



# ***The Aide's Role in Dealing with Combative Dementia Patients***

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February 8, 2018 3-4 p.m. EST***

**Description:** Our aides often notice that some elderly patients demonstrate behaviors that include paranoia, delusions, hallucinations and/or aggression. Each patient with aggressive behavior brings a unique challenge as caregivers attempt to assist with ADL/IADL care in the home. This presentation is intended for aides and caregivers to minimize the risk of injury when providing care for patients with dementia who demonstrate some form of combative behaviors. We will provide education and instructions regarding positions and techniques to avoid physical confrontations with those patients who have the tendency to hit, push, kick, spit or grab those providing care. We will address some of the causes of these combative behaviors and provide valuable tips and techniques to ameliorate each occurrence.

**Convenience:** Enjoy the convenience and cost-efficiency of a webinar – watch the speaker's slide presentation on the internet while listening by telephone or through your computer's microphone and speakers (VoIP). **Confirmation:** Prior to the webinar, a GoToWebinar link will be e-mailed to you. You will need to register through this link to attend the webinar. You will be sent a confirmation which will include a join link to access the webinar, a dial-in number and an access code to listen in via telephone. You will also be sent any pertinent handouts, if available, an evaluation and certificate. **Registration:** The registration deadline is February 7, 2018. Registrations may not be shared between agencies – the agency's registration covers the access of only one phone line/computer access to the webinar. Multiple site participation for your agency will require a separate registration fee for each connection.

**Registration:** Members: \$95 per agency line  
Non-Members: \$195 per agency line

Fees will be refunded only if written cancellation is received by AHHC two weeks prior to the workshop **and no refunds after the registration link is sent to your agency.** In the event of a written cancellation, AHHC will retain \$30 of the initial fee to cover administrative overhead. **Please print – thank you!**

Agency Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

E-mail Address (please print): \_\_\_\_\_

Phone ( ): \_\_\_\_\_ Alternate Email: \_\_\_\_\_

### **Payment Information:**

Enclosed is my check in the amount of \_\_\_\_\_ (payable to AHHC)

Credit Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

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Signature (required): \_\_\_\_\_

***Fax completed registrations to (919) 848-2355 or mail with payment to AHHC, 3101 Industrial Drive, Suite 204, Raleigh, NC, 27609. Please contact [Richard@ahhnc.org](mailto:Richard@ahhnc.org) with questions.***