

Case Study

“Powerful Tools for Caregivers”: Teaching Skills That Reduce Stress and Increase Self-Confidence

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Candidate

Educational Objectives

1. Describe caregiving stress and burnout symptoms and effects experienced by older caregivers.
2. Report implementation and evaluation of the “Powerful Tools for Caregivers” workshop, which is designed to increase knowledge and skills in caring for elders and reduce caregiver stress.
3. Suggest ways to alleviate caregiver burden at both micro and macro levels.

Background

Caring for an older adult can be a full time job that sometimes results in increased stress and caregiver burden. With the growth of the older population, especially those

ages 85 and above, and the incidence and prevalence of chronic disease and illness in old age, informal caregivers are becoming a more valuable, even essential, resource. Changes in health care policies, rules, and reimbursement procedures have shifted more of the care responsibility for elders from the formal to the informal (family and friends) system. Family caregiving is valued at \$257 billion annually, more than twice the spending on institutional and home care combined. About four in five (78%) adults receiving long-term care at home rely entirely on family and friends; only 8% rely entirely on formal services. Care recipients ages 50 and above are found in more than 22.4 million American homes (Feinberg & Newman, 2004; Sawatzky & Fowler Kerry, 2003).

Many caregivers experience negative emotional and physical symptoms due to the demands of their role. For example, Sit et al. (2004) found that 40% of the 102 caregivers they surveyed reported somatic symptoms, including reduced physical strength, headache, poor appetite, pain, and stomach discomfort. While each illness/

disease poses unique challenges, dementia in particular creates a more intense caregiving relationship, and can easily exacerbate caregiver stress to the point of emotional strain and depression. Caregiver burnout, which occurs when a caregiver reaches a state of physical, emotional, and mental exhaustion, increases in caregivers who are older and in poor health themselves. In addition, Feinberg & Newman (2004) recently estimated that caregivers lose an average of \$659,000 in total wealth due to their providing care.

The rise in informal eldercare provided by older persons and the correlation between caregiver age and strain/burnout begs supportive solutions on both micro (family) and macro (policy) levels. Research supports the need for educational programs to deliver targeted, applied eldercare knowledge and skills to caregivers to reduce their physical and emotional strain. Interventions that focus on caregiver needs benefit both the caregiver and the care recipient. Caregiver workshops that provide education and information on

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available resources and services and that promote self care reduce the likelihood of caregiver burden and depression (Hepburn et al, 2001).

“Powerful Tools for Caregivers”

“Powerful Tools for Caregivers” (PT4C) was developed as an educational program targeted for any family member who is a caregiver to a parent, spouse or older adult. The program provides information and behavioral tools to improve caregiving ability, promote self-care, and increase self-confidence.

The conceptual foundation of PT4C is the *Chronic Disease Self-Management Program* developed by Dr. Kate Lorig and her colleagues at Stanford University’s Patient Education Research Center. The PT4C program/protocol was originally written by Vicki Schmall, Marilyn Cleland, and Marilyn Sturdevant, supported by a grant from Meyer Memorial Trust to Legacy Health System. Mather LifeWays, helped by an Administration on Aging grant, further refined PT4C, and AARP subsequently adopted the program.

PT4C was originally designed to be delivered via six weekly 2.5-hour sessions. Though designed for informal family eldercare providers, much program content is applicable to other groups, such as paid caregivers. The sessions have an educational focus, each being comprised of a set of topics to be covered and skills to be taught. The content delivery context is highly interactive, with participants encouraged to share experiences

and information and to be mutually supportive. PT4C is typically facilitated by two co-leaders who have completed a two-day training. Leaders receive a copy of *The Caregiver Helpbook* (Schmall, Cleland & Sturdevant, 2000) and a Class Leader’s Guide. The guide provides an agenda, script, and handouts for each session, ensuring consistency across all PT4C workshops. Each modular session has specific learning objectives that provide knowledge and skills needed to enhance caregiver self-efficacy, such as developing action plans, providing feedback, seeking solutions, stress-reduction techniques, improving communication skills, and dealing with difficult emotions like anger, guilt, and depression.

Class one focuses on self-care. Following introductions, participants are asked to identify specific challenges of caregiving. They view *The Dollmaker*, a video emphasizing the consequences of self-neglect. Participants are also informed of available community resources and learn to set goals as a self-care tool. The second class identifies caregiving stressors and introduces tools to reduce caregiving stress. Class three focuses on effectively communicating feelings, needs, and concerns. The fourth class extends class three to communicating in challenging situations, such as with dementia care recipients and healthcare professionals. The theme of class five is the necessity of learning from and constructively dealing with emotions. The final class provides tools to assist with making difficult caregiving decisions. (Subsequent to this, PT4C has been

offered as a four-session workshop, and a 90-minute version is being pilot-tested and evaluated.)

Typically the PT4C workshop is free and respite services are often provided. Participants receive a copy of *The Caregiver Helpbook* (normally \$25; available in many public libraries); many sponsoring agencies utilize Family Caregiver Support Program funds, obtain external sponsorship, or charge a small fee to cover the cost of the book.

Case Study #1

For the past four years Lynn, a 70 year-old retired school teacher, has been the primary caregiver for her husband, Albert, who has Alzheimer’s disease. He is rapidly becoming more impaired; he is very forgetful and can no longer be left alone. Albert requires assistance with eating, dressing, bathing, toileting, and all Instrumental Activities of Daily Living. At least for now, he can transfer and ambulate independently. Lynn arranged for a friend to stay with her husband so she could attend the four PT4C sessions.

Lynn was neatly dressed and appeared content in her caregiver role. At first Lynn remained quiet and did not participate in group discussions. When asked to describe her sources of stress, Lynn began to describe her husband’s extreme demands. Lynn stated that she becomes very frustrated when caring for her husband. She had no previous experience with Alzheimer’s disease and felt unprepared to provide the care her husband needs. Lynn expressed

resentment toward Albert because he requires all her attention. Lynn enjoys shopping and eating out, but she can no longer take Albert, due to his unpredictable behavior. She recalls becoming very embarrassed when he began yelling in the restaurant. Lynn felt socially isolated and no longer invited friends over to her house.

As the PT4C workshop progressed, Lynn became more open and began to forge friendships with other participants. She learned how to reduce stress, ask for help from others, and deal with difficult emotions. She developed skills to deal specifically with dementia caregiving and became more confident in her caregiver role. Following the workshop, Lynn reported feeling less stress than she had felt prior to the workshop. Five months later, the PT4C facilitator encountered Lynn, who was out shopping. Lynn said she has been making time for herself and had asked for help from her extended family. PT4C gave Lynn knowledge and skills that improved her self-confidence and promoted a healthier caregiver relationship. She related that she found the workshop very helpful and had already referred a friend.

Case Study #2

Tammy, 67 years old, provides care for her father and her disabled husband. Tammy has been her father's caregiver since 1979, the year her mother died. Her father, who has significant memory loss, requires constant supervision due to his forgetfulness and confusion but can perform most Activities of Daily Living independently.

Tammy has been caring for her husband for two years, following a car accident that cost him the use of his legs. Her husband uses a wheelchair, but has fallen several times in the past six months when transferring. Between the demands of her father and her husband, Tammy stated that she feels stretched near the breaking point.

Tammy decided to participate in PT4C mainly as a social outlet. She said she had very little time for herself and often neglected her own needs. She had begun to experience headaches, which she attributed to caregiver stress. At the end of each class, participants make an action plan for the coming week, and Tammy decided that she would walk three times. She admitted she has gained weight and believed it to be the cause of her knee pain; she thought that walking would be both emotionally and physically beneficial. At the conclusion of the PT4C series, Tammy said that she felt less stressed and had fewer headaches than prior to the workshop. She reported that she had found support in the class and maintains phone contact with other participants. She continues to walk regularly. Tammy gave PT4C excellent ratings, noting the relaxed atmosphere in which to share feelings and experiences and the value of meeting other caregivers in similar situations.

Evaluation

The premise of PT4C is that by teaching caregivers how to care better for themselves, benefits accrue to both caregivers and care recipients. In the years since the initial development of PT4C, research, evaluation, and revision

have helped ensure its continued success. However, when North Carolina's Region D Area Agency on Aging, collaborating with Appalachian State University's (ASU) Gerontology Program, prepared to offer PT4C in summer 2006, shortcomings were identified in the evaluation protocol provided with the PT4C materials. The evaluation did pose questions about "how helpful" various PT4C elements were, "how the program has benefited you personally," and what a participant would "tell someone who is interested in taking the course." While such information is useful, there were neither baseline nor post-PT4C measures of caregiver stress or caregiving knowledge and skills. Also, despite specific and measurable learning objectives for each PT4C session, the PT4C evaluation did not ask participants to demonstrate acquired knowledge. It was conceivable that participants could "feel good" about PT4C while not actually learning anything. This would, indeed, be an undesirable result.

Consequently, ASU's Gerontology Program developed two evaluative instruments: a *Caregiver Self-Assessment Survey* (measuring caregiver stress), based on materials from the North Carolina Family Caregiver Support Program and the American Medical Association, and a *Learning Objectives Survey* that measured knowledge of specific information/skills delivered by PT4C. (Examples of the latter include: "Name two activities that help reduce stress" and "Define guided imagery.") Both instruments were administered to the participants in two Region D PT4C

programs at the start of the first session, at the end of the last session, and one month after the last session.

The results were presented at the 2006 NC Conference on Aging and were gratifyingly positive (Rosenberg, Gouge & Craig, 2006). From the pre-test to the post-test to the one-month follow-up, there were statistically significant reductions in self-reported caregiver stress and gains in caregiving knowledge. (It may be that the knowledge increase between the post-test and the one-month follow-up is attributable to participants continuing to refer to *The Caregiver Helpbook*, having their application of new knowledge reinforce retention of that knowledge, and the informal support group meetings that continued after PT4C.)

Conclusion

The amount and complexity of care being provided by informal caregivers to older family members are increasing and will continue to do so. These caregivers, however, often lack relevant knowledge, skills, and supports, and are, thereby, vulnerable to increased caregiver burden and stress. The consequence can be inefficient caregiving, negative emotions and relationships, and maladaptive behaviors. Thus, it is important, at both micro and macro levels, to improve caregiver functioning, self-confidence, and self-care, and to reduce stress in informal caregiving relationships. The "Powerful Tools for Caregivers" workshop demonstrably builds knowledge and skills and reduces stress for informal

eldercare providers. At the same time, there are a number of policy recommendations that could help further to alleviate family/informal caregiver burden; Feinberg & Newman (2004) suggest increasing funding for the National Family Caregiver Support Program, providing tax credits and other economic incentives, raising employers' awareness of and support for employees with elder-care responsibilities, and multiplying available resources for technical assistance and training of family caregivers.

Study Questions

1. List some possible negative consequences of informal eldercare for the caregiver and care recipient.
2. What is "Powerful Tools for Caregivers (PT4C)"? How does it work? How well does it work?
3. What recommendations could be made, at both micro and macro levels, to relieve informal eldercare burden and reduce negative consequences?

About the Authors



Ed Rosenberg, Ph.D., is director of the Graduate Program in Gerontology at Appalachian State University (Boone, NC), and has also developed/directed gerontology programs at Western Washington University, the University of Pittsburgh (Bradford), and LaRoche College. He is a Fellow of the Association for Gerontology in Higher Education and, in 2006, received the Southern Gerontological Society's Academic Gerontologist Award.



Natasha Gouge will receive her M.A. in Gerontology from Appalachian State University in May 2007. She is employed by the Ashe Services for Aging in West Jefferson, NC, and is a Powerful Tools for Caregivers trainer.

Caregiver Stress Test

There are a number of instruments to measure caregiver stress. This one (CFS Caregivers, 2007) is representative and is intended to help the caregiver become aware of her/his emotions and strains.

Which of the following are seldom true, sometimes true, often true, or usually true?

- * I find I can't get enough rest.
- * I don't have enough time for myself.
- * I don't have time to be with other family members beside the person care for.
- * I feel guilty about my situation.
- * I don't get out much anymore.
- * I have conflict with the person I care for.
- * I have conflicts with other family members.
- * I cry every day.
- * I worry about having enough money to make ends meet.
- * I don't feel I have enough knowledge or experience to give care as well as I'd like.
- * My own health is not good.

If the response to one or more of these areas is usually true or often true, it may be time to begin looking for help with caring for the care receiver and help in taking care of yourself.

PT4C is currently available in 20 states, but not yet Virginia. For more information, contact Suzanne (Cameron) Black at the North Carolina AARP at (919) 508-0269 or e-mail slcameron@aarp.org.

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Editorials

From the Director, Virginia Center on Aging

Edward F. Ansello, Ph.D.

Re-imagining the experience and study of aging

I recently returned from Okinawa and an awesome experience, not in the "shock and awe" sense of late military campaigns but rather in the jaw-dropping, humbling sense when one encounters something truly profound. With seven other Americans, I joined an assemblage that totaled some 80 people from several Southeast Asian nations, drawn to this longest-lived prefecture of the world's longest lived country to re-invent gerontology.

Led by Dr. Ryo Takahasi, a small group of Japanese and American colleagues have been working together the past three years toward developing a curriculum that would help people to understand the experience of aging. With a little reflection, one can appreciate the enormity of the task. While Japan can boast an advanced commitment in geriatric medicine, with almost five times as many of their schools of medicine having full departments of geriatrics as ours, there are almost no gerontology programs in their institutions of higher education. We have recognized that, in working to establish programs, here is the opportunity to re-imagine or re-conceptualize what would constitute "gerontology" and how it is taught. Not that we are doing a bad job here in the United States and in other Western

countries. Where it already exists, the traditional core curriculum in gerontology includes social, psychological, and biomedical aspects of aging, with public policy sometimes included. We American gerontologists have even labeled these the "standards."

What we have been asking leading up to the Okinawa conference is, *What if gerontology could be the door through which we come to understand not only human aging but human life? What would we add or subtract in the curriculum? How would we shift our stance or point of reference in facing our subject matter?*

Clearly, this has become a "work in progress." After many hours of meetings and months of communication, our group suggested adding three subject areas to the core curriculum, calling them "vectors" to suggest interactive, reciprocal paths between them and people: business, information technology/communication, and education. Each may profoundly alter the experience of aging and, vice versa, the aging of the population may precipitate profound changes in their operation; so, for instance, technology might enable watchful caregiving at a distance through in-home sensors like those currently in teapots in Japan which signal family members when the pot is not lifted for the elder's daily cup of tea, and education might be the vehicle for lifelong learning or quests after the purpose of life for some older adults; reciprocally, larger numbers of questing adults or tech-savvy Baby Boomers growing old may transform education and technology, etc.

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As important as these additional three vectors might be for fostering a fuller appreciation of the opportunities of aging, something was still missing. A core curriculum expanded in this way might help us to appreciate and understand the potential of human aging and the “gift of time,” but this whole effort of learning about what it means to grow older must include something more, we decided, if it is to reflect the processes that many who are older are undertaking; it must include a spiritual focus, for many are experiencing in their own lives as they age a growing awareness that there is more to life than the social part of their lives, more to life than the business part, more than the technology and ever-evolving devices.

There is at the center of life, many people realize as they age, a piece of something that has always existed, something that has endured since before the beginning of time. Psychoanalysts of the last 100 years or so have called this center of our being the “self.” They distinguish the self as at the core or center of being, quite different from the “persona.” The persona is what we can easily see when we look around. It is the stuff of traditional gerontology. The persona is the mask of the person, the acquired style, attitudes, and behaviors that most of us simply put on, like a business suit, because our choices were shaped and limited by our parents, our teachers, our friends and bosses. By mature life this mask may have grown quite elaborate and much of standard gerontology focuses on it, sometimes with exhaustive descriptive statistics. But some of us, if not the

majority, know as we grow older that deep inside we are more. There is a self that we search to find as we age. We have to be sensitive to this voice inside us that asks, when we succeed or when we grow richer or when we marry or retire, “Is this all there is?” Perhaps we have to live a certain number of years to realize this. Perhaps the field of gerontology does, too.

And so, in Okinawa we acknowledged out loud that a curriculum about gerontology, the study of aging, should include more than just an expanded core of subject matter. A curriculum on aging should include a way to help those of us who are not old to understand the importance for many who are old of this search for the infinite, the true self, the oneness, the spirit, or the divine, at the core of life; and a curriculum on aging should help those of us who are old to make this search.

Our colleagues in Okinawa used the Japanese words *soreigaku* and *kigatsuku* when discussing curriculum reformulation. The rough translation of these words is, respectively, understanding with the heart, an emotional intelligence, if you will, and doing the right thing without being told. These may be “lost in translation” to American ears. But I think that in reconsidering and re-conceptualizing what gerontology is or could be, in preparation to planting it over there, we may have uncovered something central that has been missing over here.

From the Executive Director, Virginia Geriatric Education Center

J. James Cotter, Ph.D.

Hello all! Support for geriatric education continues its seesaw battle. Let me bring you up to date. First, the good news. The new Congress has reinstated funding for the national network of Geriatric Education Centers. We are excited about this because it ensures that resources will be available nationwide to support our efforts to improve the capacity of health professionals to serve older persons. We know little more than the fact that the funds will be available. As of now, we have no information as to the requirements of the Federal Health Resources and Services Administration for how the new grant funds will be used.

We are grateful that funds have been restored to a health care system that is facing issues related to our aging nation. We do know that the grant requirements will include a needs assessment. In the coming weeks, we will send a survey on training needs to a sample of those of you who are health professionals. If you receive our survey, please complete it. Your input will be valuable as we decide the focus of our new grant application. (If you do not receive a survey in the next month and would like to participate, please contact Melanie Johnson at 804-828-9060.) We do expect to continue our Virginia Geriatric Education Center Consortium, composed of Virginia

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Commonwealth University, Eastern Virginia Medical School, and the University of Virginia.

Second, the bad news. I did say it was a seesaw. Last year the Virginia General Assembly awarded funds for the continuation of the Virginia Geriatric Education Center. These funds have been terminated for the next state fiscal year. So one hand giveth, the other taketh away. We are grateful, however, for those funds, for they helped us to continue education during this year. We worked with the administering agency, the Virginia Center on Aging, to design an impressive program of training and evaluation. Our first training sessions were held in Danville, Virginia in early March and we had a good turnout and a fantastic response to our training. We trained nurse's aides and supervising nurses in the principles of team communication and person-centered care. These training sessions will continue throughout April. Here are the location and dates of the next trainings:

Topic: Health Care Team Professionalism and Communication

- * Richmond, Monday April 9, 2007
 - * Chantilly, Tuesday April 10, 2007
 - * Hampton, Wednesday April 11, 2007
 - * Roanoke – to be announced
- For further information contact, Jason Rachel at 804-828-9060.

In addition, we are working with health care partners in Virginia to present special training programs. For example, the Virginia Geriatric Education Center has helped the Virginia Association for Home Care to bring in a renowned, dynamic speaker, James A. Avery, MD,

FACP, FCCP, a national medical advisor, to its spring meeting, in Williamsburg April 2-3, 2007, Dr. Avery will present "*An Overview of Pain: Relieving Suffering for Palliative Care and Hospice Patients.*"

You wouldn't think, with the growing older population and a health care workforce that is virtually untrained in gerontology and geriatrics, that societal support and funding would be so iffy. But those of us who have worked with older persons for some time have, by now, learned from them the values of persistence, resilience, and an unrelenting hope for a better future.

Would you like to receive Age in Action by e-mail?

**Please contact
Tara Livengood at
tmliveng@vcu.edu.**

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

Julie Christopher

Virginia's "No Wrong Door" Initiative: A Work in Progress

Older and disabled Virginians, and their families, who require long-term support are already carrying a great burden. This burden increases in a state system that is fragmented, making it difficult for citizens to know where to turn for help. In Virginia, the Virginia Department for the Aging is charged with planning and oversight for long-term care; however nine other state agencies and their local counterparts, in conjunction with innumerable public and private agencies and organizations, play significant roles in providing long-term support for seniors and persons with disabilities.

The challenge for the citizen is how to navigate this system. The challenge for the service provider is how to develop a service package for their consumers, and share consumer information efficiently while protecting the consumers' privacy. The challenge for Virginia is to provide its citizens with a consistent message of available long-term services and supports, no matter where they come into the system. Enter "No Wrong Door." Virginia's No Wrong Door initiative is designed to harness technology by creating a web portal to serve as a one-stop resource for consumers and service providers.

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How will this work? Meet John. John, age 85, is being discharged from the hospital to an in-patient rehab facility after suffering another stroke. Following a brief stay, he will need continued support in order to return home and be cared for by his elderly wife. John has dementia and mobility concerns, and is unable to complete most activities of daily living. The hospital's discharge planner enters John's information into the No Wrong Door tools. Factors such as bed availability, payment options and Medicaid eligibility are provided. She identifies several rehab facilities that will meet his needs. When the choice is made, an e-referral is sent to the rehab facility. Details about John's situation, income, living arrangements, and other critical items are included in the referral eliminating the need for him to retell his history. In addition, John's wife is given the name of their local Area Agency on Aging (AAA) that will assist them by using the same system to access community and home-based services when John returns home.

No Wrong Door eliminates the confusion and provides greater accessibility to the system. The system consists of the GetCare Tools which contain a service provider directory that lists long-term care services available across the Commonwealth. It contains more than 21,000 listings with about 30 data elements. Consumers can access the Tools in one of two ways: through a web-based portal or through a service provider. A consumer-directed information and referral tool will enable individuals to gain immediate access to

information about available services. When a consumer goes on-line, he or she can enter personal information into the consumer-directed tool. The system will provide immediate access to available supports and services, as well as pre-eligibility determination for public benefits. If the consumer has already accessed a provider, that provider can enter intake and assessment information into one of the GetCare Tools and share that information with other appropriate providers through the system. This eliminates the need for the consumer to tell his or her story over and over again, and reduces provider time and effort. For providers, the Tools will also enable them to capture important consumer information, make referrals, securely share consumer information with other providers, and eliminate duplication of effort.

No Wrong Door is being developed in partnership with the Virginia Departments of Aging; Medical Assistance Services; Social Services; Mental Health, Mental Retardation, and Substance Abuse Services; Rehabilitative Services; and two private, non-profit organizations: SeniorNavigator and 211 Virginia. Three communities in Virginia, led by their local AAA, are currently piloting No Wrong Door. These AAAs and their communities are Senior Connections in Richmond, the Peninsula Agency on Aging in Newport News, and the Valley Program for Aging Services in Waynesboro. Three more AAAs are coming on board this Spring: Bay Aging in Urbanna, the Rappahannock-Rapidan Community Services Board and

Agency on Aging in Culpeper, and Mountain Empire Older Citizens in Big Stone Gap. In each community, public and private service providers participate on Local Advisory Councils directing the No Wrong Door system for their community. A federal grant from CMS and AoA has provided funding to replicate the project and three additional geographic regions will implement No Wrong Door by 2008.

Through this cooperative initiative, Virginia expects to achieve better citizen service through increased awareness of its community-based long-term care services, ease of access for the consumer, and decreased institutionalization. Service providers will develop a more person-centered approach to service planning with greater efficiency and reduced duplication of effort. Citizens will receive appropriate services more quickly, with less frustration, and improved outcomes. Improved reporting will be available for local, state and federal systems. The ultimate human benefit of the system will be extending independence and raising the quality of life for seniors and persons with disabilities in Virginia.

Focus on Contributing Agency Staff

Focus on the Virginia Center on Aging

Debbie Leidheiser



The Virginia Center on Aging welcomed Debbie last fall as a project manager and Executive Director of the Lifelong Learning Institute (LLI) in Chesterfield. We had, however, already been working with her for quite some time in conceptualizing and co-developing the LLI as a community location where mid-life and older adults might realize their love of learning. In October 2002 Debbie, representing a retirement community, and Don Simpson, a resident of that community and a man experienced in establishing a successful lifelong learning operation in Northern Virginia, visited VCoA and helped initiate a collaboration that would evolve into our co-launching the LLI in Chesterfield.

Under Debbie's leadership, we established a Steering Committee composed of members from civic groups, local men's groups, community associations, communities of faith, John Tyler Community College, and Chesterfield's Senior Advocate, all of whom endorsed the need for this type of program. Quickly, Chesterfield County government saw the benefit of such a goal, for it was just completing a long range study that predicted, among other things, a rapidly increasing senior population; Chesterfield County Schools offered the use of an old school building that was vacant

during the day and the Board of Supervisors designated funds for its refurbishment.

VCoA and its established Elderhostel affiliation helped in setting up the LLI program as a member of the Elderhostel Institute Network, which required university sponsorship. The community jumped in. Members of the Brandermill and Midlothian Rotary Clubs, the Midlothian Woman's Club, and the Steering Committee painted the classrooms; two Boy Scouts completed their Eagle projects at LLI: one landscaped the yard, while the other (*Editor's Note: it was E.J. Ansello*) undertook the demolition and transformation of three partitioned rooms into one large assembly hall; and members and faculty were recruited for the first term of classes. The Lifelong Learning Institute in Chesterfield became a reality, with a ribbon cutting ceremony and well-attended open house in December 2003 and classes officially began in March 2004.

Debbie has worked with older adults for the last eight years, stating that she is fortunate that both her passion and her work are the same: the senior population. She reports that the LLI faculty includes current and retired professors from VCU and John Tyler Community College, as well as others in the community who share their experience and expertise in various subject areas. Every faculty is a volunteer, donating time to teach in the program. LLI members pay an annual membership fee, which allows them to take as many classes as they

want. Membership numbers reflect how positively the community values this opportunity. When LLI classes started in March 2004, it had 50 members; today there are 290. Describing the LLI, Debbie relates, "Some members take one or two classes, while others may take 20. The current spring 2007 term offers over 70 classes for LLI members. When the program started in 2004, there were two terms of classes of 10 weeks and a summer term of six weeks, four days a week. Last fall, LLI expanded to five days a week and became a year-round program, offering educational, fitness, and social activities. The Institute has partnered with many groups to make the program a success, and is always looking for new partnerships and opportunities."

Debbie grew up in Orange, Virginia, and graduated from Virginia Intermont College. She and her husband Henry (a personal fitness trainer) live in Chesterfield County. She has successfully recruited Henry as an LLI instructor where he has taught several classes. They have two children, Amy, who teaches first grade in Arlington, and Jed, who works in computer security in Chicago. Debbie is Past President of the Chesterfield Council on Aging, a member of Chesterfield Partnership for Successful Aging and the Richmond Senior Network, and Secretary for Brandermill Rotary. In her spare time, she enjoys reading and volunteering in the community.

To reach Debbie and the LLI, please call (804) 378-2527.

The Virginia Center on Aging's Annual Legislative Breakfast

If it's January, it's Legislative Breakfast time. VCoA hosted its annual breakfast on January 24, 2007, at St. Paul's Episcopal Church in Richmond, as it has been doing for the last 20 years or so. This established event drew a large attendance, including Senators, Delegates, their staffs, members of the Commonwealth Council on Aging, the Virginia Department for the Aging and other state agencies, and colleagues from various Area Agencies on Aging, Virginia Commonwealth University, and other organizations from across the Commonwealth.

VCoA hosts this breakfast to inform the General Assembly, which created it in 1978, of its progress in meeting its three fundamental mandates: interdisciplinary studies, research, and information and resource sharing.



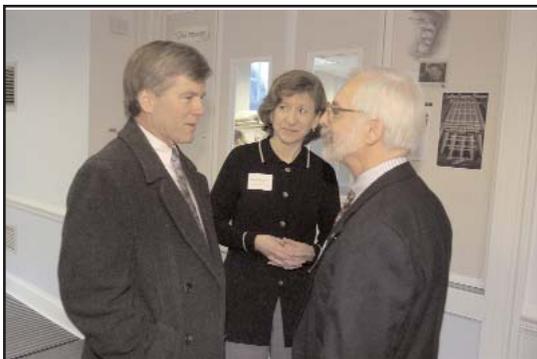
Top Left: Lisa Furr of VCoA and Mary Payne of Elder Homes and VCoA's Advisory Committee

Top Right: Ken Newell of Manorhouse Management and VCoA's Advisory Committee served as Master of Ceremonies

Middle Left: Ed Ansello and Senator Creigh Deeds

Middle Right: VCoA staff behind the table (l-r: Catherine Dodson, Bert Waters, Connie Coogle, and Tara Livengood) welcoming guests

Bottom Left: Debbie Burcham of the Virginia Department for the Aging, Ed Ansello, and Marilyn Maxwell of Mountain Empire Older Citizens, Inc.



Top Left: Delegate Al Eisenberg of Arlington and Gail Nardi of the Virginia Department of Social Services

Top Right: Madge Bush and Elvira Shaw of AARP, Harris Spindle of Senior Connections, and Terri Lynch of Arlington Agency on Aging

Middle Left: Ed Ansello, Vice President Sheldon Retchin of VCU, and Delegate Ken Plum of Fairfax

Middle Right: The Legislative Breakfast drew a large crowd

Bottom Left: Attorney General Bob McDonnell, and VCoA's Paula Kupstas and Ed Ansello

Bottom Right: Delegate Ken Plum after receiving special recognition on the 25th anniversary of ARDRAF

Virginia Coalition for the Prevention of Elder Abuse (VCPEA)
13th Annual Conference
Virginia Beach Resort & Conference Center, 2800 Shore Drive
May 31-June 1, 2007

Keynote: **Prosecuting Elder Abuse: Sifting through Myths and Misconceptions**
Paul Greenwood, Deputy District Attorney, San Diego, CA (D.A. Office prosecutor since 1993;
has prosecuted over 200 felony cases of elder abuse and dependent adult abuse; featured on CBS
and NBC)

Breakout Sessions:

- A. Challenging a Nursing Home’s Involuntary Discharge and Failure to Readmit**, Kathy Pryor, Esq.,
Virginia Poverty Law Center, and Joani Latimer, State Long Term Care Ombudsman
- B. Dissecting the Criminal Case: How to Build a Successful Elder Abuse Investigation and Prosecution**,
Paul Greenwood
- C. Release of Aging Sex Offenders**, Tama Celi, William Robison, and Julie Johnson, Virginia Department of
Corrections
- D. No Wrong Door: Accessing Long Term Care Information and Other Community Resources**, Bill
Massey, Peninsula Agency on Aging, and Julie Christopher, Virginia Department for the Aging
- E. Caroline: Who Is She? Who Cares? (A personal story of financial exploitation)**, Jean and Jim Weeks of
Charlottesville
- F. Dementia and Sexual Exploitation**, Sgt. Barbara Walker, VCU Police Department
- G. Grey Zones and Red Flags: Detecting Elder Abuse through Home Visits**, Peter Boling, MD, VCU Health
System
- H. A Model Program of Family-Community Partnership for Improved Long-Term Care**, Claire Curry, Esq.,
Legal Director, Civil Advocacy Program, Charlottesville
- I. Foreclosure Rescue Scams**, Jay Speer, Esq., Virginia Poverty Law Center

Special Plenary: Conversation with Julie Christopher, Commissioner on Aging

Closing Plenary Session: Virginia State Crime Commission, Sen. Kenneth Stolle

VCPEA 2007 Annual Conference Registration Fees

A. Advance (by May 25, 2007)	B. On-site
VCPEA members.....\$115	All registrations on-site at the hotel... \$175
Non-members.....\$155	

Accommodations and Hotel Reservations

VCPEA has reserved a block of rooms at the Virginia Beach Resort and Conference Center at the special rate of \$95.00 a night, single or double occupancy. Please make your reservations directly with the hotel by calling 1-800-468-2722 and requesting the VCPEA conference rate. Reservations must be made by May 17, 2007.

VCPEA has applied for continuing education and CLE credits.

For more information and registration forms, call (804) 828-1525
or e-mail tmliveng@vcu.edu.

Early Onset Dementia Half-Day Conference

Recent statistics indicate that between 500,000 and 700,000 Americans have Early Onset Dementia disease, meaning that the first signs of dementia occur when the person is younger than 65 years of age. Those affected by early onset dementia often face different issues than those whose symptoms begin after age 65. Common problems include difficulty obtaining a proper diagnosis, lack of appropriate community services and health insurance, loss of employment, and difficulty obtaining Social Security Disability benefits.

The Alzheimer's Association Greater Richmond Chapter will offer a free half-day conference for those affected by Early Onset dementia and their caregivers. The conference will be held on **Tuesday, May 15, 2007** from 1:00 p.m. – 4:30 p.m. at Epiphany Evangelical Lutheran Church, 1400 Horsepen Road, in Richmond.

The keynote address *Beginning the Journey: Dementia and Research* will be presented by Rex Biedenbender, M.D., Assistant Professor of Internal Medicine, Division of Geriatrics at Eastern Virginia Medical School. This will be followed by *Planning the Journey – A Panel Discussion* featuring several perspectives.

There is no charge but registration is required. Call the Alzheimer's Association Greater Richmond Chapter at 804-967-2580 or e-mail fran.foster@alz.org.

ARDRAF Celebrates 25 Years: Honoring Delegate Ken Plum's Vision

The Alzheimer's and Related Diseases Research Award Fund (ARDRAF) celebrated its 25th anniversary by recognizing the fund's patron in the General Assembly, Delegate Ken Plum of Fairfax, at VCoA's annual Legislative Breakfast. In 1982, long before dementia was on the radar screens of most state legislatures as an important issue and before many people could even pronounce "Alzheimer's," Delegate Plum introduced and the General Assembly of Virginia passed legislation creating ARDRAF as a seed grant program to stimulate promising lines of research into the causes, consequences, and treatment of dementing illnesses. From its enactment, the Virginia Center on Aging has administered ARDRAF, first under Ruth Finley as Administrator and since 1996 under Dr. Connie Coogle.

ARDRAF, with astute administration and the invaluable help of a multi-talented third party review panel, has become the most productive state-based seed grant program in the country to stimulate research on dementia. With seed grant (pilot study) findings, ARDRAF awardees have been able to secure major funding from the federal government, prestigious foundations, and other large grant sources. ARDRAF has supported 105 pilot studies (averaging \$15,500), which have produced over 180 scientific research publications and a documented \$16 million in subsequent competitive

research awards from non-state grantors, for a return of \$10 in non-state monies for every \$1 in General Fund appropriation. ARDRAF's many practical results include clinical tools to help physicians diagnose dementia, web-based help for family caregivers, therapeutic interventions for persons with Alzheimer's, improved drug regimens, and a search-and-rescue protocol used around the world to find lost and confused wanderers with dementia.

VCoA honored Delegate Plum at its Legislative Breakfast on January 24, 2007. VCU Vice President for Health Sciences, Dr. Sheldon Retchin, lauded Delegate Plum and presented him with a testimonial plaque. VCoA also showed a DVD it had produced highlighting the good that has been done by ARDRAF and showing previous awardees and review panelists attesting to Delegate Plum's vision and the remarkable results of their seed grants.

We invite you to visit VCoA's website (www.vcu.edu/vcoa) where you can view both a 12-minute summary video of comments and a lengthier presentation by a dozen awardees. We are sure that you will enjoy these presentations and feel proud of what Virginia has accomplished.

Calendar of Events

April 17, 2007

Annual VCU Department of Gerontology and School of Social Work Spring Symposium: Careers in Aging. Richmond Times Dispatch, Mechanicsville. 6:00 p.m. - 9:00 p.m. For more information call Katie Young at (804) 828-1565.

April 19-20, 2007

The Golden Years, Domestic Abuse and Displaced Homemakers. Conference sponsored by the Family Violence Program, Inc. of Pitt County to be held in Greenville, NC. For information, call (252) 758-4400 or smunzer@pittfvp.org.

April 23-24, 2007

Joint Conference on Guardianship, Elder Rights, and Disability Services. Conference sponsored by the Virginia Guardianship Association, the Virginia Elder Rights Coalition, and the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services, to be held at the Omni Hotel in Charlottesville. For information, call Joy Duke at (804) 261-4046 or joyduke@msn.com.

May 4-5, 2007

Age & Abilities Expo. A Peninsula Event for People with Disabilities and Senior Citizens. Hampton Roads Convention Center, Hampton. For information, visit www.AgeAndAbilitiesexpo.com.

May 11, 2007

Living Well with Arthritis... You Can. Arthritis Summit sponsored by the Virginia Arthritis Action Coalition at the Marriott West Hotel in Richmond. For information, call Mary Casebolt at (540) 741-1751 or mary.casebolt@medicorp.org.

May 31-June 1, 2007

13th Annual Conference of the Virginia Coalition for the Prevention of Elder Abuse. Virginia Beach Resort and Conference Center. For information, call Ed Ansello at (804) 828-1525 or eansello@vcu.edu.

June 9, 2007

6th Annual Race Against Domestic Violence. Innsbrook 5K Run/Walk, Richmond. 9:00 a.m. For more information, call Kristina at 804-366-6919.

June 11, 2007

Aging in Place, Aging Well. Conference sponsored by the Area Planning and Services Committee (APSC) to be held at the Holiday Inn – Koger Center, Richmond. For information, call Tara Livengood at (804) 828-1525 or tmliveng@vcu.edu.

June 18 - August 10, 2007

The Lifelong Learning Institute (LLI) Summer Session. It kicks off with an Ice Cream Social on June 18th at 1:30 p.m. 13801 Westfield Road, Midlothian. Contact the Institute at (804) 378-2527 or e-mail info@llichesterfield.org.

Do you have an event that you would like to promote? If it's aging-related, we would be happy to help. Send us the information in time for our nearest copy deadline (March 15, June 15, September 15, December 15). Send to Kim Spruill at spruill_kimberly@yahoo.com.

Age in Action

Volume 23 Number 2
Spring 2007

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Age in Action is published quarterly. Submissions, responses to case studies, and comments are invited and may be published in a future issue. Mail to: Editor, *Age in Action*, P.O. Box 980229, Richmond, VA 23298-0229, fax to (804) 828-7905, or e-mail to spruill_kimberly@yahoo.com.

**Summer 2007 Issue Deadline:
June 15, 2007**

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Aging in Place, Aging Well

A conference on growing older with lifelong disabilities and remaining in the community, for family caregivers, consumers, and agency staffs, sponsored by the Area Planning and Services Committee (APSC)

June 11, 2007

Holiday Inn Select, Koger Center, Richmond

Keynote address and closing plenary by Dawna Mughal, Ph.D., R.D., on *Aging Well: Rx- Food and Nutrition* and on *Foods, Nutrients, and Medications: Some Healthful and Dangerous Liaisons*.

Breakout sessions on *Smart home technology and assistive devices; Self-advocacy; The Elder Friends program; Adapted Exercise; Ministries to and with people with lifelong disabilities; Healthy cooking; Disabilities-related waiver programs; and more.*

Conference registration is \$35.

For more information and/or registration, please contact Tara Livengood at the Virginia Center on Aging: (804) 828-1525 or tmliveng@vcu.edu.

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