Using Validation as a Consultant in a Richmond, Virginia Continuing Care Retirement Community

John C. Colletti, Psy.D., President, Chapman Senior Care

John C. Colletti, Psy.D., is founder/owner of Chapman Senior Care, Inc., a team of mental health providers who offer evaluation/treatment to residents of long term care facilities throughout the Commonwealth of Virginia. He received his Doctorate in Psychology from Nova Southeastern University and did his residency at Howard University Hospital. He currently manages Chapman Senior Care and serves as adjunct faculty in the VCU Department of Gerontology. In addition, he is certified as a Validation Teacher by the Validation Training Institute and trains others in the Validation Method through the Virginia Geriatric Education Center, an Authorized Validation organization.

Educational Objectives

1. Familiarize readers with the intricacies of setting up a behavioral program for persons diagnosed with Alzheimer's type dementia in a long term care facility.

2. Exemplify importance of interdisciplinary work.


Background

The Masonic Home of Virginia is home to an ongoing Validation Group culled from individuals originally referred as part of a consulting psychology service. This article describes the stages that took place in establishing this group, as well as the logistical and financial obstacles that need to be addressed by a Validation Worker who is not employed by a long term care facility.

When I began our practice as a consulting psychologist at several long term care facilities, I was in a bind when asked to assist in treating residents who were not deemed appropriate for traditional psychotherapy (i.e., those diagnosed with Alzheimer's-type dementia, as well as depressive/anxious or behavioral disturbance). I could not, in good conscience, simply ask the treatment team to utilize medication without a behavioral intervention and, similarly, could not advocate for traditional behavior management techniques. Behavior therapy requires all shifts to observe the behavioral program's tenets (a true challenge with the current rate of staff turnover). Also, traditional behavior programs place the resident in the role of having "maladaptive" behaviors rather than simply expressing an appropriate response to the "transfer trauma" many of these residents experienced.

Finally, as I was not an employee of any facility, I needed to provide a treatment for which there was no payment (i.e., commercial insurance or Medicare/Medicaid do not reimburse for behavior treatment with persons diagnosed with Alzheimer's-type dementia).

My search for a workable, caregiver-friendly approach to treating this population brought me to read the first edition of The Validation Breakthrough. Validation therapy is a method of Communicating with very old people who have symptoms of Alzheimer's-type dementia. Instead of orienting the individual to "reality," the goal of validation is for the caregiver to accept the individual's perceptions and to use specific techniques along with empathy to connect with that person. It was developed by Naomi Feil, M.S.W. I realized immediately the potential of instituting this practice, as it gave me hope and practical advice for the residents, staff, and families with whom I worked. After pursuing certification as a Certified Validation Worker, I began instituting short, in-service training programs in the facilities that our practice served, in order to begin the process of "weaning"
Case Study

The first validation group in Virginia was started at the Masonic Home of central Virginia, located in Richmond. This not-for-profit continuing care campus was originally opened in 1890 as a children's home and converted to a home for the elderly in 1955. In May, 2001 there were 259 residents, 58 of them in the Health Care Center, one wing of which is designated for persons diagnosed with Alzheimer's-type dementia. Prior to Chapman Senior Care's involvement with the facility in 2000, a geriatric psychiatrist served as the consultant to the residents. When our team of psychologists began working with the facility, the social work staff immediately resonated with the idea of Validation and, as a result, arranged a series of in-service training sessions for the general staff. This cohesion with the facility staff was instrumental in ensuring an ongoing program. I presented the concept of Validation and showed Communicating with the Alzheimer's-type Population: The Validation® Method, as well as, Myrna, The Maloriented, and disseminated a synopsis of some basic techniques prepared by an intern from Virginia Commonwealth University (VCU). From these in-services, a core group of four staff from the social service and activity departments (as well as the two interns I was working with at that time) volunteered to be part of the "Validation Team" at the facility. I also did some training with our psychologist who then gave me a list of individuals who were originally referred for a psychological evaluation, but whose behaviors seemed to reflect problems with "resolution" rather than mental illness. After interviewing residents on this list and conducting some more intensive training on the group methodology, we chose a core group of eight residents and began to hold weekly group meetings in a secluded parlor, for approximately one hour with 30 minutes debriefing with the Validation team. Each of these residents was found to have significant dementia symptoms (consistent with Phases Two and & Three of resolution in Validation terminology), as was indicated on the Mattis Dementia Rating Scale (DRS). A study was underway which compared the pre-post scores on the DRS, as well as the weekly progress forms, in order to document the progress of the members in the group.

During training with the staff, it was emphasized that Validation is not a "curative" model and the benefits of Validation should not be measured in terms of "decreased maladaptive behaviors," as is prescribed with traditional behavior therapy. Nonetheless, the following were seen as qualitative improvements in the residents who were treated: less need for psychotropic medication, fewer symptoms of anxiety/depression/ behavioral outbursts, and increased social activity. Similarly, the staff reported more cohesion with fellow staff members and an increase in self-fulfillment and satisfaction with their role in the facility. Families were invited to sit in on the sessions and reported increased understanding of their loved ones because of the training they received and the effectiveness of the group intervention they saw. The group continues to meet weekly and to admit new members, and the Validation team continues to grow with the support of both the social work and activity departments in the facility. While insufficient funding continues to be a serious problem, the ability to create a program to help residents who had previously been underserved has assisted Chapman Senior Care in growing to a large, effective practice. This enables me to spend much of my time instituting validation programs in facilities, as well as setting up an Authorized Validation Organization through VCU's Virginia Geriatric Education Center. The future of Validation Therapy in Virginia is a bright one, as other facilities are now learning of the ongoing Validation program at the Masonic Home and its benefits. In addition, being able to train new Validation Workers and Validation Trainers at VCU's Virginia Geriatric Education Center provides the promise of many more individuals receiving quality, caring services.

Study Questions

1. Discuss the different levels upon which cohesion was built in this facility as a result of the implementation of Validation groups.

2. Because Validation is not reimbursable, discuss how exposing those who have contact with residents (not just medical professionals) can have a positive impact on the residents and the caregivers.

This case study is based on Dr. John Colletti’s article, “Using Validation as a Consultant in a Richmond, Virginia, Continuing Care Retirement Community” that appears in the 2002 edition of “The Validation Breakthrough” by Naomi Feil.
For the VGEC, planning has been a big part of the late summer and early fall. The annual program of training for caregivers working in Virginia's licensed assisted living facilities and adult care centers has been set with five topics: individualized service plans; train-the-trainer, orienting assisted living employees; a team approach to activity-based care; managing aggressive behavior; and caring for the cognitively impaired. This training will be presented in Annapolis, Abingdon, Richmond, Warrenton, Hampton, Petersburg, Roanoke and Virginia Beach. For further information contact the VGEC at (804) 828-8060.

The grant writing mentoring initiative has moved forward with two very informative and useful programs, one held jointly with the VCU School of Social Work. Dr. Nancy Morrow-Howell, from Washington University, co-presented with Dr. Joan Levy Zlotnik from the Institute for the Advancement of Social Work Research. The three-hour session was well received by more than fifty participants. A videotaping session, with Dr. Ellen Netting interviewing Dr. Morrow-Howell, was completed for the grant writing web course for those individuals now working toward completion of the forty-hour mentorship program. Special thanks to Drs. Netting and Ann Nichols-Casebolt for their excellent organizational skills and planning insight. There was also a presentation by Eastern Virginia Medical School's Dr. Stefan Gravenstein at the College of William and Mary, held October 4th. Dr. Jim Cotter is developing plans for an AGHE grant writing workshop in St. Petersburg, Florida in March. Future Validation training has now been set for the spring and final details will be available for the next newsletter; the first training session will end in early December. We are all excited by our jointly developed course with the Department of Health Administration, HADM/GRTY 638, Long-term Care Administration, to be taught by our own newsletter editor, Jason Rachel. The class sessions, which begin on January 13, 2003, are completely on-line. The course is designed to provide students with the materials needed for an understanding of the fundamentals of nursing home administration, including financial, personnel, and regulatory management; marketing skills; and preparation for the licensing exams. For more information, contact Jason Rachel at (804) 828-1525 or by email at jarachel@vcu.edu. We also want to acknowledge the exemplary work completed by Dr. Constance L. Google and Colleen A. Head on the final project report submitted to the Alzheimer's Association, "Person-Centered Care: Skill Building for Caregivers of People with Dementia."

Final touches are being made to the Virginia Geriatric Conference at the Homestead in Hot Springs, Virginia to be held April 3-6, 2003, co-sponsored by Virginia Geriatrics Society, VCU Reynolds Partnership in Geriatric Education, the Virginia Geriatric Education Center, and the McGuire VAMC. Our own Lucy Lewis is one of the course directors assisting from the VGEC. There will be faculty presenters from all three of the medical schools in Virginia. Also, jointly with our partners at the Mountain State GEC, the Pennsylvania GEC and the Western Reserve GEC, we are completing the final scripting for the April 2, 2003 national videoconference on End of Life Care, with special thanks to Kandi Watson, our senior project coordinator, and Lucy Halunko, our producer. Our own Dr. Ayn Welleford, in her role as Virginia Association on Aging's President-elect is hard at work with many colleagues planning the combined annual meeting of the Virginia Association on Aging (VAA) and the Virginia Coalition for the Aging (VCA), to be held in Richmond at October 24th and 25th. At the same time, Dr. Welleford is chairing the effort that will bring the Southern Gerontological Society to Richmond next April 9-13. Lastly, congratulations and welcome back to Richmond from many FOTs to Dr. Thelma Bland Watson, now the new director of Senior Connections, our local area agency on aging.

VCoA has entered its 25th year! We will be celebrating in a number of ways starting this fall and continuing through calendar 2003. Characteristically, many of our 25th anniversary events will be co-sponsored with other organizations around the Commonwealth. Also characteristically, most will carry serious content with practical messages about aging. We will kick off with a special session during the combined annual meeting of the VAA and VCA being held in Richmond, October 24th and 25th. Our session will reunite a number of former VCoA staffers who contributed so meaningfully to our rich productivity over the years, and will highlight successes
brought about by partnerships, such as the Statewide Survey of Older Virginians, development of the nation's first nursing home pre-screening evaluation, and our pioneering federally-funded work on aging with lifelong disabilities. On October 31st we will co-sponsor with the Virginia Quality Healthcare Network (VQHN) a daylong program at the Library of Virginia in Richmond entitled "Maintaining Access to Quality Healthcare in Tight Budgetary Times." This conference will feature Secretary Jane Woods of Health and Human Resources, as well as nine breakout sessions on such matters as Medicaid cost savings, dental care, personal assistant services, and indigent care. During November, VCoA is co-sponsoring with Virginia Assistive Technology Services of the Department of Rehabilitative Services three workshops across Virginia on using various, low-cost assistive devices to maintain independence in later life. Called "Gadgets, Gizmos, and Other Cool Stuff: Adaptive Products for Older Virginians," we will be in Pulaski, Williamsburg, and Fredericksburg, respectively, on November 12th, 13th, and 14th. We will have birthday cakes at each site to add something festive to this anniversary year of ours. To close out 2002, we are also working with the VQHN to co-sponsor meetings in Northern Virginia, Roanoke, and Tidewater during November and December to give healthcare consumers in Virginia the opportunity to learn more about access to healthcare, current issues, and grassroots opportunities for advocacy. We will begin 2003 with our annual Legislative Breakfast at St. Paul's in Richmond on January 15th where we are planning to showcase highlights of our 25 years of service to older Virginians and their families. We will keep you informed of events being developed later in 2003.

Our work continues, of course, on our three fundamental mandates of interdisciplinary studies, research, and information and resource sharing. We are pleased to announce that we have been able to fund, most modestly, a fifth research study under the Alzheimer's and Related Diseases Research Award Fund. Mountain Empire Older Citizens, Inc., in Big Stone Gap will investigate a promising initiative, having caregivers use the Internet for dementia care. Our staff is deeply involved in VCEC initiatives and aging-related education, both pre-service and in-service. VCoA’s Elderhostel program is enjoying one of our busiest and most productive autumns. Finally, Dr. Paula Kupstas has been especially energetic in her work on domestic violence against older women, writing and submitting two grant proposals for research and training.

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

Jay W. DeBoer, J.D.

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**Senior Farmer's Market Nutrition Program Having 2nd Successful Year**

The Senior Farmer's Market Nutrition Program is more than halfway through its second year, and once again, the program is proving a great success. The program enables low-income seniors in three separate geographic areas around the state to purchase fresh fruits, vegetables and herbs from local farmers.

In 2001, the pilot program was implemented via the Southwest Virginia Retail Farmers Market in Hillsville and at roadside stands in Accomack and Northampton counties. This year, the program was expanded to include locations in the counties of Isle of Wight and Southampton, and the cities of Suffolk and Franklin. The program began June 15th and will operate through December 31st, 2002, in Hillsville and on the Eastern Shore. In southeast Virginia, the program will operate from July 15th through December 31st, 2002. The Senior Farmer's Market Nutrition Program provides participating seniors with a critical component of a healthy diet by making fresh produce readily available to them. Expansion of the program allowed more elderly people and more farmers to enjoy the program's benefits.

Funded by a $324,420 grant from the U.S. Department of Agriculture (USDA) to the Department for the Aging, the program allows senior citizens in the three selected areas of the state to buy fresh produce, using coupons funded by the grant. According to the terms of the grant, participants in the program must be age 60 or over, with an income level at or below 175% of the poverty level. Eligible foods are fresh, unprocessed fruits, vegetables and herbs grown locally and sold by the grower. As it did last year, the Virginia Department for the Aging (VDA) has worked with the Virginia Department of Agriculture and Consumer Services (VDACS) to implement the program. VDACS works with the farmers to ensure that they meet the grant requirements, while VDA provides financial management and reimburses farmers for the coupons they have accepted. Participating Agencies on Aging assess and certify eligible participants for the program, distribute coupons and coordinate periodic transportation. This year, 1,617 participants were certified as eligible for the program's benefits.
VDA was delighted to receive the USDA grant, and to increase the number of older Virginians taking advantage of the fresh food and the nutritional boost the program provides.

Focus on the
Virginia Geriatric Education Center

Tanisha Harris

Tanisha Harris joined the VGEC staff as an office services assistant in August 2002. She assists Nancy Bynum with various tasks, including maintaining the grant records and accounting files.

Tanisha is a 2000 graduate of Denbigh High School in Newport News. Currently, she attends VCU and majors in Pre-Occupational Therapy with a concentration in geriatrics. Her career goal is to become an Occupational Therapist and raise awareness on aging related issues.

In her spare time, she volunteers at Sheltering Arms Rehabilitation Center and also enjoys shopping and keeping physically fit.

Focus on the Virginia Center on Aging

Megan Malbon

Megan Malbon joined the VCoA in August as a Research Assistant. Her responsibilities include working with an automated data entry and verification software to process evaluation data for the VGEC. In addition, Megan looks forward to assisting with survey development and data processing for the joint Department of Gerontology-VCoA gambling grant.

Megan holds a Bachelor's degree in Psychology and English Literature from Randolph Macon College in Ashland, Virginia. While attending Randolph-Macon, she was president of the Epsilon Chapter of the Society of Collegiate Journalists and was engaged in many local community service projects through her church and college organizations. Megan is currently writing her Master's Thesis on differentiation of Alzheimer's disease and Vascular Dementia. She hopes eventually to teach and study the progression, diagnosis, and treatments of dementia. She is the current president of Sigma Phi Omega, the honor and professional society in Gerontology for students, alumni and professionals.

Megan moved to Virginia from Pasadena, California to attend college. There she met her husband, Bennett. They have two sons, ages two and four. Megan enjoys spending time with friends and family, being active in her chapter of the Daughters of the American Revolution, helping coach her son's soccer team, attending academic and professional conferences in the field of aging, and championing the causes of the seniors.

American Gerontological Society Nominates Dr. Hall

Dr. Wanda Hall has been nominated by the American Gerontological Society to be a fellow of the Minority Leadership Development Program, which is sponsored by the National Institute on Aging and AARP Andrus Scholarship Foundation. Dr. Hall is an adjunct assistant professor at the VCU School of Dentistry and is currently enrolled in the VCU School Allied Health Professions doctoral program with a specialization in Gerontology.
Gadgets and Gizmos

The Virginia Assistive Technology System (VATS) of the Virginia Department of Rehabilitative Services and the Virginia Center on Aging (VCoA) have begun a joint initiative to increase elders' awareness of the life-maintaining benefits of available assistive technology. Often elders with failing health or impairments are unaware of simple, affordable aids and devices that can improve daily life and enable them to maintain a level of independence.

VATS and VCoA established a practical collaboration this past summer, with VCoA assisting in establishing an interagency workgroup on aging to help spread helpful training and information across the Commonwealth. Readily joining in this effort are several other workgroup members, including representatives from the Virginia Department for the Aging, the Virginia Chapter of AARP, and the Virginia Association of Area Agencies on Aging. This interagency workgroup on aging is sponsoring three special training events this fall.

“Gadgets, Gizmos, and Other Cool Stuff” will offer a variety of low-cost devices that can assist with activities of daily living and enhance the quality of life for many. The interagency work group is inviting staff from aging-related agencies and organizations to participate in a train-the trainer format that is modeled after a highly successful initiative developed and implemented by the Iowa Program for Assistive Technology. Gadgets and Gizmos is targeted to Area Agencies on Aging and AARP chapters in Virginia, which, once trained, will commit to taking their information back to their communities and conducting trainings. In this way, many older Virginians and their families will better realize that there is a range of inexpensive and readily available solutions to limitations in self-care and independence.

Training dates and locations for “Gadgets, Gizmos, and Other Cool Stuff” include Pulaski County Library, November 12th, 2002; Peninsula Center for Independent Living, Colonial Area Office in Williamsburg, November 13th; and the Fredericksburg Library, November 14th. All sessions are 10 a.m. to 4 p.m. See page 15 for details. For further information, call VCoA at (804) 828-1525.

Geriatric Pharmacotherapy Program at VCU School of Pharmacy Welcomes New Faculty Member

Please welcome Kimberly A. Cappuzzo, M.S., Pharm.D., Assistant Professor of Pharmacy in the Geriatric Pharmacotherapy Program at the VCU School of Pharmacy. She was hired as part of the Donald W. Reynolds Foundation Grant for Geriatric Education which was received by the VCU School of Medicine. She will participate in educating medical and pharmacy students and residents, as well as other healthcare professionals on appropriate medication use for the elderly in the hospital, community, and nursing home settings. Dr. Cappuzzo received her Bachelor of Science in Chemistry from the College of William and Mary, her Master of Science in Biochemistry from VCU, and her Doctor of Pharmacy from VCU. She worked as a clinical pharmacy consultant at the PACE (Program of All-Inclusive Care for the Elderly) program in Virginia Beach during her pharmacy practice residency at Sentara Healthcare in Norfolk.

Capital Area Agency on Aging Names Watson as Executive Director

Thelma Bland Watson, Ph.D. assumed the role of Executive Director of Senior Connections, The Capital Area Agency on Aging, on September 16, 2002. Dr. Watson is a native of Petersburg and will be returning to the area after working with the National Committee to Preserve Social Security and Medicare in Washington, DC for the past five years.

Dr. Watson is no stranger to the aging network. A gerontologist and public administrator, she has extensive knowledge of aging services through professional experience with the Crater District Area Agency on Aging and the Virginia Department for the Aging. "Her experience in both human service programs and services for seniors make Dr. Watson well qualified for the position as Executive Director," says Board Chairman, R. Larry Lyons of Powhatan. "We are pleased to have Dr. Watson's vast knowledge of aging services and her ability to network with other service organizations," says Lyons.

Prior to joining the National Committee in 1997, Dr. Watson had served as Commissioner of the Virginia Department for the Aging from 1990 to 1997, under Governors Wilder and Allen. Before serving as
Commissioner, she had also served as Acting Commissioner and Deputy Commissioner with the Department. For eight years, she was the Deputy Director of the Crater District Area Agency on Aging in Petersburg. She also has experience in local government working with the Crater Planning District Commission.

Dr. Watson received her doctorate in Public Policy and Administration from Virginia Commonwealth University, as well as a Master’s degree in Gerontology. Her undergraduate degree is in Sociology and Social Work from Virginia State University. She has served on numerous local, state and national boards and advisory councils and is very active with Union Branch Baptist Church in Prince George, VA.

Senior Connections is a private, non-profit agency serving older Virginians and their families in the City of Richmond, and Charles City, Chesterfield, Goochland, Hanover, Henrico, New Kent, and Powhatan Counties.

**ARDRAF Announces Fifth Award**

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" VCoA is pleased to announce its ability to support partially another project within the Alzheimer’s and Related Disease Research Award Fund (ARDRAF). It will examine the role of the Internet as an aid to dementia caregivers. The development of wired communities (i.e., broadly connected by computer technology) in Virginia allows local organizations to interact with and support specific families and individuals in previously unexplored ways. The investigators will take advantage of this progress in rural Southwest Virginia by examining the feasibility of computer-assisted support for family caregivers of persons with Alzheimer's disease. The findings will 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 a wired community.

**Geriatrics Education Expands: The Creation of VCU's Partnership in Geriatric Education**

In July 2001, VCU was awarded $1.83 million by the Donald W. Reynolds Foundation to support the development of a comprehensive new program of geriatric education. With $930,000 in matching funds (cash), this 4-year project has been suitably named a partnership between VCU and the Foundation, and we are well on our way.

The award came through a national competition with 64 applicants submitting qualified proposals, 16 finalists, and 10 awards. VCU, the only mid-Atlantic university to receive an award, joins a list of recognized major institutions. The award reflects our commitment to improving geriatric education, and our collective work over three decades to build a foundation that makes this large project feasible. VCU's proposal was developed by a team of 25 individuals from a wide range of disciplines and roles in the university, and the project implementation likewise draws on the richness of resources in aging scholarship at VCU, as well as the Hunter Holmes McGuire Veterans Affairs Medical Center. The principal investigator and project leader is Dr. Peter A. Boling, Professor of Medicine, a geriatrician on the MCV campus faculty for 18 years, nationally known for work in home care, founder and director of the MCV House Calls program, Long Term Care Program, Elder Care Initiative and the MCV campus Geriatrics section in VCU's School of Medicine.

We have ambitious goals. Medical students will receive 40 hours of new or changed curriculum in their first two years, with more than half of this transformation accomplished by midway of the second grant year. Another 15-20 hours of additional medical student contact time is expected during the two clinical years. In addition to the basic science of aging, this new pre-clinical curriculum includes an annual event, the Forum on Aging in American Society, which drew over 350 students this spring, and a coordinated program in which all pre-clinical students make house calls and visit nursing homes. Beginning with the current first year class, VCU School of Medicine transcripts will reflect participation in a geriatric education program. In the clinical domain, we have doubled the geriatrics curricular time for internal medicine residents and started a new inpatient geriatric consultation service (initiated January 2002, with continuous staffing by residents and fellows in July 2002). A series of presentations on Acute Care of the Elderly, focused on key issues like proper use of medications, delirium, avoiding functional decline, pain management and coordinated discharge planning, is being developed and taught throughout the hospital setting. Five other clinical departments, Neurology, Psychiatry, General Surgery, Orthopedics, and Emergency Medicine are participating in this effort, which will "trickle down" to learners at all levels. These educational efforts are interwoven with clinical programs, including the Transitional Care team, House Calls team, Consult team, and Long Term Care team.
For community physicians, we have created the Geriatric Scholars program, targeting enrollment of 75 physicians in a 30-hour course of educational development by the end of four years. These physicians are community preceptors for our residents and students, thus creating a ripple effect. Fifty of these physicians joined us for a full-day CME conference on office-based geriatric care, a large commitment and a reflection of the extent to which practicing physicians recognize the importance of geriatric issues.

Working with the VCU Computer Based Instructional Laboratory (CBIL) we are creating a variety of distance learning resources and interactive multimedia products. Many of these are accessible via the grant website, www.VirginiaGeriatrics.org, and others are in development. These include Geriatric Grand Rounds on the web that will offer 200 hours of high quality didactic material for physicians, Geriatric Quick Consult, an online self-help tool for rapid problem solving in acute care settings, and more.

In summary, this grant will greatly expand awareness of gerontologic issues and geriatric educational efforts on both the VCU/MCV School of Medicine campus and at the McGuire VA Medical Center, a close affiliate with the school of medicine and a key partner in the grant. The Partnership in Geriatric Education will also strengthen and expand collaboration between and among many disciplines, and the many local and regional programs and organizations in aging.

The Partnership in Geriatric Education offices are located on the MCV Campus, North Hospital, Ground Floor and can be reached at (804) 827-1507. Staffing includes two educational coordinators and a program assistant. Beth Meyers, MS, the lead coordinator has over 15 years experience in geriatric/gerontological education is also an alumnus of the VCU Gerontology Master's program. She is joined by Ms. Lori Harris, Educational Coordinator, and Ms. Chrystal Charity, Program Support Assistant.

Aging Acronyms

*Age in Action will help to clarify the alphabet soup of agencies and programs related to aging services through periodic installments like this.*

**AAA** - Area Agency on Aging. In Virginia there are 25 local AAAs, and each is designated and receives federal and state funds through renewable 4-year contracts with the Department for the Aging. These contracts are amended each year to reflect current funding levels and the amounts of services which each AAA will provide during the year.

**AoA** - Federal Administration on Aging, the unit within the U.S. Department of Health and Human Services that funds the Department for the Aging through the Older Americans Act.

**LTC** - Long-term care. Long-term care describes those programs and services that persons require to deal with chronic disability or illness. LTC services include both home-based services (such as home delivered meals or personal care services) and institutional-based services (such as nursing home care).

**OAA** - Older Americans Act, the federal mechanism that provides funding for services and programs. The Act was first passed in 1965, has been amended many times since, and is currently being considered for reauthorization by the Congress.

**PSA** - Planning and Service Area. Each AAA serves a PSA. There are 25 PSAs. PSAs usually have the same boundaries as Virginia's Planning Districts. However, planning District #8 in Northern Virginia is divided into five PSAs, each served by a separate AAA. Planning Districts #17 and #18 in the Northern Neck and the Middle Peninsula Area, respectively, are combined into one PSA and served by a single AAA.

**SUA** - State Unit on Aging. The federal OAA requires that each state have a designated unit to receive federal funds and to administer them under the auspices of the OAA.

**Title III** - Title III of the OAA is the title that describes home and community-based programs and services. This is the key title in the Act. Many services are referred to by their title. For example, Title III-B refers to in-home supportive services; Title III-C-1 refers to congregate nutrition services; Title III-C-2 refers to home delivered nutrition services; and Title III-E refers to the National Family Caregiver Support Program.

**Title V** - Title V of the OAA funds employment services.
Title VII - Title VII of the OAA funds elder rights services, including the Ombudsman Program.

VDA - Virginia Department for the Aging. VDA is Virginia's State Unit on Aging as required by the Older Americans Act.

Volunteers Needed for Transportation Program

The American Red Cross is searching for volunteer drivers for its Transportation Program. The Chapter provides transportation to individuals who are elderly, physically or mentally challenged and those who are economically disadvantaged. Normal service includes furnishing transportation five days per week, (holidays excluded) to take patients to essential medical appointments.

Red Cross vehicles are located in Chesterfield, Hanover and Henrico counties to provide service in those communities as well as the City of Richmond. The Transportation Program utilizes cars, minivans, and slightly larger wheelchair capable vans. Individuals operating Red Cross vehicles must have a valid Virginia driver's license. Additionally, each must complete a form authorizing DMV to send a copy of their driving record for the past three years to the Greater Richmond Chapter of the American Red Cross. A background check is completed on all volunteer drivers. All volunteers must attend Volunteer Orientation and transportation volunteers must be trained in First Aid and CPR. The Red Cross at no cost to the individual will provide these classes. Volunteers will be provided with a driver's manual and will also be paired with a veteran driver until they become familiar with all procedures. Additional training such as defensive driving, wheelchair van operation, and diversity training will be conducted as needed.

The volunteer candidate must have a desire to help their community, be sensitive to client needs and enjoy spending their time with some terrific people! Our current need is for people who can volunteer their time on a weekly, bi-weekly or monthly basis. Of course, those who can serve as substitute or on-call drivers are always appreciated.

If you are interested in volunteering or in getting more information, please contact our Volunteer Resources Department at 780-2250, or our Transportation Services Department at 780-2298 or 780-2289.

Calendar of Events

October 24-25, 2002  Effective Partnering to Improve Eldercare Services. The Virginia Association on Aging/Virginia Coalition on Aging Annual Joint Conference will be held at the Omni Richmond Hotel in Richmond, VA. For more information call Dr. Ayn Welleford at (804) 828-1565.

October 26, 2002  Geriatric Toolbox: Confronting Cognitive Impairment. This conference is presented by the Glennan Center for Geriatrics and Gerontology Department of Internal Medicine and will be held at the Sheraton Waterside Hotel in Norfolk, VA. For more information contact the EVMS Office of Continuing Medical Education at (757) 446-6140 or email cme@evmsmail.evms.edu

November 11, 2002  Optimal Care of the Aging: A Conference for Caregivers. This conference is presented by Senior Connections, The Capital Area Agency on Aging with the Alzheimer’s Association-Greater Richmond Chapter and will be held at the Comfort Inn and Conference Center in Richmond, VA. For more information call the conference registrar at (804) 343-3051.

November 22-26, 2002  Relationships in a Changing World: From Aging Cells to Aging Societies. 55th Annual Scientific Meeting of the Gerontological Society of America to be held at the Boston Marriott and Westin Copley Place in Boston, MA. For more information call (202) 842-1275.

January 15, 2003  Legislative Breakfast. Annual gathering sponsored by the Virginia Center on Aging to report to the General Assembly and colleagues. St. Paul’s Episcopal Church, Richmond, VA. For info contact (804) 828-1525.

March 6-9, 2003  AGHE Means Business: Educational Opportunities and the World of Work. 29th Annual Meeting and Educational Leadership Conference of the Association for Gerontology in Higher Education to be held at the Hilton St. Petersburg, St. Petersburg, FL. For more information go to http://www.aghe.org
April 9-12, 2003  New Elders, New Care. 24th Annual Meeting of the Southern Gerontological Society will be held at the Sheraton Richmond West Hotel in Richmond, VA. For more information go to http://www.wfu.edu/Academic-departments/Gerontology/sgs/