

Attention: Nursing Facility Administrators, Directors of Nursing, and Staff!

OANH Regional Education Program Series presents...

# MANAGING DIFFICULT BEHAVIORS

Medication and Non-medication for Long Term Care Residents

## ► Program Information



## ► TWO locations in Ohio for your convenience!

### Featured Speakers:

**Elizabeth Anne Slater, MSN, RN**  
*Nursing Consultant, Omnicare Pharmacies*  
*(Speaker at 2005 OANH Annual Convention)*

**Michael Slater, RN**  
*Coordinator of Crisis Stabilization Unit*

### Important Information You Need to Know!

An overview of cognitive disorders will be presented, and you will:

- Learn about a variety of behavioral disturbances commonly seen in dementia
- Learn WHY people act differently
- Discuss pharmacological treatments for behavioral problems in dementia
- Identify strategies for dealing with difficult behaviors of dementia patients
- Learn non-pharmacological treatments of long-term care nursing home residents
- Review geriatric depression and treatment

Cost: \$79 member/\$109 nonmember

January 20, 2006

Radisson Hotel  
7007 North High Street  
Worthington, OH

January 27, 2006

Holiday Inn I-275 North  
3855 Hauck Road  
Cincinnati, OH 45241

**Both sessions 10 a.m. to 3 p.m.**

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**Sponsored by**  
**Abbott Laboratories**

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This program has been approved for four (4) hours of continuing education credit for nursing home administrators. Nurses please note that any continuing education that has been approved by BENHA can be accepted by the Ohio Board of Nursing.

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## REGISTRATION FORM—REGISTER NOW!

Fax registration form to: 614.461.0434. Mail to: OANH, Two Miranova Pl., Suite 210, Columbus, OH 43215.

**Register on-line at [www.oanh.org](http://www.oanh.org). No refunds will be given one week prior to the session date.**

For additional information, please call 614.461.1922 or 614.436.7417.

Name \_\_\_\_\_ Title \_\_\_\_\_

Facility \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Session attending:  January 20 (Columbus)  January 27 (Cincinnati)

Method of Payment  Check  Credit Card (Lunch is included)

Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Signature \_\_\_\_\_ CVV \_\_\_\_\_