

## Case Study

### Montessori-Based Activities for Dementia: A Walk Down Memory Lane

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Circle Center Adult Day  
Services

#### Educational Objectives

1. Familiarize readers with the Montessori method as used with participants who have dementia.
2. Demonstrate the role of Montessori-based activities for dementia in an adult day care setting.



#### Background

The Montessori method was initially developed by Maria Montessori, the first woman physician in Italy. Montessori worked with children of lower economic status in the early part of 20th century Rome. She believed that education would give these children a better quality of life, so she designed educational activities for children based on the abilities they had available. Montessori created schools that were called "children's houses," with small-sized chairs, tables, toilets, brooms, dishes, etc. These children's houses were the first environments created to accommodate the physical and mental capabilities of children (Myers Research Institute, 1999).

In a similar way, good long-term care facilities create environments to accommodate the physical and mental capabilities of their older adult residents. Cameron Camp, Ph.D., of the Myers Research Institute, Menorah Park for Senior Living in Beechwood, Ohio, began adapting the

Montessori method for persons with dementia about six years ago. He developed a method of creating and presenting activities based on models of learning, memory, and rehabilitation with materials taken from the everyday environment.

Dr. Camp's approach utilizes materials that are designed to promote independence in daily living and positive engagement with the social and physical environment. The activities followed the first-in/last-out theory. This means that abilities acquired first in childhood remain for a longer

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time in persons with dementia, whereas abilities acquired later on in childhood are the first that are lost. Each activity is presented at its simplest level, and each subsequent activity builds upon the previous. The focus of each task is on the abilities of the person that are still intact. The tasks are broken down into steps that can be mastered, leading to a higher chance of success for the participant. All the information needed to complete the activity successfully is in front of the person so he or she does not have to rely on free recall. The Montessori activities provide immediate feedback, along with repetition, both of which help facilitate learning (Myers Research Institute, 1999).

### **The Method**

The philosophy of the Montessori method is to create persons who are as independent as possible, able to make choices, while being treated with respect and dignity. It assumes that persons want to be independent, show the abilities they have, and learn new ones; so it offers meaningful activities in environments designed to accommodate their needs. The method works with adults who have mental and physical impairments and builds upon the older adult's remaining abilities. A challenge often faced by activity professionals is finding the time to address each

individual person's needs, since it is important to individualized programming when creating care plans. Consideration given to appropriate activities planning can include characteristics such as a person's past occupations, past interests, and present cognitive and physical abilities (Orsulic-Jeras, Schneider, Camp, Nicholson, & Helbig, 1999). For example, a gentleman in a long term care setting would not participate in any activity, whether it was a sing-along, bingo, or crafts. He would sit alone in his room. Finally, an activities person discovered that he used to be a plumber; so she obtained some pipes, wrenches, and other tools. After she presented these to him, he would sit and "work" with these for hours. He was no longer sitting in his room idle. He would come to the activity room and work while the others played games. He had social interaction, stimulation, and felt useful again (Myers Research Institute, 1999).

Montessori activity materials are taken from the everyday environment, thereby bringing a sense of familiarity in terms of sight and touch. Interacting with these materials provides access to long-term memory through reminiscence and sensory stimulation. The one-to-one interaction provides attention and structure, as well as appropriate programming for people experiencing a decline in

cognitive function (Orsulic-Jeras, Schneider, Camp, Nicholson, & Helbig, 1999).

Montessori programs have the potential for improving the quality of life for clients by providing cognitive stimulation and reducing the risk of social isolation. Camp states that these types of activities encourage the client to achieve his or her highest level of functioning, while working to prevent further deterioration (Orsulic-Jeras, Schneider, Camp, Nicholson, & Helbig, 1999). Some examples of activities are "the picture sort," "color sort," and "memory bingo." For the picture sort, a person is shown pictures from two concrete categories, such as

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"adult" vs. "child," and the person must sort them into their appropriate categories. This activity can be tailored to fit an individual's interests, including sports, spirituality, or favorite television programs. With the color sort activity, the participant is asked to sort multiple colors of objects into corresponding colored containers. The objects could be golf balls, sticks, socks, or other familiar objects. The memory bingo game includes familiar sayings that have the last word missing. The participant has the words that complete the phrases on cards. If the word that completes the phrase is read, the participant turns that word over. Once all the words are turned over, the participant has bingo. The game continues until everyone has won. This game allows for reminiscence, long term memory stimulation, and reading skills which are usually still intact even in those with advanced dementia.

The activities also foster self-esteem and help manage problem behaviors during activity sessions (Stevens et. al, 1998). Because the activities presented use dementia-appropriate materials and are challenging, they have a high rate of success, thereby reducing agitation and other problem behaviors. Judge, Camp, and Orsulic-Jeras (2000), have found that adult day care clients participating in Montessori-

based group programming showed significantly higher levels of constructive engagement (defined as motor or verbal behaviors in response to an activity) than control group clients (controls participated in regular day care programs only).

Circle Center Adult Day Services in Richmond, Virginia is the only adult day care in central Virginia that has a dedicated program based on Montessori principles and approaches. This program, called Memory Lane, began in June 2002 after staff underwent training with Camp and his colleagues at Menorah Park. Memory Lane serves participants at the center who have been diagnosed with mid-to late-stage dementia who have Mini Mental State Exam scores ranging from 0 - 14. The program is designed in four blocks of time throughout the day, where participants are involved in Montessori activities for forty-five minutes to one hour. Up to 32 participants can be enrolled in the program. This arrangement allows participants to function at their highest level possible by scheduling them at times during the day when they feel their best, while giving them periods of rest before or after activities. Family caregivers are offered training to use the method at home and receive feedback about their family member in the program through monthly progress reports.

## Case Study

Mrs. H is a 96 year old widowed Caucasian female who started coming to the adult day care center two years ago. She lives with her daughter and her daughter's husband. Mrs. H has some college education and worked as a secretary when she was younger. She came to the center exhibiting mild dementia symptoms, probably due to multiple TIAs. At first, she was able to participate in regular programming at the center and enjoyed the large group socialization. Over the past two years, Mrs. H's dementia has progressed to the point where she can only tolerate the large group for a few hours in the morning and can no longer fully understand the games and other activities being presented. When taken to a quieter environment, she would get anxious and frustrated about why her daughter has not come to pick her up yet. The staff at the center tried to keep her busy by having her fold napkins or other simple tasks, but this would get tedious and boring for her. She would occasionally begin to cry because she didn't understand why she couldn't go home and was tired of just sitting and waiting.

Fortunately, the center began the Montessori-based program at the time when Mrs. H's needs increased. She participates twice a day. She comes once in

the morning for an hour and participates in the Montessori activities. Afterwards, she returns to the regular programming for a snack and socialization with the rest of the participants. After lunch, Mrs. H goes back for another hour of Montessori activities where she often helps other participants in the program with their activities. Some examples of activities that Mrs. H enjoys the most are the treasure hunt, stringing beads, and the cutting exercise. The treasure hunt consists of a plastic tub filled  $\frac{1}{4}$  -  $\frac{1}{2}$  full of corn kernels, several large flat round objects such as bingo chips, and a template of the outlines of the flat objects. The object of the activity is for the client to find the objects hidden in the corn and place them on the template. This activity promotes and maintains the ability to stay on task, helps demonstrate object permanence, and provides tactile stimulation. The stringing beads activity consists of plastic or wooden beads of any kind, and string. The activity develops hand-eye coordination and practices skills used in arts and crafts, such as the pincer grip, fine motor skills, and range of motion. The cutting exercise consists of pieces of paper with outlined shapes, pictures, or lines to cut out and a pair of scissors. This promotes hand-eye coordination, develops gross and fine motor skills, and practices using tools. These activities helped to increase her self-

esteem because she completed each activity with success and promoted her socialization in the small group setting. She would often state how happy she was to be doing these activities and how much she enjoyed being in the Montessori room. Staff have noticed that her periods of anxiousness have decreased and crying for her daughter have almost completely disappeared.

### Conclusion

Mrs. H is now presented with appropriate activities for periods throughout the day; therefore, her self-esteem has increased and she has shown less anxiousness about going home. She is able to succeed with the activities presented to her, making her more willing to participate. Mrs. H no longer worries about when her daughter will come to pick her up while she is in the Montessori program and feels a greater sense of satisfaction with herself and her environment.

As the aging population and the prevalence of dementia increase, facilities serving older adults need to provide improved quality programming to maintain or enhance the quality of life for these individuals. Montessori-based activity programs can serve to fill this growing need. Such programs not only provide meaningful activities but also enhance recognition and memory, as well as a sense of

completion and success for dementia participants.

### Study Questions

1. Upon what principles is the Montessori system based?
2. How do individuals with dementia benefit from Montessori-based activity programs?
3. Compare and contrast Montessori-based activities to regular programming activities in adult day care centers. What are significant differences in staffing and in caregiver involvement?

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From the  
**Executive Director,  
Virginia Geriatric  
Education Center**

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Iris A. Parham, Ph.D.

It has been a very busy and productive year for the VGEC. Below are just some of the activities we are currently undertaking. We are excited about our progress and will continue to foster greater partnerships across the Commonwealth as we strive to educate geriatric healthcare professionals.

The grant from the Virginia Department of Medical Assistance Services has completed the first year of funding. Over 130 personal care aides were trained using the curriculum developed by Dr. Rita Jablonski of the School of Nursing, under the leadership of Jason Rachel and with the assistance of Rozanna Cherry. The trainees serve waiver recipients in one of five waiver programs [AIDS Waiver, Elderly and Disabled Waiver, Mental Retardation Waiver, Technology Assisted Waiver, and the Individual and Family Developmental Disabilities

Support Waiver]. The training was presented at seven sites with a moderator at each site and with Dr. Jablonski doing real-time interaction across the state through the use of the VTEL technology. The seven sites were: Richmond, Abingdon, Big Stone Gap, Virginia Beach, Northern Virginia, Keysville, and Roanoke. The 40-hour training program is designed to enhance Personal Care Aides' professional skills by enabling them to better handle challenging situations, aggressive behavior, and stress. It focuses on developing the participants' listening skills, while encouraging compassionate, creative, and adaptive responses. The curriculum, according to our master teacher, Dr. Rita Jablonski of the VCU School of Nursing, allows PCAs to practice basic communication and interpersonal caring skills. Loss and bereavement issues are also explored within the context of the stress reduction model. With expertise from Dr. Connie Coogle, there is an evaluation on pre- and post-job satisfaction, career commitment, and program quality assessments by the trainees. Thus far, the responses have been highly positive. The second phase of training will take place in Northern Virginia with the significant cooperation of Fairfax County. Over 200 personal care aides are slated to be trained by mid-December.

The VGEC has been involved in extending the Mentoring program; Ms. Madeline Dunstan of EVMS and Dr. Julie Beales of VAMC and VCU have joined the team to enhance the mentoring recruitment, under the leadership of Dr. Jim Cotter. The VGEC has just presented a jointly sponsored program with Mass Mutual, a cooperative event developed with the leadership of Dr. Ayn Welleford and Mrs. Pat Moody. In addition to this kick-off event, Dr. Welleford and many colleagues in the School of Allied Health Professions, as well as other health related schools, have just completed a comprehensive health related careers video for the Life Long Health Careers initiative. This video will be broadly disseminated and we hope you will enjoy it.

The Parkinson's national videoconference, presented on November 12th from 12-3:30 ([www.sahp.vcu.edu/gerontology/um\\_pdvconference](http://www.sahp.vcu.edu/gerontology/um_pdvconference)), was supported with additional funding from the VA's Employee Education System. It was sponsored by our own VA PADRECC (with the educational director, Miriam Hirsch taking the lead with our senior project coordinator, Ms. Kathleen Watson) and our three sister GECs: Mountain State, Western Reserve, and Pennsylvania as partners.

Dr. Osgood (with Dr. Coogle) has completed an education video for the "More

Life Left to Live" project, funded by the state of Delaware. The video presents information on replacing such unhealthy behaviors as smoking, alcohol abuse, gambling, and depression with healthy ones, such as better nutrition, proper exercise, prevention techniques, stress reduction habits, and enhancement of spiritual well-being.

Ms. Lucy Lewis is taking the lead on this year's training of Nursing Assistants and other employees of licensed assisted living and adult day care facilities, supported through a grant from the Virginia Department of Social Services.

Dr. Robert Roush of the Texas Consortium of GECs and I have just served as invited editors of a comprehensive annotated bibliography for allied health. Other faculty from our own School of Allied Health and from other universities across the country contributed. It will be published by the Association for Gerontology in Higher Education (AGHE).

Dr. Welleford and other faculty and staff continue to prepare for hosting AGHE's national meeting to be held in early spring in Richmond.

Other interesting facts and figures about the Department and the VGEC:

The Department has a current funding level of \$601,000 from an active funded project base of \$1.8 million.

Forty-six thousand health

care practitioners have been trained in geriatrics and gerontology, representing 29 disciplines, with 73.4 % of the most recent group of trainees from underserved areas and 27.2% with minority status.

The interdisciplinary nature of the Department has been reinforced by recent data showing that over half of the students who took aging courses last year were students representing 20 disciplines.

There are now 11 doctoral students in the interdisciplinary Ph.D. program in Health Related Sciences with a concentration in Gerontology.

The Department still partners with other programs supporting the Carver community.

The Department now has 12 students from the School of Social Work with many supported for graduate work through a \$500,000 Hearst-funded scholarship program for social work students matriculating in the joint School of Social Work and Gerontology Department's Certificate in Aging Studies program.

The Department has just contracted with the City of Virginia Beach to educate over 30 students in the distance-based Master's of Science in Gerontology program---a model targeted to be replicated in Northern Virginia, Southwest Virginia, and in Harrisonburg region.

A special welcome to new faculty: Mr. Jason Rachel and

Ms. Lucy Lewis and new staff: Ms. Rozanna Cherry, Ms. Tomaree Porter, Ms. Eunice Newton, and Ms. Colleen Duffy. Welcome also to our new student worker pool: Deanna During, Heather Green, Tracey O'Brien, Jessica Brown, Tanya Boswell, Jeanelle Courtney, and Natasha Stevenson.

From the  
**Director, Virginia  
Center on Aging**

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Edward F. Ansello, Ph.D.

Continued growth is the theme. It takes different forms. Some call it lifelong learning and they pursue courses and subjects. Some know it by its absence, as when barriers prevent fuller personal development. For others, growth comes from introspection triggered by reaching a milestone or experiencing a transition.

Many of us need to continue our own processes of personal evolution. We are always "becoming." We need to seek and respond to stimulation, whether these are external opportunities or internalized experiences. Once we encounter these, we assimilate and change, grow and move on. And so, the new us meets the next occurrence, changes, and goes on. In the broadest sense, this is lifelong learning.

The Virginia Center on Aging (VCoA) is engaged in

three very different yet complementary undertakings that fit into this theme of continued growth. First, we have completed months of collaboration (with many more ahead) in developing the Lifelong Learning Institute (LLI) in Chesterfield County. The LLI will begin operation next March, with older adults as teachers and as learners in courses as diverse as world music, international terrorism, and computer basics. The Brandermill Woods Retirement Community, its residents, and its Foundation have partnered with us in conceptualizing this opportunity. The Chesterfield County Schools, the county's Parks and Recreation Department, John Tyler Community College, and others have helped to make the concept real. LLI will become part of the Elderhostel network. VCoA's Assistant Director of Education, Dr. Jane Stephan, has inspired this reality.

Second, VCoA is partnering with colleagues in mental retardation services, recreation and parks, health, aging services, etc. in beginning an Area Planning and Service Committee (APSC) for metropolitan Richmond. The APSC would bring an array of human and material resources to matters related to the continued growth of aging adults with lifelong disabilities. What are the barriers, the opportunities, the skills, and the initiatives that

might encourage fuller community involvement for these adults? What can be done to strengthen the capacity of their parents to continue and to plan for the future? The APSC plans to draw in these adults with disabilities and their families, so that together we might encourage lifelong development.

Finally, growth may occur in quiet, unassuming ways. While models of productive or successful aging refer to external markers of social engagement or contributions to the greater good, another "model," if you will, of aging successfully describes a focus inward. In this form of lifelong learning, one tries to make sense of or to discover meaning in one's own life; we can say that this lifelong learning is learning about life. VCoA is pleased to have Dr. Harry R. (Rick) Moody with us next March. Rick, an esteemed gerontologist, ethicist, and author (e.g., *The Five Stages of the Soul; Ethics in an Aging Society; Abundance of Life: Human Development Policies for an Aging Society*; etc.) will discuss what he calls conscious aging in a special dinner program. The next day he'll deliver a keynote address and lectures in a conference on spirituality in the second half of life. He will reflect on the inner world, spiritual journeys, and searching for meaning in dreams. Plan to grow with us.

## From the **Commissioner, Virginia Department for the Aging**

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Jay W. DeBoer, J.D.

### *Commonwealth Council on Aging Elects New Chair*

The members of the Commonwealth Council on Aging, at their regular meeting on Thursday, September 4, 2003, elected **Mrs. Judi G. Reid** of Richmond, Virginia to serve as Chair. The Commonwealth Council on Aging was created by the General Assembly to promote an efficient, coordinated approach by state government to meeting the needs of older Virginians.

The Council is composed of nineteen voting members. The Governor appoints one member from each Congressional district in the Commonwealth of Virginia. The Speaker of the House of Delegates and the Senate Committee on Privileges and Elections each appoint four at-large members. The Council also includes four non-voting ex-officio members (or their designees), as follows:

**The Honorable Jane H. Woods**, Secretary of Health and Human Resources;

**Terry A. Smith**, Adult Services Program Manager, designee of the Commissioner of the Virginia Department of Social Services;

**Diana Thorpe**, Director of the Division of Long-Term Care and Quality Assurance, designee of the Director of the Virginia Department of Medical Assistance Services; and

**Jay W. DeBoer, J.D.**, Commissioner of the Virginia Department for the Aging.

Mrs. Reid earned a Bachelor's degree in Education from the College of William and Mary in 1965. She was a long-distance caregiver for her parents from 1984 to 1998, an experience that inspired her to become an advocate for the aging. She launched her own business, Green Inc. of Virginia; published the "Senior Lifestyles Retirement Housing and Resource Guide," and presented programs dealing with aging issues.

Mrs. Reid was President of the Advisory Board for the Elizabeth Adam Crump Nursing Home in Henrico County, Virginia. She was appointed to serve on the Governor's Advisory Board on Aging in 1994, and has served on both the Board and its successor, the Commonwealth Council on Aging, since that time. Mrs. Reid is currently a member of the Regional Advisory Committee for The Hermitage at Cedarfield. Nationally, she serves as Vice Chair of the Board of Directors of the Alpha-1 Antitrypsin Deficiency Association, and is an advocate for Coalitions against Pornography. An active member

of the West End Assembly of God, Mrs. Reid is married to John S. (Jack) Reid, Delegate to the Virginia General Assembly. They have two children, John and Lisa, who reside in Richmond.

Mrs. Reid stated that she was honored to be elected as Council Chair, and would work with the other Council members and staff of the Virginia Department for the Aging to help the Commonwealth of Virginia plan for the needs of its aging population.

Council members also elected Mrs. Erica Wood, Esq. of Arlington, Virginia as Vice Chair and Mrs. Barbara Taylor of Culpeper, Virginia as Secretary. The Council selected Mr. Jack Hilton of Arlington, Virginia and Mrs. Suzanne Obenshain of Harrisonburg, Virginia, to serve as members of the Executive Committee. Former Council Chairman Mr. John W. Burton of Altavista, Virginia will continue to advise the Executive Committee in a non-voting capacity.

The next regular meeting of the Commonwealth Council on Aging will take place from 10:00 a.m. to 2:00 p.m. on Thursday, December 4, 2003, at the Virginia Department for the Aging (VDA). Council meetings are open to the public. For more information, call VDA toll-free at 1-800-552-3402 (Voice/TTY) or (804) 662-9333.

## Focus on the Virginia Geriatric Education Center



Colleen Duffy

Colleen Duffy joined the Department of Gerontology as the student/faculty coordinator in August 2003. She is the contact person for Gerontology students to answer their questions concerning the department and to ensure the semester will be a success. Her responsibilities include assisting the students in registration, scholarships, the application process, change of status, and the graduation process.

Colleen is a recent graduate from Virginia Commonwealth University, with a BS in Sociology. Her future goals are to gain a Master degree in Counseling and continue helping others reach their goals.

Colleen just became "Mrs. Duffy" in June and enjoys spending time with her new husband and two furry children, Buddy and Lundy.



## Focus on the Virginia Center on Aging



Paula Kupstas, Ph.D.

Paula Kupstas has served on the staff of the Virginia Center on Aging since the Fall of 1996. Her focus has been on the economics of aging, having received her Ph.D. in Health Economics from the Bloomberg School of Public Health at Johns Hopkins University. In her dissertation research she studied how family members of persons with severe mental illnesses allocate their time among paid employment, caregiving, and other uses. It was her interest in the economic impact of family caregiving that initially led her to contact VCoA and join its staff. Since that time, she has worked on research projects involving family caregiving issues and has developed other lines of inquiry, including the economic impact of domestic violence in later life, and the cost-effectiveness of family caregiver training.

Dr. Kupstas was a founding member of the Central Virginia

Task Force on Older Battered Women (CVA Task Force), a regional collaboration of aging, legal, and domestic violence service providers, law enforcement, and other allied professionals that has been working since 1998 to raise awareness and improve the community response to older women who experience domestic violence or sexual assault. Since January of this year, Dr. Kupstas has directed the Central Virginia Task Force on Older Battered Women Project, a collaborative effort with the VCU Police Department and the CVA Task Force. The project is funded by the Virginia Services, Training, Officers, Prosecution (V-STOP) Violence Against Women grant program, which is administered by the Virginia Department of Criminal Justice Services. Sgt. Barbara J. Walker of the VCU Police Department co-directs and Anne D. Palmer of VCoA coordinates the project. Several members of the CVA Task Force serve on the project's Advisory Committee.

The goal of the project is to address the unique needs of middle-aged and older women who are victims of domestic violence or sexual assault. This goal is being accomplished by increasing awareness and education on domestic violence and sexual assault in later life, promoting more specialized services and training to address the problem, and enhancing collaboration among law

enforcement, legal services, criminal justice, aging services, advocates, and allied professionals. Jurisdictions served are Chesterfield, Hanover, and Henrico Counties, and the City of Richmond.

Dr. Kupstas also teaches a graduate-level health care finance course in the VCU Department of Health Administration. Her academic experience includes a Bachelor of Science degree from Virginia Tech, and a Master of Business Administration degree from the University of Pittsburgh.

Early this year, Dr. Kupstas joined the board of the Virginia Coalition for the Aging. She also serves on the board of NAMI-CVA, the NAMI (formerly known as the National Alliance for the Mentally Ill) affiliate for Central Virginia.

She and her husband, David, celebrated the arrival of their first child, Mary Abigail, in February. Since it's never too early to start learning about aging issues, Abby has already attended a number of aging-related meetings around the region. Abby also is relishing her role as the first grandchild on either side of the family.

**Save the Date!**

***The Journey of the Soul:  
Spirituality in the Second Half of Life***

**March 10-11, 2004  
Richmond Marriott**

Featuring Harry R. Moody, Ph.D., as Keynote and Session Presenter

The Journey of the Soul

Stages on Life's Way

Searching for Meaning in Later Life

Ethical Dilemmas in Geriatric Care

There will be a special dinner program March 10th on Conscious Aging. For further information, contact the Virginia Center on Aging at (804)828-1525 or eansello@hsc.vcu.edu

Harry R. Moody is currently Director of the Institute for Human Values in Aging, affiliated with the International Longevity Center-USA in New York City.

Dr. Moody is the author of over 90 scholarly articles, as well as a number of books including: *Abundance of Life: Human Development Policies for an Aging Society* (Columbia University Press, 1988); *Ethics in an Aging Society* (Johns Hopkins University Press, 1992); *Aging: Concepts and Controversies*, a gerontology textbook now in its 3rd edition; and *Dignity and Old Age* (Haworth Press, 1998). His recent book, *The Five Stages of the Soul: Charting the Spiritual Passages that Shape Our Lives* was published by Doubleday Anchor Books (1997) and has been translated into seven languages worldwide.

A graduate of Yale (1967) and a Ph.D. in philosophy from Columbia University (1973), Dr. Moody taught philosophy at Columbia, Hunter College, New York University, and the University of California at Santa Cruz. From 1999 to 2001 he served as National Program Director of the Robert Wood Johnson Foundation's Faith in Action and, from 1992 to 1999, was Executive Director of the Brookdale Center at Hunter College. Before coming to Hunter, he served as Administrator of Continuing Education Programs for the Citicorp Foundation and later as Co-Director of the National Aging Policy Center of the National Council on Aging in Washington, DC.

Harry Moody is known nationally for his work in older adult education and is currently Chairman of the Board of Elderhostel. He has also been active in the field of biomedical ethics and holds appointment as an Adjunct Associate of the Hastings Center.

## A New Image of Old Age

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Harry R. Moody, Ph.D.  
International Longevity  
Center

American society is in the midst of a radical revision in our image of aging. For more than a generation, we have based public policy in aging on what gerontologist Richard Kalish once called the "failure model" of old age. As a result, we have universal health care for elders (Medicare) and we have a program of public pensions that protects a sizable portion of people from poverty (Social Security). But those of us in gerontology have tended to stress the needs of older people rather than their strengths.

The focus on needs and advocacy has been successful, but the picture is now changing. The health status of people over 65 has improved markedly, just as their educational level has risen. Old age is no longer just a social problem; it is becoming a new opportunity. Yes, poverty and other needs persist, but we're now seeing a shift that some commentators have called the "New Aging." The shift is summed up in two positive images: Successful Aging and Productive Aging.

Successful Aging, an idea promoted by John Rowe and Robert Kahn in their book of the same title, emphasizes health promotion and activity.

Productive Aging emphasizes contributions that older people can make, whether through paid employment or volunteer roles. Both Successful Aging and Productive Aging build on strengths, not weaknesses.

Successful Aging and Productive Aging are now beginning to capture the public imagination. We can see the shift in images used in advertisements in the media and we can also see it in behavior. For instance, last year nearly 200,000 people signed up for Elderhostel programs. Those Elderhostelers did not look like the "failure model" of old age. On the contrary, an image of healthy, active and productive elders is one that may prove irresistible. America, after all, is the land of success and productivity. Why not extend those virtues to later life?

My response is to say two cheers, but not three, for the ascendancy of Successful Aging and Productive Aging. Why not three cheers? Because there is more to life than success and productivity. One of the virtues of age is to teach us how to value other things in life: such as wisdom, artistic creativity, spiritual growth, and leaving a legacy to future generations. There comes a time when many people realize that "keeping busy" simply isn't enough. That moment, whether it comes in midlife or old age, is the moment I describe as "the Call:" an invitation to become the

person we were meant to be, to live our lives in a deeper way. That shift is also what some have called "Conscious Aging," and books by Zalman Schachter (*From Age-ing to Sage-ing*) and Sixties guru Ram Dass (*Still Here*) help point the way.

Conscious aging doesn't mean rejecting health or productivity but it means pursuing other values as well. Carl Jung said it best seventy years ago in his little essay "The Stages of Life" when he remarked "A human being would not live to be sixty or seventy years old if this longevity had no meaning for the species. The afternoon of life must have a significance of its own and not be merely a pitiful appendage to life's morning." Perpetuating the values of mid-life (success and productivity) is just a "pitiful appendage." Instead, we need to step back and take the risk of Conscious Aging, of accepting the last stage as part of the whole of life, not trying to recreate it in the image of perpetual youth.

As I argued in my book (*The Five Stages of the Soul*), this spiritual journey can begin at any age. The message we need to offer older people is that it is never too late to begin the journey. But perhaps even this image of a "journey" is mistaken. Marcel Proust put it this way: "The real voyage of discovery consists not in seeing new landscapes, but in having new eyes."

COMMONWEALTH OF VIRGINIA

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**Alzheimer's and Related Diseases Research Award Fund**

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**FINAL PROJECT REPORTS FROM THE  
2002-2003 ALZHEIMER'S RESEARCH AWARD FUND**

**VA Tech      Paul R. Carlier, Ph.D. (Department of Chemistry) "Structure-Based Design of Dimeric Memory Enhancing Drugs"**

Current FDA-approved therapies for alleviating Alzheimer's memory loss are based on the use of enzyme inhibitors to increase the concentration in brain of the neurotransmitter, acetylcholine. Unfortunately, use of these drugs (acetylcholinesterase inhibitors) is accompanied by side effects which are largely caused by interaction with unintended biological targets. This study was designed to decrease side effects by improving selectivity for the enzyme of interest, acetylcholinesterase. In the project period the investigator synthesized new acetylcholinesterase inhibitors based on the active constituent of the Chinese medicinal herb, Huperzia Serrata (Huperzine A). The drug candidates synthesized in this project represent a second generation of dimeric Huperzine A-derived enzyme inhibitors and their design was informed by atomic scale pictures of how the synthesized drugs attach themselves to acetylcholinesterase. Each drug candidate contains two fragments of Huperzine A, and can thus interact with acetylcholinesterase at two points, attaining a "tighter grip." This tighter grip will hopefully translate to lower therapeutic doses and lower occurrence of side effects. The second generation of drug candidates differs from the first in the use of a more rigid connector between the Huperzine fragments; the increased rigidity should result in greater inhibitory activity. The investigator is currently awaiting bioassay results to learn if the second generation of drug candidates offers superior potency. **(Dr. Carlier can be reached at 540/231-9219)**

**VCU              J. James Cotter, Ph.D., E. Ayn Welleford, Ph.D. (Department of Gerontology) and Kathy Vesley-Massey (Chesapeake Bay Agency on Aging, Inc.) "Improving the Capacity of Home Care Aides in Rural Areas Serving Persons with Alzheimer's Disease and Related Disorders"**

Training for long-term care workers serving persons with Alzheimer's disease and related disorders (ADRD), especially home care aides, is one of the most important challenges confronting the health care system. The investigators implemented two interventions (Training Only and Training with Support) to enhance rural home care aides' skills in caring for persons with ADRD, and they measured the effect of the interventions on the aides, the informal caregivers (e.g., family), and the patient. They also explored the challenges and opportunities of collaborative research between an academic medical center and a community-based agency for older persons. Aides' knowledge of Alzheimer's disease increased substantially and was maintained over the course of the study. Despite a more impaired client, the Training and Support intervention was effective in maintaining high degrees of aide and caregiver satisfaction and decreasing the caregivers' perceptions of burden. There were mixed effects for the Training Only group. The investigators identified a number of barriers and facilitators of success in conducting research with persons with ADRD in community-based settings, including the need to focus more resources on recruitment and retention of research participants. The researchers are currently investigating the effect of severity adjustment on outcomes and the potential for expanded community-based research studies to learn more about improving home care aide performance and client satisfaction. **(Dr. Cotter and colleagues may be contacted at 804/828-6071)**

**UVA Elana Farace, Ph.D. and Mark E. Shaffrey, M.D (Department of Neurological Surgery)  
"Neurocognitive Discrimination of Alzheimer's from Normal Pressure Hydrocephalus Verified by Brain Biopsy"**

Many elderly patients with dementia are referred each year to neurosurgeons for evaluation and possible placement of a brain shunt to drain excess cerebral spinal fluid as a means of treating Normal Pressure Hydrocephalus (NPH), a disease characterized by dementia, gait problems, and urinary incontinence. NPH can be successfully treated with the use of a shunt, or tube which drains off the excess fluid. Approximately 10-30% of all patients who present with suspected NPH may have Alzheimer's disease (AD), either as a separate diagnosis or at the same time that they have NPH. This study was intended to determine the effect of AD on whether or not NPH patients benefited from a shunt placement. The research showed that the true rate of AD in patients with presumed NPH undergoing shunt procedures was 40%, much higher than previously thought. These patients with AD tended to improve with shunt placement in terms of walking and urinary continence, but their dementia remained the same or worsened. Neuropsychological testing was diagnostically suggestive of NPH, and may contribute to a non-invasive method for determining possible NPH and AD. This research will lead to improved outcomes in patients appropriate for shunt placement in NPH, and help patients with AD avoid unnecessary neurosurgery. (Drs. Farace and Shaffrey may be contacted at 434/2434806)

**JMU Merle E. Mast, Ph.D. and Marylin Wakefield, Ph.D. (Department of Nursing) "Rural Family Caregivers' Perceptions of Facilitators and Deterrents to the Use of In-Home Respite"**

Although caregivers of persons with AD cite respite as a pressing need, many caregivers do not use respite services or delay using them until very late in the disease process. To date, research has noted, but has not gained, an understanding of this phenomenon. Little is known about the extent to which specific interventions correspond to caregivers' perceptions of what they need and would find useful. This qualitative study used Grounded Theory to explore rural family caregivers' perspectives of the factors that either enhance or deter the use of in-home respite. Emergent themes include family relationships, loss/grieving, trust, caregiver self-knowledge, caregiver purpose/role/sense of obligation, family/cultural taboos, decision-making process, seeking/asking for help, barriers to asking for help, and defining moments. Caregiver distress is a major overarching theme, clustering in four distinct and interrelated areas: "normal" aging stressors, family issues, unresolved grief, and inadequate assistance. There seems to be an inverse correlation between the level of caregiver distress and the willingness to seek out, and accept, in-home respite services. Forthcoming results will provide definitions of caregiver distress and a working model of the interrelatedness of caregiver distress to decision-making about in-home respite care. (Drs. Mast and Wakefield may be contacted at 540/568-6314)

**Mountain Empire Older Citizens, Inc. Marilyn Pace Maxwell, M.S.W. and Michael Creedon, D.S.W "Using the Internet for Alzheimer's Care: The Challenge for Elders and Service Organizations in Approach"**

The development of wired communities, broadly connected by computer technology, allows local organizations to interact with and support specific families and individuals in previously unexplored ways. Taking advantage of this progress in rural Southwest Virginia, the investigators examined the feasibility of computer-assisted support for family caregivers of persons with Alzheimer's disease. A telephone survey of caregivers found that 50% of respondents had access and were willing to use computers as a learning tool and to support their caregiving roles, though few currently used computer technology as an information source. Few of those without access expressed any desire to use, or learn to use, computers. Three of the eleven participants in a focus group on electronic technology and caregiving were using computers for caregiving purposes (two for an Alzheimer's chat room, one to access the Alzheimer's Association web site). Most were willing to learn to use computers for caregiving, and all regarded teenage trainers as a positive resource. These findings serve as the basis for program development and technology support services, with the ultimate goal of assuring that the needs of Alzheimer's caregivers are included in the region's plans for developing the wired community. (Ms. Maxwell and Dr. Creedon may be contacted at 276/523-4202)

## October is Domestic Violence Awareness Month

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Anne Palmer, MSS  
Virginia Center on Aging

In conjunction with Domestic Violence Awareness Month, the Central Virginia Task Force on Older Battered Women Project (OBW Task Force Project) is releasing the results of focus groups conducted in July, August, and September 2003 to gather information and feedback regarding the service delivery system for older victims of domestic violence and sexual assault in Central Virginia.

The OBW Task Force Project at the Virginia Center on Aging is funded through the Virginia Services, Training, Officers, Prosecution (V-STOP) Violence Against Women grant program of the Department of Criminal Justice Services. The goal of the project is to address the unique needs of middle-aged and older women who are victims of domestic violence or sexual assault by increasing awareness and education, promoting more specialized services and training, and enhancing collaboration among providers of aging services, domestic violence advocates, law enforcement, and criminal justice professionals in the City of Richmond and counties of Chesterfield, Hanover, and Henrico.

As a first step in assessing

the training and resource needs for service providers in Central Virginia, the project coordinator conducted seven focus groups during the summer months with domestic violence advocates, aging service providers, Department of Social Services social workers, law enforcement officials, criminal justice professionals, older women, and older survivors of domestic violence. We recruited participants from each jurisdiction served by the OBW Task Force, and we used the same questioning route and format for each group to allow for comparison and analysis. There were a total of 34 participants in the focus groups, the smallest group having just one participant and the largest having nine participants.

The following themes emerged in each group:

**Outreach** - Older victims of domestic violence rarely contact law enforcement or service providers for help, so there is a tremendous need for outreach to older women to let them know that services are available. The OBW Task Force Project will develop brochures and other educational materials targeting older women and identify opportunities for outreach, including faith-based organizations and women's groups.

**Education/Training** - Training is needed for law enforcement, judges/magistrates, and service providers about the

dynamics of domestic violence and sexual assault in later life, as is cross-training with other disciplines. Providers of aging services would like training on domestic violence assessment and safety planning, and domestic violence advocates would like training on the aging process and the needs of older clients.

**Resources** - Service providers requested resource materials on later life domestic violence and sexual assault for distribution to their clients, as well as resource information on the additional services that an older woman might need, including transportation, home healthcare, senior housing, and senior employment services.

The OBW Task Force Project is using the information gathered in the focus groups to develop training and resource materials for law enforcement, criminal justice professionals, and service providers. We are also inviting focus group participants to attend a follow-up multi-disciplinary and multi-jurisdictional work group in December to identify additional service needs for older women and develop an interagency referral system.

Special thanks go to Monica Leisey for her assistance in designing and facilitating the focus groups, and to the Virginia Department for the Aging for providing meeting space. For more information, call me at (804) 828-1525.

## **VCU/Reynolds Partnership in Geriatric Education Update**

The VCU/Reynolds Partnership in Geriatric Education is on target as it enters Year 3 of the grant. Medical students have been making house calls with the faculty; the teaching of Geriatric subjects continues within the undergraduate medical school curriculum and residents; and high-quality CME continues to be taped at Geriatric Grand Rounds and placed on the web for free access and credits.

Utilization of the website ([www.viriniageriatrics.org](http://www.viriniageriatrics.org)) is growing, not only with new Grand Rounds lectures, but also with "Ask the Expert," an interactive consultation service for VCU Health System Clinicians, and with Geriatric Quick Consult. Geriatric Quick Consult is a simple web-based guide to solving common problems. Also on the site are links to educational resources for faculty, house staff, residents, students, and the community.

Community physicians who are clinical faculty are encouraged to participate in the VCU Community Geriatric Scholars Program, a 30-hour CME program. To date, there are 81 Scholars, already surpassing the goal of 75 enrollees. To learn more about this innovative program, contact Beth Meyers at (804) 827-1507. The VCU/Reynolds educational

coordinators are on the planning committee for the Fifteenth Annual Virginia Geriatrics conference. The conference will be held at the Homestead Resort in Hot Springs, VA, March 11 - 14, 2004. For more information, please call Desiree Hodges at (804) 675-5076.

The Geriatric Student Interest Group is highly active this year, with visits to Seven Hills Nursing Home, lunch lectures, plans to create a house call elective, and preparing for the annual photo contest all in the works. A photo display from the contest will be exhibited at the Association for Gerontology in Higher Education (AGHE) Annual Meeting in February, 2004.

The grant staff main office number is (804) 827-1500. Please contact us if you have any questions about the VCU/Reynolds Partnership or any of our activities.

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Program Assistant, Chrystal Charity, B.S.  
[s2cdchar@mail1.vcu.edu](mailto:s2cdchar@mail1.vcu.edu)

## *Save The Date*

**March 11-14, 2004**

**15th Annual Virginia  
Geriatrics Conference:  
Geriatrics in the 21st  
Century**

**The Homestead Resort,  
Hot Springs Virginia**

Sponsored by the:

Virginia Geriatrics Society

Virginia Geriatric Education  
Center, Department of  
Gerontology, School of Allied  
Health Professions, Virginia  
Commonwealth University

Hunter Holmes McGuire  
Veterans Administration  
Medical Center

Reynolds Partnership in  
Geriatric Education at the  
Virginia Commonwealth  
University School of Medicine

**For registration  
information call  
Desiree Hodges at  
(804) 675-5181.**

# VCU Department of Gerontology and the Virginia Geriatric Education Center Events and Pictures

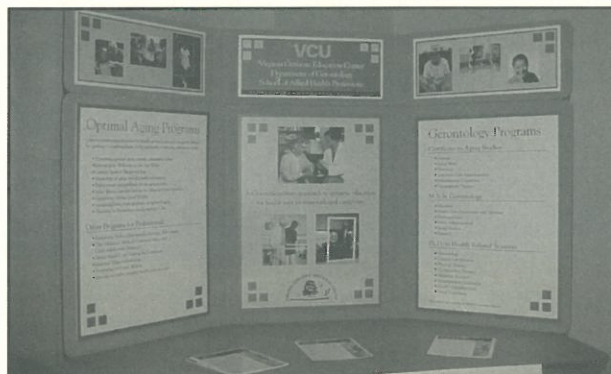
VCU Department of Gerontology  
New Student Orientation August 2003



Enhanced Care Assistant Training  
Graduates August 2003



VCU Health Careers Expo  
October 2003





# Central Virginia Coalition for Quality End-of-Life Care

Wednesday, November 19th Meeting

## ***Legal Issues at End-of-life***

Paul Izzo, Esquire, will lead a panel discussion

Mr. Izzo is a frequent lecturer to nonprofit groups and organizations, health care professionals, and the general public on estate planning, nursing home residents' rights, and the legal concerns of the frail elderly and disabled.

Meetings are free but please RSVP one day before the meeting at 257-0908. All meetings will be from 6:30 to 8:30 pm at the Branch House, 2501 Monument Avenue (at Davis Street)

Visit our new website soon!

[www.deathanddying.info](http://www.deathanddying.info)

## ***Global Aging***

*30th Annual Meeting and Educational Leadership Conference for the Association for Gerontology in Higher Education*

**February 26-29, 2004**

Richmond Marriott  
Richmond, VA

For further information, please contact AGHE at 1030 15th Street, N.W., Suite 240, Washington, DC 20005-1503, by telephone at (202) 289-9806, e-mail: [info@aghe.org](mailto:info@aghe.org), or visit their website at [www.aghe.org/aghe/](http://www.aghe.org/aghe/)

Volunteers receive ***free registration*** to the conference. Interested?  
Contact Heather Green at [greenhj@vcu.edu](mailto:greenhj@vcu.edu) or call (804) 828-9060.

## Calendar of Events

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### November 11, 2003

*Alternatives in Alzheimer's Care* presented by the Alzheimer's Association - Greater Richmond Chapter. To be held at the Comfort Inn and Conference Center in Richmond. For more info, call (800) 967-2580.

### November 12-15, 2003

*Partnerships Across the Heartland: Together We Stand* brought to you by the Southwest Society on Aging and the Mid-America Congress on Aging. To be held at the Tulsa Marriott Southern Hills, Tulsa, Oklahoma. For more info, visit their website at [www.PartnerShipsforAging.org](http://www.PartnerShipsforAging.org)

### November 21-25, 2003

*Our Future Selves: Research, Education, and Services for Early Development and Childhood in an Aging Society*, 56th Annual Scientific Meeting of the Gerontological Society of America will be held in San Diego, California at the San Diego Convention Center and the San Diego Marriott Hotel and Marina. For more info, visit their website at <http://www.geron.org>

### December 4-6, 2003

*Advancing Technology and Services to Promote Quality of Life*. An EU-US sponsored International Conference on Aging, Disability and Independence. To be held at the Hyatt Regency Crystal City in Arlington, VA. For more info, visit their website at [www.asaging.org/icadi/](http://www.asaging.org/icadi/)

### December 11-12, 2003

*A Call to Arms: Grassroots Advocacy* the annual meeting of the Virginia Coalition for the Aging will be held at the Holiday Inn Select in Fredericksburg. For more info, contact David Sadowski, Crater District Area Agency on Aging, at (804) 861-1320 or [craterdist@aol.com](mailto:craterdist@aol.com)

### January 28, 2004

*Virginia Center on Aging's Annual Legislative Breakfast* to be held at St. Paul's, Richmond. For more info, call (804) 828-1525.

### February 26-29, 2004

*Global Aging* is the 30th Annual Meeting and Educational Leadership Conference for the Association for Gerontology in Higher Education to be held at the Richmond Marriott in Richmond. For more info, visit their website at <http://www.aghe.org/aghe/annmeetinfo.htm>

### March 10-11, 2004

*The Journey of the Soul: Spirituality in the Second Half of Life*, conference sponsored by the Virginia Center on Aging to be held at the Richmond Marriott. For more info, call (804) 828-1525.

### March 11-14, 2004

*Geriatrics in the 21st Century*, the 15th Annual Virginia Geriatrics Conference to be held at the Homestead Resort, Hot Springs Virginia. For registration info, call Desiree Hodges at (804) 675-5181.



## Virginia Center on Aging

at Virginia Commonwealth University,  
Richmond, Virginia.

[www.vcu.edu/vcoa](http://www.vcu.edu/vcoa)

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in the Department of Gerontology in the  
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[www.aging.state.va.us](http://www.aging.state.va.us)

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## Mark Your Calendar!

### *"A Call to Arms: Grassroots Advocacy"* Virginia Coalition for the Aging Annual Meeting

Thursday, December 11th and Friday, December 12th, 2003

Holiday Inn Select  
2801 Plank Road  
Fredericksburg, Virginia  
(540) 786-8321  
(800) 682-1049

This is a crucial time to advocate for Virginia's older population and educate policymakers on the issues affecting older Virginians. This conference will feature noteworthy speakers, panel discussions, and workshops on advocacy and aging issues.

For more information, contact:  
David Sadowski, Crater District Area Agency on Aging, at (804)861-1320 or  
[craterdist@aol.com](mailto:craterdist@aol.com)

Co-sponsored by: Virginia Department of Social Services, Elder Rights Coalition, and Virginia Association on Aging.

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