

# Virginia Guardianship Association

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## *A Message from the President*

Cathy Thompson

Did you know that the first Virginia Guardianship conference was held in April, 1992? After this successful conference, it was decided that the conference would become an annual event in order to promote public and professional education with regard to guardianship. And so it is with this in mind that I offer my congratulations on another job well done! The 2010 joint conference on Guardianship, Elder Rights, and Disability Services was held in Richmond, VA on April 26<sup>th</sup>-27<sup>th</sup>. There were 113 people who attended or participated in this year's conference, and an additional 34 presenters and others who did not register for the conference but were there to work at one or more of the exhibit sites. Participants' affiliation included those from non-profit agencies, law firms and state/local government agencies, Department of Social Services, Community Services Boards/mental health agencies, and Agencies on Aging. There were attendees who were family members and independent guardians. Nearly one-fourth of the participants indicated that they are public guardians. With the evaluations in, participants highly rate the conference in general. One participant wrote *"This was one of the more enjoyable conferences that I have attended in over 40 years."*

The conference's multi-disciplinary planning committee, led by VGA's Executive Director, Sue Dvoskin, took a year to plan this event. Unlike previous years, the Advisory Board had the opportunity to apply for a Geriatric Training and Education grant appropriated by the General Assembly of Virginia and Administered by the Virginia Center on Aging at Virginia Commonwealth University. After much hard work, members of the Board put together a proposal that was accepted! I want to personally thank the Board members and Sue for their input, attention, and hard work that went into this request for funding. I especially want to thank VCOA for the award. Planning this conference with the economic situation we all faced this year was challenging, and this award, along with our generous sponsors and vendors, allowed us to carry on our tradition of the annual, spring conference!

This year included twenty stimulating workshops designed to address various disciplines and issues related to the health and well-being of the elderly, those persons who suffer from mental illnesses, developmental and/or physical disabilities. Topics ranged from *Institutional Ethics in Long-Term Care Settings: What's a Guardian For? Serving the Client's*

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## *Cathy Speaks . . .*

*Catharine A. Kopac, Ph.D., D.Min, CGNP is an associate professor in the Department of Nursing Education at the George Washington University in Washington, D.C. Her clinical practice is in Adult Protective Services (APS) for Fairfax County in Virginia where she functions as a nurse practitioner, ethicist consultant.*

In February I attended the “Care Summit 2010.” It was sponsored by Care, Inc. and had as stated goals “assembling the stakeholders in the ‘care crisis’, exposing crucial issues and creating a blueprint of how companies can provide employees with the caregiving support structure they need to successfully balance their family caregiving responsibilities with their careers”. One of the issues addressed in the Summit was caregiver burden; Cathleen Connell from the School of Public Health at the University of Michigan gave an excellent presentation on the topic and this column will summarize some of the relevant points.

Recently, I have found myself talking with my nursing colleagues about care of their elderly relatives. It seems that many of them are caring for parents, aunts, uncles, and neighbors who have aged in place. Their roles as caregivers are many and varied. In the past when writing this column, I have discussed my friend Judy, who with her brother took on the care of four aging relatives. Over time, Judy learned a great deal about case management and finding in-home support services while her brother learned the intricacies of managing the finances for four elders, each of whom had managed their finances differently. Judy and her brother are not unusual; in fact, as the baby-boom generation enters retirement age many of them are finding themselves very preoccupied with the care of frail older adults.

In May, I was asked to consult on a case where the daughter-in-law and her son (co-guardians) were arranging and providing in-home care for a woman who was the mother of her deceased husband. The daughter-in-law was genuinely distraught because she thought perhaps she had not given enough care and attention to “Gram.” Her greatest fear was that

the money would “run out” and then she would have to be moved from her home. Gram, at this point is moderately-severely demented; she has two devoted, in-home caregiver aides who are with her daily. She appears pleasant and contented and has a genuine, caring relationship with her aides. What I was able to tell her co-guardians is that I thought Gram was very, very fortunate. Indeed, this woman had caring, concerned people who put time and effort into making the final years of a demented, frail elder the best they could be. And these caregivers were indeed experiencing “caregiver burden.”

Caregiver burden has been defined very broadly to include the physical, emotional, financial, and social dimensions of caregiving, usually accompanied by stress that caregivers experience. It has most often been studied with caregivers of persons with dementia, but it is clearly recognized that frail elders with multiple co-morbidities present similar challenges. Caregivers can be spouses, partners, siblings, adult children, and friends. For most people in the middle years of their lives, caregiving means juggling a variety of roles; in the 1980s the term “sandwich generation” was coined to identify those people caught between the demands of the young people in their family (high school, college, etc.) and the needs of the older generation (parents and elderly relatives). Of particular concern, is the fact that the principle caregiver of most older adults is a woman, whether we are talking about the family caregiver or a paid caregiver in the home or a long term care facility. Caregiving, by and large, is still mainly the purview of women.

Caregiver burden can lead to many things, particularly if the caregiving is prolonged and demanding. Most caregivers have experienced one or more of the following symptoms during the course of caring for a loved one: Denial, Anger, Social withdrawal, Anxiety, Depression, Exhaustion, Sleeplessness, Irritability, and Lack of Concentration. With the increased stress of caregiving, it is not unusual for the caregiver to develop health care problems. Often times, routine care and screening is ignored by the caregiver

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## *Cathy Speaks (continued)*

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because the demands “at home” are just too great. It is not unusual for a caregiver to experience a major health care problem that compromises the caregiving they have been providing.

Since women spend more time in the caregiving role and provide more hands-on personal care, they are at a greater risk for negative outcomes. Women engaged in caregiving have higher levels of depression and anxiety as compared to their male counterparts. They also report greater burden and stress when caregiving. Additionally women have been found to have less optimal self-care and health behaviors. Much of this is related to the fact that women report having less informal and formal support when engaged in caregiving.

It is important to emphasize that caregiving can have positive outcomes. Many people report having enhanced personal growth and a better understanding of the meaning of life as the result of caring for a loved one. For others there has been a sense of life satisfaction often coupled with a sense of mastery over a “difficult situation.” People have realized that the caregiving was difficult and yet they would not have had it any other way.

It behooves each of us to focus on what we can do to support caregivers:

Counseling and education must be available for caregivers. Understanding where the caregiver can go to get these services and providing it ourselves, when appropriate, is extremely important. As professionals in our communities of practice, we must know the resources that are available and provide contact information.

Caregivers must be guided to recognize that it is appropriate to ask for help and they should make every effort to involve all members of their family in the caregiver role.

It is important to remember that many caregivers need to be taught a number of caregiving skills. I remember a good friend of mine whose wife was receiving in-home care for

terminal cancer. Many evenings I found myself explaining how to manage equipment, medications, and daily care as he struggled to care for his wife in her final days.

Caregiver respite is crucial for the continued health of the caregiver who is a very important person in the life of older adult who needs care. Respite care comes in many forms but the caregiver should be able to have some time (several hours) away from the situation per week and having a week off once every six months is a good idea. Resources and services need to be available for the caregiver to do this.

Finally, it is important to emphasize that self-care is important for the caregiver. The caregiver needs to engage in optimal health behaviors including regular exercise, good nutrition, appropriate health screening, immunizations, and stress reduction activities.

All of us who have worked with clients who require guardianship have met and worked with their caregivers. We have seen the diverse backgrounds of these people and have come to understand that one approach cannot be used for all when supporting them. For persons caring for someone with dementia, I have found two books that I recommend: *The 36-Hour Day* (Mace & Rabins) and *Learning to Speak Alzheimers: A Groundbreaking Approach for Everyone Dealing with the Disease* (Coste). Inexpensive books such as these, can be very helpful. Perhaps you have your own recommendations. What the caregivers often want to know is that they are not alone, and others struggle while caring for their loved ones just as they do. Books such as I have suggested, along with some time and attention from us, can go a long way in making a caregiver feel supported.

## *Ask John and John . . .*

Dear John and John:

*Just over a year ago, I was appointed Conservator for a gentleman at the request of the attorneys in the case – I did not know the gentleman prior to my appointment. While not wealthy, he is financially comfortable. No guardian has been appointed, and no critical personal care decisions need to be made.*

*At the time of my appointment, the expectation had been that his adult son would visit regularly at the memory care facility where he lives, arrange medical appointments, transport him to those appointments, keep him clothed, and so on. The son has utterly failed to live up to the expectation, as it is “just too distressing” to carry out these tasks. I have stepped in and done all the things that have needed doing. I don’t mind really, but it has involved many hours of my time.*

*Am I entitled to compensation for my services as a de facto-by-default guardian?*

**Answer:** If you were the Conservator and were receiving this request from another, you would clearly have the authority to compensate reasonably that person for their services. When you are the one providing the service, however, you need to get the permission of someone else, either the court or your Commissioner of Accounts. If you go the court route, the case will need to be reinstated, petition filed, notice to all the original parties entitled to notice, *guardian ad litem* report, a hearing scheduled, and so on: expensive and time consuming.

Instead, prepare your time summary of service performed, determine a reasonable hourly rate (if you are an attorney, probably not your normal hourly rate – this is for buying underwear, not skilled legal services) and contact your Commissioner. After you have explained your circumstances and made your argument, it is highly probable the Commissioner will approve all, or a part of your request.

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## *VGA Recruits Administrative Assistant*

The Virginia Guardianship Association needs an **Administrative Assistant 15 hours per week**. Work from home. Requires excellent communication and computer skills, in addition to interpersonal and writing skills. Involves contact with public and professional organizations; managing handbook sales; quarterly newsletters; maintaining website; etc. **Fax resume to 757-938-9139 by July 30<sup>th</sup>**.

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## *VGA Membership . . .*

Your membership is important to the work of VGA. Your membership (which runs for the calendar year) helps to defray the cost of the VGA newsletter and other publications, our educational programs including conferences, legislative and public policy, advocacy, and other costs incurred in administrative organizational operations. If you have not paid your 2010 membership dues, please use the membership form on the website [www.vgavirginia.org](http://www.vgavirginia.org) to renew your membership now. VGA needs you.

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## *VGA President's Award for Excellence in Adult Guardianship Services*

VGA President's Award for Excellence in Adult Guardianship Services was presented on the 26<sup>th</sup> day of April, 2010, to

### *Edith Gravely*

for an extraordinarily high level of commitment to providing the highest quality guardianship services to adults with the greatest need, for tireless effort in improving adult guardianship services in Virginia, and with appreciation for a job well done.

In presenting this award the Virginia Guardianship Association Board of Directors states the following reasons:

- Edith Gravely served as coordinator of the Arlington County Volunteer Guardianship Program for more than a decade and fashioned the program into a model that became a prototype for other regions of Virginia and nationally
- She forged a strong and effective relationship with the local bar committee on aging and, through this connection, attorneys donated hundreds of pro bono hours annually as guardians and conservators. Her work is a testimonial to the power of persuasion. She demonstrated relentlessness in the interest of vulnerable adults who need a guardian or conservator and have nowhere to turn
- She developed a "Guardianship/Conservatorship Screening Panel" when such panels were new and imaginative. This panel became a model for Multidisciplinary Panels now required by the Code of Virginia for every Virginia public guardianship program.
- Edith served as a citizen representative on the Virginia Public Guardian and Conservator Advisory Board when the Board was newly created in Virginia Code.
- She served more than a decade on the Virginia Guardianship Association Board, served two terms as its President and was a cornerstone for its annual conference planning and production.

It is not routine for VGA to present an award to an exemplary candidate though VGA could present such an award annually without running out of worthy candidates. We have not chosen to do so. However, sometimes someone comes to our attention whose contribution to guardianship in Virginia has been substantial, whose work has or is expected to have a permanent impact on guardianship policy and/or practice, and a light comes on in the collective head of VGA Board members. Twice we have chosen to recognize such work with an award.

In 1991 Harriet Epstein, with a will to find support for the creation of a Virginia guardianship organization, held a wine and cheese party in her hotel suite during the Governor's Conference on Aging. Harriet came away from that event with a list of names of interested persons and \$92, seed money for the development of a guardianship organization. The first award presented by VGA was to Harriet Epstein, for her leadership in founding, organizing and guiding the organization through its formative years.

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## ***Message from the President (continued)***

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*Interests When Good People Disagree* by Janet Richards, David Godfrey's *Reading between the Lines: Legal Issue Spotting on the Front Lines*, and *Decision-Making Options for Children Reaching Adulthood* by Dana Traynham. While all workshops were well received, eight came close to getting a perfect score from their evaluators: *Health Care Reform: What Happened and How Does It Affect You?* by Bill Kallio; *Infection Prevention and Control in Non-Hospital Long Term Care Settings* by Martha Harris; *Navigating the Navigators: Virginia Navigator Update* by Adrienne Johnson; *Interstate Guardianship Chaos: How the Uniform Act Can Help* by Sally Balch Hurme and Newnie Rogers; *Helping People Move to a Better Life: Using Person-Centered Thinking Skills* by Michael Smull; *Assessing Decision Making Capacity* by Gary Oberlinder; *A Code of Ethics for Guardians* by Elizabeth Wildhack; and *Mandatory Training for Public Guardians* by Janet James and Faye Cates. The keynote address, "Demystifying the New Health Care Decisions Act: What Does it Mean for You and Your Clients?" by Nathan Kottkamp, Stephen Rosenthal, and Susan Ward was one of the most highly-rated workshops. Many thanks to all of the presenters for your time, expertise, and training!

The Virginia Guardianship Association's purposes are to:

- assure that each individual needing or suspected of needing guardianship or alternative protective services will receive due process and the full range of services in the least restrictive manner to address his or her needs;
- assure that guardianship will be used only as a last resort;
- enable groups and individuals to provide the highest quality guardianship and alternative protective services; provide a forum for the provision of information, training, and the exchange and debate of ideas and issues;
- provide leadership in the efforts to establish standards for guardianship and alternative protective services; work with all levels of government officials to persuade them to meet their respective responsibilities to make available quality services; and support strongly appropriate funding by federal, state, local, and private resources.

From all accounts, it appears that our conference was successful in reiterating our purposes. Thank you again to the Conference Planning Committee for upholding our tradition of another outstanding conference!

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## ***VGA President's Award for Excellence in Adult Guardianship Services (continued)***

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The second VGA Award went to Senator Joseph Gartlan for his work with a committee appointed by VGA whose mission was to create in Code a public guardian program. Senate Gartlan was a legislative supporter of guardianship issues. He introduced public guardianship legislation and was an ardent advocate for its passage.

VGA presents its third VGA Award to a person whose work in direct service to persons in need of guardianship services meets the two criteria met in earlier years by Harriet Epstein and Senator Gartlan. This year's candidate has to her credit a substantial body of work and practice of her craft has had a permanent impact on the lives of those who are the beneficiaries of her practice. She has been at the cutting edge of good guardianship in the Commonwealth. It is for her total picture that has received this award. Large footprints in the adult guardianship sand in Virginia belong to Edith Gravely.

**Virginia Guardianship Association**

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Check out the VGA website  
at [www.vgavirginia.org](http://www.vgavirginia.org).

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***Handbooks***

The 4th edition *Handbook for Guardians and Conservators* is available through the VGA Web site. Please go to [www.vgavirginia.org](http://www.vgavirginia.org), click on "Publications" in the left rail, and download an order form.