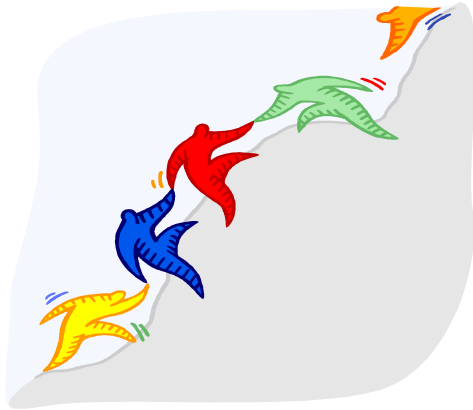


COMING THIS FALL

CARING FOR SOMEONE WITH MEMORY LOSS FROM ALZHEIMER'S, STROKE OR OTHER DEMENTIAS



Find support and increase your self-care while you continue to be a caregiver

Increase your understanding of memory loss

Identify strategies to manage those you care for

Gain support from other caregivers

Find meaning in your caregiving role

12 weekly psycho-educational classes for family and community caregivers. Offered on Tuesdays or Thursdays 9:30-11:00 beginning September 16 and 18. During this time we offer a respite group with art and music therapy for your loved one, if needed. To register call:

Nancy Langman
508 498 1948

Victoria Haeselbarth
508 627 4368



Program offered at no charge due to the generous support of the Tufts Health Plan Foundation. For more information call the numbers above or MVCS @508-693-7900.



More about our program to support caregivers

Our 12-Week psycho-educational group for caregivers will meet weekly. Each participant will receive a notebook of helpful information and a journal for their use. Each session will incorporate information on specific topics as well as self-care activities including guided imagery; relaxation; Reiki; and chair yoga. There will be time for group discussion. Refreshments will be served.

Can't leave your loved one alone?

For the convenience of our caregiver attendees we will offer an art and music therapy group for those they are caring for. Research shows that the part of the brain that remembers art and music is the last part of the memory to fade and even those with significant memory loss respond to art and music.

To learn more or to register please call or email with *Tufts Caregivers* in the subject line

Nancy Langman, DNP
508 693 7900 x209
nlangman@mvcommunityservices.com

Victoria Haeselbarth
508 627 4368
vhaeselbarth@edgartown-ma.us

This program is generously supported by a grant from the **Tufts Health Foundation**. There is no charge for this program. Donations to continue programs like this one gratefully accepted.



Registration
Caregiver Support Group for Family and Professional
Caregivers

Name: _____

Winter Address: _____

Summer Address: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact Name: _____

Emergency number: _____

First Name of person you care for: _____

Age: _____ Diagnosis: _____