to Care ( PAC)**

## BIO:

Jean McGuire R.N. M.S.

Jean earned her Bachelor's degree in Nursing from Duquesne University in Pittsburgh and her Master's degree in Community Health from Boston University. She has taught nursing at Emory University in Atlanta and at Western Carolina University in Cullowhee, NC. Jean has worked as a nurse clinician in public health and mental health before joining Mountain Home Care in 2012. Today, Jean is proud to be a trainer in Teepa Snow's Positive Approach to Care and feels strongly about the value that the Positive Approach to Care will add to Dementia care in Western North Carolina.

## Continuing Education Units

The Mountain Area Health Education Center designates this continuing education activity as meeting the criteria for 0.2 CEUs as established by the Nation Task Force on the Continuing Education Unit.

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Physical Therapy: MAHEC, as part of the NC AHEC system, is a NCBPTE-approved provider of continuing competence for activities directly related to physical therapy.

NCBPTE: 2.0 contact hours.

### Occupational Therapy:

Application has been made to the NCBOT for pre-approval.

## Workshop Location:

Mountain Home Care

2270 Hendersonville Rd

Suite #4

Arden, NC 28704

## Meet in our Resource and Training Center

Questions ?

Contact – 828-684-6444

**REGISTRATION FEE:** \$45.00 PER PERSON

**PAYMENT METHODS:** Full payment must accompany your registration. Payment may be in the form of : cash, check (Payable to Mountain Home Care ), Visa or MasterCard

In Person or by Mail: PO Box 517  
Arden, NC 28704

By Fax -(credit card only) 828-684-6499

Online -(credit card only) info@mountainhomecare.com

**Deadline for Registration: February 19, 2016**

**REGISTRATION FORM**

**Course Name:** Normal and Not Normal Aging

**Date:** February 24, 2016

**Location:** Mountain Home Care, Arden NC

**Registration Fee:** \_\_\_ \$45

NAME: \_\_\_\_\_ Social Security # (last 4 digits only) \_\_\_\_\_

Degree/Certification: \_\_\_\_\_ Title/Occupation: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home County: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Department: \_\_\_\_\_

**Payment method :** \_\_\_ Cash \_\_\_ Check \_\_\_ Visa \_\_\_MC

Credit card #: \_\_\_\_\_

Expiration date: \_\_\_\_\_ 3 digit verification code: \_\_\_\_\_

Print Name as it Appears on Card: \_\_\_\_\_

**Cardholder's signature:** \_\_\_\_\_