Case Study

Law Enforcement and Adult Protective Services Working Together: A Team Approach to Elder Abuse Cases

Anne Douglas Palmer, MSS
Virginia Center on Aging

Educational Objectives

1. Familiarize readers with the different roles and responsibilities of Adult Protective Services and law enforcement in elder abuse cases.

2. Demonstrate the benefits of working collaboratively to resolve complex elder abuse and domestic violence cases.

Background

Unfortunately, age does not impart immunity from mistreatment. While many tend to respect those who advance in age, older adults are too often victims of abuse, exploitation, and domestic violence. When older women are victimized, they may face additional challenges, for responders have been relatively less prepared for older victims and shelters are generally oriented to younger women with dependent children.

The Central Virginia Task Force on Older Battered Women (OBW Task Force) is a regional collaboration of 25 aging, domestic violence, law enforcement, and legal services organizations that has been working since 1998 to raise awareness and improve the community response to older women who experience domestic violence or sexual assault. The Virginia Center on Aging administers and works in collaboration with its task force partners on the Central Virginia Task Force on Older Battered Women Project, which is funded through the Virginia Services, Training, Officers, Prosecution (V-STOP) Violence Against Women grant program. The project is developing a comprehensive, coordinated, and cross-trained community response to domestic violence and sexual assault in later life. The OBW Task Force and the project serve the City of Richmond and the counties of Chesterfield, Hanover, and Henrico.

Anne Douglas Palmer, MSS, is the Coordinator of the Central Virginia Task Force on Older Battered Women Project (OBW Project) at the Virginia Center on Aging, a position she has held since April 2003. The OBW Project, grant-funded through the Virginia Department of Criminal Justice Services, addresses the unique needs of women aged 50 and older who experience domestic violence or sexual assault, by increasing awareness and education, promoting more specialized services and training, and enhancing collaboration among aging services providers, victim advocates, law enforcement, legal professionals, and other allied service providers.
In the summer and fall of 2003, the OBW Task Force Project conducted seven focus groups with domestic violence advocates, aging service providers, Adult Protective Services (APS) social workers, law enforcement, criminal justice professionals, older women, and older survivors of domestic violence. The purpose of the focus groups was to understand the current regional service delivery system for older women who are abused and to identify the most effective ways for the OBW Task Force to assist organizations in better meeting the needs of older women. The project team sought to gather information and feedback concerning current barriers to older women accessing domestic violence services and how agencies collaborate in making referrals and providing services. A common theme that emerged was a need for more interagency cooperation in making referrals and sharing information and resources. Participants in the law enforcement and APS focus groups offered that, in some cases, differing work philosophies and a lack of understanding of their respective roles and responsibilities affected their working relationships. Many of these participants expressed a need for more cooperation and communication between agencies. One jurisdiction is addressing this need through a partnered approach to elder abuse cases. In Henrico County, the Police Department and APS unit have developed a team approach to investigating elder abuse cases that has enhanced their ability to resolve elder abuse cases and provide needed services to victims.

The Role of Adult Protective Services

Adult Protective Services (APS), located within the Adult Services Unit of the Virginia Department of Social Services, is state supervised and administered locally through 120 local departments of social services. The mission of APS is to protect the elderly and persons 18 and older with disabilities who have been abused, neglected, and/or financially exploited or who are at risk of being abused, neglected, or exploited. APS receives and investigates valid complaints of abuse, and offers and provides services to prevent further abuse, including healthcare, housing, social, and legal services. The APS philosophy stresses self-determination and the use of the least restrictive and least intrusive interventions. APS cannot force services upon clients and has no authority to take an endangered adult into custody or to investigate when the client is no longer at risk. If the client has the capacity to make decisions, APS must honor the adult's wishes. APS views abuse as a social problem. Legal action (i.e., involuntary protective services) is a last resort.

The Role of Law Enforcement

While the role of APS is to conduct an investigation of an alleged case of abuse and to offer services to end the abuse and prevent further abuse from occurring, the role of law enforcement is to determine if a crime has been committed and make an arrest. Law enforcement officers conduct a complete investigation when an alleged crime is reported, to determine if indeed a crime has been committed and if there is enough evidence to file criminal charges.

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charges and build a case for prosecution. Police detectives collect statements of the victims and all witnesses, document spontaneous statements when they occur, collect physical evidence, photograph the victim and crime scene, and identify, locate, and arrest the alleged perpetrator.

While the roles, responsibilities, and philosophies of APS and law enforcement in conducting investigations are different, the two disciplines can be a complementary and very valuable resource to one another, as the team approach between the Henrico County Police Department and Henrico APS demonstrates.

Case Study

The Henrico Police Department received a call from the friend of a 65-year-old woman who stated that she had been sexually assaulted by a nurse aide at an assisted living facility where she was convalescing following surgery. The surgery had caused temporary paralysis, rendering the victim unable to speak, but she was able to indicate through gestures to her visiting friend that she had been raped while being bathed by the nurse aide. Police took the victim to the VCU Medical Center for a complete physical exam by the forensic nursing staff and, as mandated reporters, immediately referred the case to APS for investigation.

Henrico Police and APS conducted a joint investigation and determined that a sexual assault had occurred, using forensic evidence collected and victim and witness interviews. The police detective shared taped victim interviews with APS, which assisted the APS social worker in conducting her investigation and determining what services the client needed. The first task of the social worker was to work with law enforcement and hospital staff to secure placement at a different nursing facility for the victim to continue her recovery. While police detectives pursued criminal charges, the APS social worker visited the client to offer supportive services, first at the new convalescent facility and then at the client’s home. The social worker used the Uniform Assessment Instrument (UAI) to evaluate the client’s needs and offer services, which the client accepted. Services provided included home visits to provide case management and information about court proceedings, arrangement of personal care services, counseling resources to assist with post-traumatic stress syndrome, assistance with insurance, and accompaniment to court. The detective and social worker stayed in constant contact throughout the investigation, sharing resources and information. The case remained open at APS until the trial was completed and it was determined that the client was no longer at risk of abuse and no longer needed APS services.

Conclusion: Elements of Effective Collaboration

Henrico County Police and APS have developed a collaborative approach to elder abuse cases that recognizes the distinct and vital role of each organization in the investigation of cases, the significant benefits of coordinating their efforts, and the valuable resource that each can be to the other. In the case presented, Henrico Police shared interviews and other information with APS which assisted the APS social worker in her investigation to determine what services the victim needed. In turn, by providing or arranging supportive services such as personal care, counseling, and information about court procedures, APS helped prepare the victim for the lengthy criminal justice process. The following are some key elements of the approach developed in Henrico County:

Start the Investigation Together as a Team - Whenever possible, an APS social worker and police detective meet and interview the victim together. Although some of the information being collected may be used in only one of the investigations, some will be pertinent to both. Most
importantly, joint interviews reduce stress on the victim because she does not have to be interviewed multiple times and asked for the same information. Joint interviews also mean less work for law enforcement and APS because they have the same information and do not have to brief each other on the case as often.

**Understand and Define the Roles of APS and Law Enforcement** - Law enforcement and APS have distinct roles in conducting an investigation, and it is important for each discipline to understand and appreciate both the benefits and the limitations of their roles. When an APS social worker and detective conduct joint interviews, they develop an action plan and talk about their roles and the questions that need to be asked beforehand. This enables them to get the information they need without stepping on each other’s toes and getting into turf disputes. They also understand that there are limits to their roles. If, through a joint investigation, it is determined that either a crime has not been committed or there is not enough evidence to file criminal charges, Henrico Police will not pursue the case but APS will continue to offer supportive services. Likewise, a victim can refuse APS services while working with law enforcement on a criminal case, but even if not directly involved in the case after completing the investigation, APS can leave the victim with available community resources should they be needed.

**Time and Resource Sharing** - When APS and law enforcement work together as a team, they save time and provide continuity in the investigation of cases. If either APS or law enforcement gets called away on another case, the other team member can continue the investigation and keep the absent team member informed on the progress of the case. Investigations do not have to be put on hold and valuable time wasted, as time can be a critical factor in the investigation of complex and multi-faceted elder abuse cases, especially when the client is at risk of further abuse.

**Respect and Utilize Expertise** - Henrico Police and APS respect each other’s roles and expertise and recognize that they can be a valuable resource to each other. In one case, an APS social worker encouraged and convinced a reluctant domestic violence victim to follow through on charges, providing support to the victim that a police officer might not have time to give.

**Study Questions**

1. What are the roles and the limitations of APS and law enforcement, respectively?

2. What are the principal elements of an effective team approach, and what are the benefits?

**References**


Special thanks to Detective Judy Berger of the Henrico Police Department and Carol Jellie and Teresa Bettino from Henrico County Adult Protective Services who assisted in the development of this case study.

From the **Executive Director,**
**Virginia Geriatric Education Center**  
Iris A. Parham, Ph.D.

This has been one of those really good news times for the VGEC. We began a new initiative on May 28th with the announcement by HHS Secretary Tommy Thompson that five demonstration grants "aimed at helping recruit, train and retain direct service workers who provide personal assistance to people with disabilities who need help with eating, bathing dressing and other activities of daily living" had been awarded. Virginia joined Washington, Indiana, Arkansas and Kentucky as funded sites. The $1.4 million
demonstration grant to the Virginia Department of Medical Assistance Services will involve determination of the utility of health insurance and other work incentives in the attraction and retention of direct care providers. The VGEC will provide the training for the direct care workers using an enhanced curriculum developed by our own Dr. Rita Jablonski at the School of Nursing. An earlier version of this curriculum has been utilized in the highly successful and still on-going ECAT (Enhanced Care Assistant Training) project targeted primarily to home care aides and currently funded through DMAS. We are particularly pleased with the leadership of Jason Rachel on both projects and with the opportunity to work with our DMAS colleagues, Ms. Diana Thorpe and Ms. Karen Lawson; it should be an exciting three years. Just last week, we also heard that our competitive supplemental grant for the VGEC core grant was funded. Special thanks to all who worked so diligently on this effort (Nancy Bynum, Connie Coogle, Colleen Duffy, Colleen Head, Lucy Lewis, Tracy O'Brien, Tomaree Porter, Jason Rachel, Kandi Watson, Katie Young) and kudos to our leaders and Associate Directors, Drs. Jim Cotter and Ayn Welleford. Dr. Welleford also received word that she was funded for an exciting project through Philip Morris. Dr. Welleford and Ms. Pat Moody have been diligent in pursuing funding for this Lifelong Health Careers objective. (There will be more on the implementation of this project in the next newsletter.)

Also, our June meeting with our partner GECs; Western Reserve, Mountain State and Pennsylvania, was quite successful. We are completing plans to work with the Employee Education System of the Veterans Affairs health system to present our videoconference on Substance Abuse and the elderly in March, 2005. This videoconference will be free of charge and sites will be available across Virginia and the continental US!

Please enjoy the photos of our Spring Forum and graduation also in this issue. In other news, we have completed the move to the fourth floor of West Hospital and invite all to come and visit our wonderful new quarters.

Lastly, we have sad news. Ms. Colleen Duffy, our assistant of amazing talents, has left Richmond with her new husband to take a job in Miami, Florida. This is a great loss for us and she will be sorely missed. Our own recent graduate, Ms. Katie Young, has happily accepted the student coordinator position, she will have a special and additional emphasis on distance education program maintenance and development. Ms. Young will also be working one day a week on the new VGEC supplemental grant.

From the Director, Virginia Center on Aging

Edward F. Ansello, Ph.D.

No One Climbs Alone

I have just returned from a business trip to Japan, my first on-site exposure to its people and culture. The experience made impressions that I will probably be years in reliving and interpreting. The Nippon Care-Fit Service Association, a non-profit organization that trains family caregivers and others who care for people of any age with impairments, invited me for a series of presentations and visits in Tokyo. Mr. Nen Hatenaka, the Association's president, Prof. Ryo Takahashi of Takasaki University, and Dr. Hiroshi Shibata of the Tokyo Metropolitan Institute of Gerontology spent months in preparing the groundwork for inaugurating an educational gerontology movement in Japan.

With one of the oldest populations on the planet and with Okinawa reputedly the longevity center of this longest-living nation, Japan is surprisingly young in educational gerontology, which is, simply, teaching others what is known about aging. Dr. Shibata, a geriatrician, informed me that there are 80 medical schools in Japan; 24 have full departments of geriatrics. With over 50% more medical schools
in the U.S., we have only a half dozen with departments of geriatrics. However, interdisciplinary gerontology is rare in Japan. Although the Japan Gerontological Society was established in 1959 and has units within it on geriatrics, sociogerontology, gerodontology, and more, there is no unit or thrust within it for educational gerontology. We have several such associations and well over 300 such programs, centers, and units across the states. So, there I was in this mirror-reality of abundant geriatrics and scarce educational gerontology bringing the message of interdisciplinary educational gerontology.

My hosts organized a small-group workshop, a large conference, and a taped interview to communicate the benefits of teaching across disciplines what is known about aging. For the workshop they assembled 30 representatives from business, government, academe, and direct service with whom we discussed the implications of an aging population for their sectors. What a remarkable assemblage! The range of expertise and variety of professional interests, from senior statesman in government to multimillionaire businessman to creative dance instructor, awed me. If educational gerontology were in its infancy in Japan, this multiprofessional and multidisciplinary group, unlike any I had experienced in the states, would see to its growth. For instance, Japan’s birth rate has dropped below the replacement level and both business and government representatives within the group are evaluating older workers as reliable, productive assets. An academic is looking to the humanities and the arts as vehicles of expressing or understanding the aging individual’s personal life story amidst growing numbers of elders. An engineer is harnessing the Internet creatively to offer services to elders for self-development, connectedness with other caregivers, virtual travel, and more. A geriatrician is committed to determining how best to define and promote quality of life in his patients. The energy and potential for collaboration present in the workshop augur well for the future of educational gerontology and the future of Japan’s elders.

The conference drew some 400 professionals and others. It opened with an inspirational segment about Mr. Yuichiro Miura who at 70 in 2003 climbed to the top of Mt. Everest. We saw a film of the ascent and then the man himself recounted his story. He had been a climber and skier in his thirties but, like so many of us, drifted into inactivity and out of shape. At 60 he began a 10-year regimen back to fitness, obtaining commercial sponsors along the way to finance his team’s climb to the top. Fierce winds almost ended the quest near the summit. The group sheltered in tents rattled by fierce winds. Then, days later, an uncharacteristic lull enabled the completion. In my opening to the audience immediately following Mr. Miura’s presentation, I noted two messages from his trek that cross nations and ages: one is never too old to set dreams, and no one climbs alone.

In retrospect, these two expressions summarized the trip to Japan. The people gathered in Tokyo are doing it right. They are inviting everyone to the table to hear the message. They are brainstorming together across all sectors and collaborating in solving problems. They are seeing both challenges and opportunities in an aging population. I expect that our colleagues in Japan will methodically build on these events, will set dreams, and create partnerships to reach them. Their lesson is our lesson: no one climbs alone.
From the
Commissioner, Virginia
Department for the
Aging

Jay W. DeBoer, J.D.

Older Driver Assessment Day
Scheduled for
September 2004 in Richmond

While many mature drivers are
good drivers, the physical
changes associated with aging
can ultimately affect their ability
to drive safely. Older drivers
have a different set of driving
problems than do other age
groups. Accidents involving
older drivers tend to happen
during daylight, in good
weather, at low speeds, and close
to home. They rarely involve
alcohol. They often happen at
intersections where the older
driver is attempting to turn left,
across oncoming traffic. Drivers
age 85 and older have the
highest fatality rates per capita
among all drivers. In fact, the
fatality rate per mile for drivers
age 85 and older is comparable
to or greater than that of teenage
drivers.

To help mature drivers get
around safely, the Virginia
Department for the Aging
(VDA), in cooperation with the
Department of Motor Vehicles,
the Virginia chapter of AARP,
and the Mid-Atlantic Chapter of
the American Automobile
Association (AAA) have
launched “GrandDriver,” an
educational campaign that
provides information about
natural aging processes and their
effects on driving. More
information about the
GrandDriver campaign may be
found on the web site at
www.granddriver.net.

As part of the GrandDriver
campaign, VDA and its partners
will be sponsoring an Older
Driver Assessment Day on
Thursday, September 23, 2004
at the ACCA Temple, located
at 1712 Bellevue Avenue,
Richmond, VA 23227 (located
at Bellevue and Hermitage
Avenues in Richmond’s North
side - near Exit 80 off I-95).
The Older Driver Assessment
Day will begin at 10:00 a.m. and
end at 2:00 p.m.

The event is designed to
help older drivers and their
families learn more about the
safe operation of a motor vehicle
as they age. Various
organizations will be available to
provide information and
assessments of the older driver’s
visual acuity, reaction time, and
cognitive ability as it relates to
operating a motor vehicle. A
variety of other valuable
information will also be
available for older drivers and
their families.

To learn more about the
Older Driver Assessment Day,
contact Ms. Janet Honeycutt,
Director of Grant Operations at
VDA by calling toll-free 1-800-
552-3402, or call (804) 662-
9341. You may also contact her
by fax at (804) 662-9354, or by
e-mail at janet.honeycutt@
vda.virginia.gov.

Focus on the Virginia
Geriatric Education
Center

Rita Jablonski, Ph.D. &
“Chaps”

Dr. Rita Jablonski discovered
that she enjoyed working with
older adults when she accepted a
position as a nursing assistant in
a nursing home 22 years ago.
Ironically, the then 17 year old
had accepted the nursing home
position after being turned down
for a more "prestigious" job as a
nursing assistant in a hospital.
After graduating from Holy
Family College in Philadelphia
with a bachelor's degree in
nursing, Dr. Jablonski sampled
various experiences, ranging
from medical units, critical care
units, emergency departments,
and even critical care transport.
But her early love of older adults
(continued on page 10)
COMMONWEALTH OF VIRGINIA

Alzheimer's and Related Diseases Research Award Fund

2004-2005 ALZHEIMER'S RESEARCH AWARD FUND RECIPIENTS ANNOUNCED

The Alzheimer's and Related Diseases Research Award Fund (ARDRAF) was established by the Virginia General Assembly in 1982 to stimulate innovative investigations into Alzheimer's disease (AD) and related disorders along a variety of avenues, such as the causes, epidemiology, diagnosis, and treatment of the disorder; public policy and the financing of care; and the social and psychological impacts of the disease upon the individual, family, and community. The ARDRAF competition is administered by the Virginia Center on Aging at Virginia Commonwealth University in Richmond. The four grant recipients of the 2003-2004 awards are as follows:

UVA  Kathleen Fuchs, Ph.D. (Department of Neurology) "Beyond Memory Impairment in MCI: Executive Abilities and Implications for Functioning"

Studies have shown that individuals who exhibit memory deficits in isolation from other significant cognitive difficulties, i.e. those with amnestic mild cognitive impairment (MCI), are at increased risk for developing Alzheimer's disease (AD). Additionally, there are data to suggest that there are differences in brain metabolites that distinguish those with amnestic MCI from those with AD and from healthy older adults. However, some researchers contend that the criteria for amnestic MCI are too restrictive and may not identify the majority of individuals who eventually develop AD. In this study, the investigators will assess cognitive functioning in individuals with MCI, focusing on measures of executive functioning (financial management and driving skills), as changes in this domain may have implications for competency in activities of daily living as well as possible progression to AD. Magnetic Resonance Spectroscopy will be used to investigate biochemical functioning in specific brain sites of interest, and results will broaden understanding of MCI. (Dr. Fuchs can be reached at 434/982-4165)

UVA  David S. Geldmacher, M.D. (Department of Neurology) "Eye-Movement Approaches to Information Processing Abnormalities in Mild Cognitive Impairment"

Individuals with AD have abnormal eye-movement patterns when examining complex visual scenes, which contribute to their problems in processing visual information. MCI is often a transitional state between healthy aging and AD, and can be associated with problems in visual processing. This study will use a computerized eye-tracking system to record and analyze eye movements of people with MCI and cognitively healthy adults as they scan visual images of varying complexity. Quantitative analysis of the pattern and magnitude of visual scanning abnormalities will be conducted to identify patterns that suggest poor visual information processing, like that observed in people with AD. The relation between eye-movement findings and standard neuropsychological tests of visual and general information processing will be explored. The results of this study will help determine whether eye-movement testing can predict who is at the highest or most immediate risk for developing AD. (Dr. Geldmacher can be reached at 434/92-45548)

VA Tech  Ann Glass, Ph.D. (Center for Gerontology) "The End-of-Life Care Experience for Alzheimer's Patients and Their Families"

In today's "death-denying" society, end-of-life care is still a topic often avoided. Therefore, little is known about it, and perhaps least of all about how persons with Alzheimer's and related diseases die. The challenges of providing quality end-of-life care are intensified for this population, given the lack of a predictable trajectory and the communication issues that can arise due to the disorientation of the individuals. Use of hospice is a relatively new development. Through in-depth pilot interviews with family members who were closely involved with end-of-life care for relatives with AD, a qualitative interview instrument will be developed to explore the dying experience for persons with AD. The new instrument will then be available for further, expanded research to reveal ways that healthcare providers can improve support for persons with AD at the end of life and for their families, and improve the quality of that experience. (Dr. Glass can be reached at 540/231-2335)
Mountain Empire Older Citizens, Inc. Marilyn Pace Maxwell, M.S.W. and Michael Creedon, D.S.W. "Developing, Implementing, and Evaluating Training Modules for High School Students to Teach Alzheimer's Caregivers to Use the Internet Effectively as a Tool to Assist in Caring for Their Family Members"

In a previous ARDRAF-funded study by Creedon and Maxwell, it was determined that a majority of the Alzheimer's caregivers surveyed in the Big Stone Gap region would like to be trained on the use of personal computers as a tool to assist them with their caregiving responsibilities. It was further determined that these caregivers would welcome a high school student either into their own homes or at a community space to train them in the use of a computer and the Internet, if the student had received specialized training on AD and working with family caregivers. Working in cooperation with Wise County Schools and the Health Sciences Library at The University of Virginia, this investigation proposes to develop a training module for high school students who volunteer to teach and provide on-going technical support to Alzheimer's caregivers who may be unable or unwilling to seek assistance outside of the home, because it would require respite care for their loved ones. Once the training module is developed, selected students will be trained and then paired with a caregiver in a group-training program. Both the students and the caregivers will evaluate the results of this program and it will be adapted and fine-tuned based on the evaluations. Included will be an examination of what needs to be modified to make the program work in a home setting, to make that a viable option for caregivers wishing to participate. Eventual statewide replication of the collaboration could significantly increase the ability of caregivers to make use of information technology as a caregiving resource. (Ms. Maxwell can be reached at 276/523-4202; Dr. Creedon can be reached at 703/560-7220)

2004-2005 Awards Committee

James E. Ames IV, Ph.D. 
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Shenandoah University
Patricia A. Trimmer, Ph.D. 
UVA Health System
(continued from page 7)
kept emerging, regardless of
where she was working. "I was
very popular in the emergency
department with my co-
workers," she recalled. "I
preferred working with elders,
so I would trade my pediatric
patients for other nurses' older
adults."

Dr. Jablonski completed her
master's degree in adult health
nursing at La Salle University
and a post-masters certificate in
primary care adult health nurse
practitioner at the University of
Pennsylvania before coming to
Virginia in 1997. She accepted a
non-tenure track position in the
VCU School of Nursing and
became active with the Virginia
Geriatric Education Center in
1998. Dr. Jablonski has
contributed her special nursing
perspective to several VGEC
projects, including the Geriatric
Interdisciplinary Training Team
and the Enhanced Care Assistant
Training program through a
contract with the Department of
Medical Assistance Services.

Last year, Dr. Jablonski
finished her doctorate at the
University of Virginia.
Concurrently, she completed a
Certificate in Aging Studies
from Virginia Commonwealth
University. Her study, the
experiences of persons involved
with decisions to transfer
nursing home residents to
emergency departments, was
funded by both the John A.
Hartford Foundation and the
National Institute of Nursing
Research. After graduation, Dr.
Jablonski accepted a tenure track
position with the VCU School of
Nursing. She also accepted a
clinical position with VCU
Medical Center's Division of
Internal Medicine, Department
of Long-Term Care. Two
mornings a week Dr. Jablonski
provides primary care to
residents of Ruxton of Westover
Hills, a nursing home located a
few miles from the MCV
Campus. She is occasionally
shadowed by undergraduate and
graduate nursing students who
are interested in caring for older
adults. These unique clinical
experiences help her to better
educate nursing students
regarding the complex health
care needs of older adults.

Balancing a busy primary
care practice with teaching and
research activities is not easy,
but it is rewarding. "My current
clinical practice provides me
with numerous challenges that
require research in order to
address them," notes Dr.
Jablonski. "My ultimate goal is
to improve the quality of life of
nursing home elders through my
research and my teaching." In
fact, Dr. Jablonski's current
research is a pilot study aimed at
examining the oral health of
nursing home elders. It is part of
a larger project based in the
School of Nursing; the School of
Nursing was recently funded by
the National Institutes of Health
for a Center for Biobehavioral
Clinical Research. Dr.
Jablonski's future research plans
include teaching certified
nursing assistants appropriate
oral care techniques, and then
measuring the impact of these
techniques on the oral health of
nursing home elders.

Dr. Jablonski is currently
President of the Virginia Council
of Nurse Practitioners,
Richmond Chapter. She is also
the Chair of the Qualitative
Research Interest Group of the
Gerontological Society of
America, and is a member of the
American Nurses Association,
the Virginia Nurses Association,
the National League of Nurses,
Sigma Theta Tau, and the
National Organization of Nurse
Practitioner Faculty.

Downtime is important for
healthy aging, and Dr.
Jablonski's family helps her to
keep some playtime into an
otherwise busy schedule. When
not at the nursing home, the
hospital, the VGEC, or the
School of Nursing, you can find
Dr. Jablonski with her three kids
and husband at Campbell
Springs Farm. While the
Jablonski children have been
acquainted with the joys of
horseback riding for some time,
Dr. Jablonski and her husband
are recent recruits. And, not
surprising, Dr. Jablonski rides a
geriatric horse: an 18-year old
draft palomino named "Chaps."
Focus on the Virginia Center on Aging

Nancy Podbesek

Nancy Podbesek is a native Virginian who began working for the Virginia Center on Aging this summer. She knew Dr. Constance Coogle, having met her off-campus in Carytown. Nancy was completing a research paper for her experimental methods class in pursuit of her undergraduate degree in psychology at VCU. Over time, Nancy and Connie shared information about their respective investigations. Nancy says, "As we discussed our mutual interest in psychological research, Dr. Coogle made her research work sound intriguing, and gerontology is a related field that I hadn't explored much. It made me realize that I could really make some contributions in that area." One day Dr. Coogle expressed her worries about the impending loss of her long-time research assistant, Katie Young. "She knows what I need before I know I need it. I don't know what I will do without her," she complained. Nancy said that she would like to step in, and the rest is history.

While completing classes to be certified as a massage therapist in Williamsburg, Nancy was drawn to the academic environment of VCU and enrolled in the pre-nursing program here. In her second semester she was accepted into the nursing program itself. During this time she was working as a personal care assistant providing home care for a Korean man who relied upon a wheelchair. Though pursuing a degree in nursing, she was minoring in psychology. She decided that the latter area was her passion and made the choice to major in it, citing its type of one-on-one interaction with people.

Nancy is graduating this summer with a Bachelor of Science in Psychology from Virginia Commonwealth University. She is looking forward to gaining research experience that will prepare her for a post-baccalaureate degree. She will be assisting Dr. Coogle in one of her several evaluation studies, the analysis of data from nursing assistants collected by the Alzheimer's Association through their train-the-trainer program. Nancy will also be helping Drs. Coogle and Osgood evaluate their multi-year training project on healthy and unhealthy behaviors in older adults in Delaware, and processing data from the VGECS Enhanced Care Assistants Training.

Nancy loves summer, for she spends her free time going to the beach, swimming, and fishing in the Tidewater area. She is an amateur photographer and likes working on cars with her family. She is learning the ancient practice of Mehndi (henna body art) and is looking for volunteers to display her skills in temporary body designs.
above: VCU Department of Gerontology
Spring 2004 Graduation

above: Deborah Hackman, owner and
administrator of Freedom, Inc and Diane Albert,
Director of Quality Assurance accept the Best
Practices Award in Homecare from the VGEC.

above: As part of the SEARCH! (Students
Exploring Aging Related Careers in Health)
program, Al Copolillo, Ph.D., used various tools to
illustrate occupational therapy to 4th and 5th
graders at Sacred Heart Center's summer program.

above: Kathy Bivens accepts the Best Practices
Award in Home Care on behalf of Bon Secours
from the VGEC.

above: VCU Department of Gerontology Spring
Symposium was held on May 13, 2004. Betty
Booker was the invited speaker, pictured here with
Mary Ellen Cox and Gale Davis.
On-line Instructional Modules Available Now

_The Prevention and Treatment of Pressure Ulcers_
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http://www.sahp.vcu.edu/gerontology/pressureulcer/index2.html

Modules cover procedural techniques to effectively prevent and treat pressure sores which, according to the National Decubitus Foundation, afflict 10% of all hospital patients.

_Beyond the Barriers: Geriatric Breast Cancer_
available at:


Module discusses the importance of early detection and some barriers to early detection of the disease that will kill over 43,000 women in the US this year.

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Calendar of Events

August 30 - September 2, 2004
Aging: It's Booming presented by the Florida Conference on Aging to be held at the Hotel InterContinental in Miami, FL. For more information go to www.FCOA.org

September 10-11, 2004
Improving Chronic Care Quality - A National Conference on Transferring Geriatric Research Into Practice to be held at the Holiday Inn Select in Columbia, MO. For more information call (573) 882-0215.

September 18-20, 2004
Building Unity for a Valued Direct Care Workforce. The Direct Care Alliance National Conference will be held at the Holiday Inn on Capitol Hill in Washington, D.C. For more information go to www.directcarealliance.org/

October 4-5, 2004
Social Structures, Aging, and Self-Regulation in the Elderly presented by the Penn State Gerontology Center to be held at the Penn Stater Conference Center Hotel in State College, PA. For more information go to http://geron.psu.edu

November 19-23, 2004
Promoting the Health of an Aging Population. The 57th Annual Scientific Meeting of The Gerontological Society of America to be held in Washington, DC. For more information call (202) 842-1275.

January 26, 2005
Virginia Center on Aging's Annual Legislative Breakfast, St Paul's Church Parish Hall, Richmond. For information call (804) 828-1525.

February 24-27, 2005
Careers in Aging. 31st annual meeting and educational leadership conference presented by the Association for Gerontology in Higher Education to be held at the Renaissance Oklahoma City in Oklahoma City, OK. For more information go to www.aghe.org
Virginia Center on Aging
at Virginia Commonwealth University, Richmond, Virginia.

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