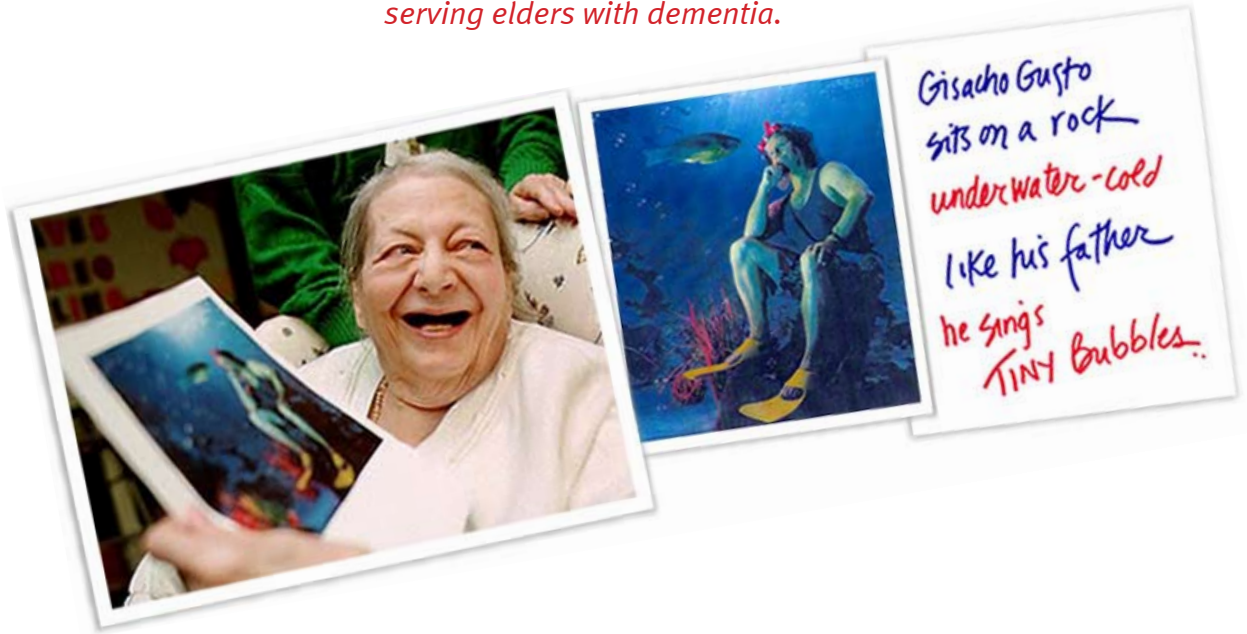


# TimeSlips

*A creative storytelling project workshop for individuals  
serving elders with dementia.*



June 1, 2010 -- Brewster Place, 1205 SW 29th St, Topeka  
June 2, 2010 -- St. John's of Victoria, 701 7th St, Victoria  
June 3, 2010 -- Kansas Masonic Home, 401 S Seneca, Wichita

**FREE TRAINING\***  
For Grant Eligible Disciplines

The logo for ASTRA, featuring a stylized green leaf above the word "ASTRA" in a blue, serif font.

Paid for in part by a grant from the Kansas Department on Aging Grant # CMP 10-01-ASTRA  
In partnership with the Kansas Adult Care Executives and the  
Kansas Association of Homes and Services for the Aging

# TimeSlips

We can grow through creative expression at any point in our lives, even if we have dementia. Timeslips is an enjoyable activity for anyone, but works best with people in middle to late stages of Alzheimer's and related dementia. The TimeSlips creative storytelling method opens storytelling to everyone by replacing the pressure to remember with encouragement to imagine. This lively, interactive training explores the meaning and value of creative expression, the basics of person-centered care, the storytelling method, and models for sharing stories with one's community. Proven to improve the quality of engagement between staff and residents in long term care, it provides the building blocks for effective, person-centered care. Includes history, theory, and specific steps to this unique method. Join us for this exciting program!

## Meet our Presenter Karen Stobbe

Karen was working as an actress, director, writer and instructor of theatre when her Dad was diagnosed with Alzheimer's disease. Her life has taken on a new focus and new meaning in combining the knowledge of her two worlds into one life work. She is a national speaker on Alzheimer's and dementia and also performs in a 2-person show about caregiving titled: Sometimes Ya Gotta Laugh and has written a book of the same name.



She has worked with Anne Basting (founder of TimeSlips) as a Facilitator, Associate Producer, Community Liaison and National TimeSlips Trainer for the past 10 years. She has facilitated over 50 Training sessions and too many storytelling sessions to count. TimeSlips is the one program other than her own that she presents and is proud and honored to be able to do so.

Karen's mom, Virginia was diagnosed with Alzheimer's/Vascular dementia a year after Karen's Dad passed away. Karen, Mondy, their daughter Grace and Karen's Mom all live in a very inter-dependent home in Black Mountain, NC .

## Agenda:

- 7:30 a.m. Registration
- 8:30 a.m. Understanding Alzheimer's and Dementia & Communication
- 10:00 am Importance of Creativity in all of us and Awakening our Creative Spirit
- 11:00 am What is TimeSlips?
- 12:00 p.m. Lunch (provided)
- 1:00 p.m. Practicing TimeSlips, Trouble Shooting & More Practice
- 3:00 pm How to share what you have learned ?
- 3:30 pm Q & A
- 4:00 pm Adjourn



## Important Grant Information:

This program is partially underwritten by a grant from the Kansas Department on Aging's Workforce Enhancement Grant Program. The grant pays for the registrations of all unlicensed staff in nursing homes and long-term care units of hospitals including CNAs, CMA's, Dietary Staff, Activities Staff, and SSAD's. It does not cover licensed staff (i.e. Nurses, Social Workers, Administrators) or individuals from other provider types including Hospital, Assisted Living, or Independent Living Staff.

Individuals attending the training at no cost through grant funds will be expected to bring the information back to their facilities and provide an in-service to all staff and report back to ASTRA. **The agreement form MUST accompany registration.** Karen Stobbe will be available for up to 6 months after the training sessions by phone and e-mail to interact with the participants and help them continue to use their new tools.

# Timeslips Registration Form

One form per person, copy as needed

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

Title/License or Certificate Number\*: \_\_\_\_\_  
*(CNA's must provide certificate number for registration and onsite per grant requirements)*

Organization: \_\_\_\_\_

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

City, State and Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Please Choose your Location:

Topeka

Wichita

Hays

**Fees:** Grant Eligible Positions\*: No Charge; All Others: \$79

**Payment Method:**  Check  Visa  Mastercard  
*(We only accept Mastercard and Visa)*

Credit Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name (as printed on Card): \_\_\_\_\_

Signature on Card: \_\_\_\_\_

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**Fees/Cancellations:** All fees must accompany registration where appropriate. Registrations for licensed staff or individuals from Assisted Living Residences and Hospitals will not be processed without fees. Your fee includes all materials, breakdouts, and meals. No refunds will be given for cancellations; substitutions are welcome

PLEASE COMPLETE AND RETURN THIS FORM WITH PAYMENT AS APPROPRIATE TO:  
ASTRA, 217 SE 8TH AVENUE, TOPEKA, KS 66603, PH: 1-800-264-5242, FAX: 785-233-9471  
FAXED REGISTRATIONS MUST BE ACCOMPANIED BY A CREDIT CARD NUMBER AS APPROPRIATE

**Continuing Education Information:**

Administrators - This course is approved for six and a half (6.5) continuing education clock hours for adult care home administrators in the core area of Resident Care by the Kansas Department of Health & Environment. Long-Term Sponsorship number: LTS-A0009.

Nurses - The Kansas Association of Homes and Services for the Aging is approved as a provider of continuing education by the Kansas State Board of Nursing. This offering is approved for six and a half (6.5) contact hours applicable for RN and LPN relicensure (KSBN LT0102-1116). Certificates will be mailed.

Other disciplines will receive a certificate of attendance.



Aging Services Transformation Alliance  
217 SE 8th Avenue  
Topeka, KS 66603-3906  
1-800-264-5242

# TimeSlips

## Agreement Form

I \_\_\_\_\_ understand that by sending my CNA, CMA, or other nonlicensed staff member to the TimeSlips Workshop, they will be expected to provide an inservice in my facility based upon the tools and techniques learned. I agree to give them the time and platform to present the inservice and will assist them in providing the appropriate documentation to ASTRA for grant purposes.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **Please note:**

This form is due to KAHSA with mailed or faxed registrations.

If you register online, please fax to ASTRA at 785-233-9471.