Behavioral Health: THE CHANGING ROLE OF THERAPEUTIC ACTIVITY TWO PART SERIES

PRESENTED BY:
Ms. Barbara Speedling
QUALITY OF LIFE SPECIALIST

JANUARY 7, 2021 & FEBRUARY 18, 2021 | 10:00am – 12:00pm

CEUs 2.0
APPROVED BY NAB FOR LNHAs & ALAs

NYSHFA-NYSCAL.ORG
PART I: JANUARY 7, 2021

The Changing Role of Therapeutic Activity

Therapeutic activity should be person-centered, productive, and designed to serve as a realistic foundation for recovery and improvement across a broad demographic. This two-part webinar series offers guidance in developing new pathways to improved coordination and teamwork in the provision of therapeutic activity as a central component of behavioral health intervention. Program development for special needs populations is a focus of this session.

PART II: FEBRUARY 18, 2021

Meeting the Challenge of a New Generation

The COVID-19 Pandemic has impacted long-term care in ways that may endure. No longer the casual, homelike environment the industry has long aspired to, facilities are now faced with new challenges that will require an expansion and enhancement of programs and services to meet the needs of many. This session summarizes the ongoing culture change in long-term care and the most effective strategies to keep pace with these changes.

OUR SPEAKER

BARBARA SPEEDLING is an inspirational and motivational speaker. She is also an author, educator and management consultant at the forefront of person-centered care. With more than 30 years of practical experience within the adult care community, she is the innovative expert providers turn to when they want to ensure that the services they provide meet not only the physical needs of their residents, but their emotional and psychosocial needs as well. In addition to her degree in healthcare administration, Barbara is an accomplished musician and artist. She uses these talents to develop new and creative ways of reaching out to those who are cognitively diminished. She was also certified in 2015 by Dr. Susan Wehry as a Master Trainer for the OASIS education program for improved care of residents with dementia.
PART I:  
January 7, 2021  
10:00am – 12:00pm

PART II:  
February 18, 2021  
10:00am – 12:00pm

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<tr>
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<th>MEMBERS</th>
<th>NON-MEMBERS</th>
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<tr>
<td>Single Session:</td>
<td>$125.00</td>
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<td>Both Sessions:*</td>
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*Discounted rates if you register for both sessions

PLEASE NOTE! Cost per connection. Multiple participants may listen in on one connection at the cost of one registration. Multiple connections from the same facility will be invoiced an additional registration fee.

CONFIRMATIONS

Confirmations for each session will be sent one day prior.
All registrants will be e-mailed:
- A link to the webinar program and call-information
- A credit form
- Handouts
- An evaluation form

NYSHFA | NYSCAL’S CANCELLATION POLICY

No refund will be issued after the webinar.

QUESTIONS?

Erin Armstrong

PH: 518.462.4800 ext. 22  |  E: earmstrong@nyshfa-nyscal.org

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BEHAVIORAL HEALTH:
THE CHANGING ROLE OF THERAPEUTIC ACTIVITY TWO PART SERIES

REGISTRANT INFORMATION

Name: ________________________________ NAB Identifier: ______________

Title: ________________________________

Facility Name: _________________________

Address: ______________________________

City, State, Zip: _________________________

Email: ________________________________

Phone: ________________________________ Fax: ____________________________

☐ PART I: JANUARY 7, 2021
The Changing Role
of Therapeutic Activity

☐ PART II: FEBRUARY 18, 2021
Meeting the Challenge
of a New Generation

PAYMENT INFORMATION

MEMBERS: Single Session: $125   NON-MEMBERS: Single Session: $175
Both Sessions: $225                 Both Sessions: $275

PLEASE SEND YOUR REGISTRATION TO ERIN ARMSTRONG VIA
EMAIL: earmstrong@nyshfa-nyscal.org  |  FAX: 518.426.4051
MAIL TO: Foundation for Quality Care • 33 Elk Street • Suite 300 • Albany • NY • 12207

☐ Check  ☐ Visa  ☐ American Express  ☐ Mastercard  ☐ Discover

Credit Card Number: ________________________________ Exp. Date _______

Name on the Card: ________________________________

Cardholder Signature* ________________________________

Total Amount Due: $ ____________

* I authorize NYSHFA/NYSCAL/FQC to use the above Discover, MasterCard, VISA, or AMEX to charge applicable registration fees. I also understand that registration fees of those who cancel the day of the program or fail to attend are forfeited. PLEASE NOTE: Payment Will Show on Your Credit Card Statement as NYS Health Facilities Association.