

PRIME LINES

INSIDE THIS ISSUE:

Preseident's Letter **4**

Profile of Will Stoner **5**
AARP

Centering On: Mental Health and Aging **6-13**

Directory of Mental Hlth. Terms **15-18**

Member Update **19**

Interview with Matt Bessell, Vice President **20**

GPLI SCHEDULE OF MEETINGS 2008-2009 MARK YOUR CALENDARS

Thursday, Sept. 18	Spousal Caregivers & Dementia	Carolyn Gallogly Ph.D.	Brookhaven Memorial Hospital
Tuesday, Nov. 18	Ageism Dialogues Theater @ Gurwin	Gurwin Residents w/ Staci Rosenberg	Gurwin Faye J. Lindner Residence
Wednesday, Feb. 25	Aging Behind Bars	Brian Connor, PPO, Suffolk County Probation Dept.	Long Island State Veterans Home
Tuesday, April 21	Ethnicity and Diversity: SAGE on LI	TBA w/ Matt Bessell	Hertlin House
Wednesday, June 17	Annual Dinner	The Usual Suspects	TBA

Next Meeting: Sept. 18

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Annual Dinner Caps Off Great Year of Programs for GPLI

From **Disaster Preparedness** out in the Hamptons, (Yes, Really!) to another great annual dinner at Collins and Main in Sayville, the membership was treated to a full schedule of intriguing topics. What better way to start than how to prepare for hurricanes, and we used the Westhampton Care Center as the setting for that event. The fact that the roads had been re-routed for repair work, just made it more interesting, as we caravanned out to Hampton Bays. Many local elders from Southampton Town joined us there, led by local Senior leader, Pam Giacoia.

November found us once again hosted by David Fridkin at Island Nursing and Rehabilitation Center. A good crowd turned out for the challenging topic of **Aging and Suicide**, with Dan Berger returning to speak once again, along with Robin Berger-Gaston. And as always, the food was excellent!

In February, a large audience braved a terrible night of inclement weather to join us at Good Samaritan Hospital Medical Center, hosted by Kathy Gallo. Our speaker, the filmmaker, Julie Winokur, came all the way from New Jersey, and only got lost at the

Continued on Page 3

Filmmaker Speaks to GPLI

Darlene Jyringi, President of GPLI and the featured speaker, Julie Winokur, filmmaker and journalist. Julie shared her recent film, "Aging in America: The Years Ahead." After showing the film Julie spoke about the making of the film, as well as the book published jointly with her husband, photographer, Ed Kashi. Guests had an opportunity to ask questions, as well as see preview clips of Julie's next film about her experiences as the adult child caregiver for her father. See her website talkingeyesmedia.com.



Membership Drive

*This is the time of year when GPLI urges members to renew **if their membership is ending.****

1 Year: \$25

Organizational Membership is \$40.

*Please use the form inserted into this issue of Prime Lines. *Check the date on your mailing label showing when your membership expires.*

The Executive Board for GPLI:

Officers

President: Darlene Jyringi
V-President: Matt Bessel
Secretary: Staci Rosenberg
Treasurer: Mikel Gorodess

Board

Angela Cammarata
Peggy Purchase
Ed Sher
Michael Thompson
Geri Eisner



Prime Lines: Carolyn Gallogly



New Officers Mikel Gorodess, Darlene Jyringi, Staci Rosenberg, and Matt Bessel congratulate Geri Eisner on her three great years as President!

CONT. FROM PG. 1, A GREAT YEAR OF PROGRAMS

very end! The warmth of the speaker's films cheered us, and lots of us would love to hear more from Ms. Winokur and her new films, on family caregiving.

Our last meeting was held once again in Commack at the Gurwin Faye J. Lindner Residences, where our Secretary, Staci Rosenberg, and Board Member, Michael Thompson were our hosts. This was our annual program dedicated to better understanding cultural differences related to aging and practices surrounding illness, death, and dying. We have had five of these sessions in previous years, so we ventured off into some diverse systems of belief. Joining us from the Latter Day Saints was Hyrum C. Smith, who not only represented the Church, but is himself a social worker, with an active interest in aging. Surinder Singh Chawla, Commissioner of the Nassau County Human Right Commission, represented the Sikh faith. Finally, Rabbi Shmuel Greenhaus, who could be a stand up comic in another life, but for this evening, represented the Orthodox Jewish faith. (Many of the Gurwin residents recognize him as the Rabbi who is often seen in the halls.) Matt Bessell served as moderator.



Surwinder Singh Chawla, Rabbi Shmuel Greenhaus, and Hyrum C. Smith

Your annual dues of \$25 help pay for the publication of this newsletter and your Membership Directory.

See Insert for an application.

Join today!

Remember Rachel? — Glamour Gals 6 Years Later

Although Rachel Doyle founded Glamour Gals in 2000, we met her at a GPLI dinner in Hauppauge, 2002. She was a waitress at that time, and just trying to get her pet hobby off the ground, so when she jumped into our party and shared her dream, we were enthralled.

Well, today Rachel is a 2005 graduate of Cornell University with a B.S. in Policy Analysis and Management, and is the CEO of an organi-

zation that has 50 chapters in 8 states. CNN has dubbed her one of the Young People Who Rock, and 1000 Glamour Gals rock with her by spending time with older women at nursing homes nationwide, one makeover at a time.

If you want to know more, go to:

GlamourGals.org

Hey Rachel! GPLI thinks you rock too!

LETTER FROM THE PRESIDENT DARLENE JYRINGI

Dear GPLI Members,

What a wonderful year GPLI has had!

Our September meeting, “Disaster Preparedness,” was hosted by Laurie Palladino, Administrator, Hamptons Center for Rehabilitation and Nursing in Southampton. As professionals in the field of aging, we face unique challenges when protecting frail senior citizens. Edward Schneyer, Director of Emergency Preparedness for Suffolk County and Ted Fitch, of the New York State Regional Emergency Preparedness Program offered useful suggestions in order to be prepared should such an event occur.

November’s meeting, “Aging and Suicide,” was hosted by David Fridkin, Administrator, Island Nursing and Rehabilitation, Holtsville. Guest speakers, Robin Berger-Gaston, ACSW, LCSW, and Dan Berger, Ed.D., provided invaluable information on recognizing signs of depression in older adults and appropriate intervention skills.

In February, filmmaker Julie Winokur captivated us with a viewing of her film, “Aging in America: The Years Ahead.” Hosted by Kathy Gallo of Good Samaritan Hospital in West Islip, this film provided a number of scenes of people now living the “new old age.” An informative discussion followed.

The 4th annual meeting on “Ethnicity and Diversity Issues in Aging” featured Mormon, Orthodox Jewish and Sikh views on end-of-life issues. Held in April, our hosts were Staci Rosenberg and Michael Thompson of Gurwin Jewish Fay J. Lindner Residences. GPLI’s Vice-President, Matthew Bessell, moderated. Panelists were Surinder Singh Chawla, Hyrum C. Smith, and Rabbi Shmuel Greenhaus.

Collins and Main in Sayville was the site of our 17th Annual Dinner, held in June. Needless to say, the food and company were great.

On April 23, 2008, GPLI’s heart and soul, Carolyn Gallogly, successfully defended her doctoral dissertation, “Spousal Identity Stage Theory in Dementia Caregiving: A Bittersweet Journey.” Dr. Gallogly kicked off our 2008 – 2009 season on September 18, 2008, with a discussion of her research. I had the honor of attending Carolyn’s defense – and GPLI shares in her accomplishment. Thanks to Brookhaven Memorial Hospital for the use of their fine conference room and to all who were able to come.

We have three other wonderful programs planned for the upcoming season. On November 18, 2008, Staci Rosenberg, GPLI’s Secretary, will host “The Gurwin Theatre.” On February 25, 2009, Brian Connor, PPO, Suffolk County Department of Probation will present “The Elderly in our Prison System.” Our annual Ethnicity and Diversity Issues in Aging will feature SAGE-LI (Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elderly) moderated by Matthew Bessell, GPLI’s Vice President.

If you haven’t already checked out our website, please go to: <http://gpli.org>.

I want to thank GPLI’s board and general membership for making my first year as President a successful one. The 2008 – 2009 season promises to be another year of excellent educational programs and networking opportunities.

Hope to see you in November.

Darlene

MEET WILL STONER, AARP

Will Stoner is the Associate State Director, New York, for Livable Communities, an initiative of AARP. As such he is responsible for community outreach on Long Island and Staten Island. He is also charged with improving housing and mobility options across New York State.

Here are his responses to our interview questions:

- What was your first introduction to the field of aging?

Will: AARP in 2005.

- How did you know you wanted to pursue a career in this field, and what guided that decision?

Will: Advocacy is what brought me to AARP. AARP is a powerhouse advocacy organization for the 50+ population. I have been in the field of advocacy since graduating from college in 1993. My first job was as an organizer for an environmental lobbying organization. This job gave me the foundation in advocacy that brought me to AARP. Too many people are struggling with the high cost of health care and prescription drugs. I wanted to bring my experience and energy to help pave the way for me to grow older in a better world.

- Geographically, are you originally from Long Island, and if not, where?

Will: I am originally from a small western New York town called Freedom. Freedom is a large town geographically, but small in population. Great place to grow up if you like pastoral surroundings with a great deal of wooded land. I moved to Long Island the second time, to stay, in 2001. I am married to a nice Italian girl from Long Island with a big family. Therefore, we are here to stay.... We live in Mount Sinai and we have one son.

- How do you view the role of AARP in today's society?

Will: AARP plans on playing a huge part in working to foster movement on the issues of affordable, quality, accessible housing, as well as, health care and financial security for all Americans on the national level and in every community across the U.S.

AARP has also started to make inroads in community development circles. We are working to create more livable communities, so that people can age in place in the communities they have grown older.

- What do you think is the most challenging of the age-related challenges in our society?



Will: The most challenging aspect we face as a global aging society is building livable communities. As our planet ages, and more directly our nation, more and more people will find themselves stranded in communities that are not connected to transportation or other mobility options. We built many of our towns in a sprawling design. As boomers age and outlive their ability to drive by 7-10 years, many will find themselves isolated from the surrounding community, services, and social interactions.

On Long Island and across New York we have sprawl and congestion and isolated communities. Developers and municipalities are just beginning to think about connecting transit to housing and making communities more accessible to people of all ages and abilities.

- What older adult do you most admire and why?

Will: Grandparents. I love talking to our volunteers and members who are grandparents and watch them shine as they speak of their loved ones. I especially admire grandparents who are raising their grandchildren or who happen to be de facto babysitters. Grandparents who take on this charge benefit from this close relationship, but the children gain so much respect for our older citizens and learn to appreciate what they have to offer; love; a living history; wisdom; guidance.

- ◆ Is Long Island a good place to grow old?

Yes. There are some communities on Long Island that are designed well, or are beginning the process of redesign to make them more habitable by older adults, but also by people of all ages. Small village centers are great because of the local "main street" access to shops and stores in walking distance and the community connectedness that many people are searching for. Unfortunately, many people will have to move from their current community to take advantage of this connectedness.

Centering On:

This issue of Prime Lines has chosen to focus on Mental Health and Aging, and to accomplish this goal, has sought articles about specific issues being experienced and measures being initiated by the Long Island community. In my own travels over the past three years, I have served on two different task forces where Mental Health and Mental Illness topics have been expressed. The overriding concern voiced by those who raised the topic, is that there are no clear avenues of help to access, either for individuals, families or communities. Thus, this "Centering on" topic will actually extend to our next issue as well. If you have information or help to offer, please submit it to Carolyn Gallogly, cgallogly@sjcny.edu. Then it can be presented to our readers in the next edition or posted on our website, gpli.org.

Centering On:

This is Prime Lines centerfold format. Every issue has an in-depth special topic explored from different perspectives.



NIMH *National Institute of Mental Health*

The National Institute of Mental Health, part of the National Institutes of Health in Bethesda, is the largest scientific organization in the world dedicated to research focused on the understanding, treatment, and prevention of mental disorders and the promotion of mental health.

Its most recent document, authored by the Attorney General, David Satcher, in 1999, shows how it takes a White House Conference on Mental Health, to get the ball rolling on the subject. Although it is an excellent report, it is 9 years old, and out of date. All statistics in that report are taken from the 90's.

The website for NIMH does focus on three major mental health issues related to aging:

- Depression
- Suicide
- Anti-Psychotic Medications as used by those with Alzheimer's Disease.

The site does have up-to-date statistics on depression and suicide in the aging, which is very important to gerontology practitioners. (See the next page.) However, in fact, there is really very little posted on this site to fill out the larger portrait of mental health and mental illness among the aging.

Website for NIMH/Aging:
<http://www.nimh.nih.gov/health/topics/older-adults-and-mental-health/index.shtml>

APA *American Psychological Assoc.*

Fortunately for gerontologists, the APA not only includes "aging" as a topic on its website, but also has an Office on Aging. This office serves as a coordination point for APA activities, related to aging, and to the field of geropsychology, one dedicated to older adult issues.

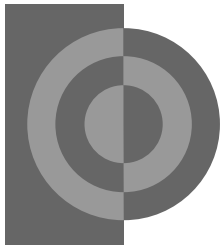
This organization includes many different topics under the category of Aging and Psychology. For example, sexuality and aging shows up here. They state their policy as trying to bring "psychological knowledge to bear on issues affecting the health and well being of older adults and their families." One of their current projects is working together with the American Bar Association, to publish guidelines for the Assessment of Capacity in Older Adults.

Another recent project involves exposing students and early career psychologists to the psychological dimensions of aging as well as to opportunities for gaining experience working with the population. Clearly, this is a worthy initiative, since it isn't easy to attract younger adults generally to the field of aging, much less mental health and aging.

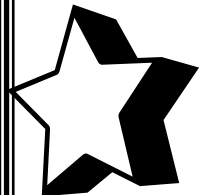
Website for APA/Aging:
<http://www.apa.org/pi/aging/>

Aging and Mental Illness

MENTAL HEALTH AND AGING: FACTS AND STATISTICS 2008



- ◆ The risk of depression in the elderly increases with other illnesses and when ability to function becomes limited. Estimates of major depression in older people living in the community range from less than 1 percent to about 5 percent, but rises to 13.5 percent in those who require home health-care and to 11.5 percent in elderly hospital patients.
- ◆ An estimated 5 million older adults have what is called subsyndromal depression, or one that falls just below the cut off for a diagnosed depression. Still, they have symptoms of depression.
- ◆ Adults over 65 account for 16% of suicide deaths, even though they make up less than 12% of the total population.
- ◆ Non-Hispanic white males over 85 are most likely to try and complete a suicide, and this has been the case for many decades. Per 100,000 people in that age group, 49.8 commit suicide.
- ◆ According to the National Alliance on Mental Illness, older adults rarely seek treatment for depression. This would suggest that Primary Care physicians should screen more readily for depression in older patients, and perhaps catch it before the Depression brings on a suicide.
- ◆ The American Psychiatric Association has numerous interest groups, but none for geropsychiatry. Hmm.
- ◆ Approximately 11% of people over 65 may have an anxiety disorder.



From The Adelphi Report, Vital Signs June 12, 2007

This report was based on an in-depth investigation into the mental health issues of Long Island. These are some of their findings (taken from web site, <http://events.adelphi.edu/news/2007/20070612.php>):

- ◆ The report identifies age as one of the disparities in mental health treatment. Medicare does not fully cover mental illness; there are too few geropsychiatrists to handle the numbers predicted to have an illness; undertrained physicians are misdiagnosing and undertreating the aging with mental illness.
- ◆ Older women have higher rates of diagnosed mental illness including dementias, phobias and depression. Older men have more substance abuse problems.

Providing Mental Health Services to the Elderly *Janet E. Weisberg LCSW*

As a Clinical Social Worker with a background in gerontology, I have been fortunate to be able to utilize my skills in two different capacities. The first is in the capacity of a discharge planner in a sub-acute in-patient rehab program and the next as a consulting Clinical Social Worker providing mental health services to both the elderly and their caregivers. In both of these capacities, it has become very apparent to me the importance of also becoming an elderly advocate and educator.

As a Mental Health Provider, I see both elderly clients and their adult children in an in-patient sub-acute setting, a private office setting, in an Assisted Living setting and in their own home setting. In all settings, it is not unusual for a fully alert, oriented and self-directing elderly patient to have their adult children start a conversation by stating “I am the Health Care Proxy and I want....” or “my Mother/Father has dementia and you should be talking to me rather than him/her....”

As the gerontology professional, it becomes my responsibility to educate the adult child to the fact that their parent is alert and oriented, may or may not have dementia which may or may not impact on their capacity or their ability to be self-directing and able to make their own decisions. Therefore, the health care proxy is not activated as of yet, and that it takes a doctor’s order to activate a health care proxy, and until that is determined the elderly patient in question is able to make his/her decisions which must be honored. Quite often, the adult child has difficulty accepting this fact, especially, if the patient’s previous lifestyle will result in a change which will impact that adult child’s lifestyle.

As the professional in this position, my job becomes two-fold: 1) to provide an environment that will allow the elderly person the ability to verbalize his/her concerns and be part of the decision making process; 2) to provide the adult child with the skills to accept both the mental and physical changes in his/her parent, and educate the child which will allow the child to empower their elderly parent vs. taking that parent’s rights and dignity away. Sometimes, when the adult child is the person in charge of the finances, it becomes a challenge for the professional to maintain advocacy for the elderly person.

Many times neither the elderly client nor the adult child recognize the grieving process both are experiencing. So many adult children have verbalized...”I don’t understand why Mom is depressed; she has a great life with us...” As a Mental Health provider it becomes my responsibility to educate the adult child to the multi-level losses the elderly parent is experiencing, and to provide an environment where the child can accept the inevitable loss of the parent.

Mental Health Services in the elderly population are still services viewed with the stigma of “being crazy”. Our knowledge provides us with the ability to maintain the fine balance between providing education on the value of Mental Health services which the elderly person might be in need of and entitled to, while at the same time protecting their right to dignity, respect and decision making. With growing incidences of suicide, substance abuse, and physical abuse among the elderly population, it becomes our responsibility to educate ourselves which would then allow us the ability to properly advocate for the elderly under our jurisdiction.

What Defines a Mentally Healthy Older Adult?

A Definition proposed by Sara Honn Qualls, Center on Aging, University of Colorado at Colorado Springs, 2002.

.....
“A mentally healthy person could be defined as one who accepts the aging self as an active being, engaging available strengths to compensate for weaknesses in order to create personal meaning, maintain maximum autonomy by mastering the environment, and sustain positive relations with others.”

The only weakness in this definition appears to be its emphasis on autonomy through mastery of the environment. What happens if we cannot master the environment, due to physical losses, and thus lose some of our autonomy? I would add the characteristic of **resilience** to the definition, for it is in “picking ourselves up” metaphorically, following a physical loss or growing disability, and “dusting ourselves off” that we indeed “start all over again,” perhaps more dependent, but still mentally healthy.

Innovative Treatment Options for Agitation in Senior Adult Dementia Patients

Joseph J. Hoenig LMSW, G.C.M.

We know two things about current aging trends: First, that the numbers of senior adults are growing with enormous rapidity and second, that many of these individuals carry their burden of mental illness into their later years. While comprehensive evaluation and skilled psychopharmacological intervention remains the cornerstone of effective geriatric psychiatric practice, an increasingly growing body of evidence-based practice literature supports the creative use of non-pharmacologic treatment modalities in the management of senior adults enduring chronic dementing conditions.

It should come as no surprise that the use of physical restraints is actually a risk factor for agitated behavior (Cohen-Mansfield & Werner, 1995; Ryden et al, 1999; Talerico, Evans & Strumpf, 2002). For this reason, the mission of the **Senior Adult Behavioral Health Inpatient Unit of South Oaks Hospital** is to achieve treatment goals in a restraint and coercion-free environment. Since a large number of patients are referred to our hospital by assisted living and skilled nursing facilities because of uncontrolled agitated behaviors, fighting fire with fire would be counter-productive and would not lead to positive patient outcomes.

Similarly, certain patients present with agitation while undergoing psychopharmacological treatment with antidepressants (Shah et al, 2000) and anti-psychotics (Draper et al, 2000; Ryden et al, 1999, Shah et al, 2000). In recognition of this, South Oaks is developing alternative treatments in the areas of sensory enhancement and relaxation, structured activities, social contact and environmental modifications.

Just as overstimulation of the senses can produce agitation, a reduction of certain stimuli can induce calm (Rowe & Alfred, 1999). By incorporating a dedicated "sensory room" on our Unit, where extraneous noise from television, radio, or other sources is diminished, a safe and calm haven is created for our patients.

Enhancing other senses in a focused manner, through activities involving music, can also reduce stress and agitation (Ballard, O'Brien, Reichert & Perry, 2002; Brooker, Snape, Johnson, Ward & Payne, 1997). Currently, a variety of meditative music CD's are utilized daily throughout the unit, covering music styles that match the cultural composition of our patients. Additionally, aromatherapy has been found to have similar bene-

fits (Ballard et al, 2002), and our patients now enjoy a newly-designed aromatherapy program, which soothes and comforts them. Looking ahead, South Oaks is in the process of purchasing large screen televisions, which will play soothing DVD's of beach, and nature scenes with pleasant music and instituting the use of calming light from lava lamps and bubble tubes.

Pet therapy ameliorates agitated behaviors, especially during the uneasy early evening period known as "Sundowning" (Churchill and colleagues, 1999). Toward this end, pets have been visiting South Oaks patients for the past ten years, in cooperation with local pet rescue organizations. Expanding on this, two of our Registered Nurses are pursuing certification in Animal-Assisted Therapy and South Oaks is working to establish the routine use of such specially-trained animals to work with our senior adult patients.

Dementia patients frequently become agitated when their needs for physical activity are not addressed. A walking program may serve to reduce such behaviors (Hall, 1998; Hall, 1994; Hall and Buckwalter, 1991). At South Oaks, our patients are ambulated every two hours to meet those needs and maintain their physical functionality. Furthermore, affording the patient the opportunity to freely and safely wander outdoors can also aid in decreasing the frequency and severity of agitation (Namazi & Johnson, 1992). With an appreciation of the connection between mind, body and spirit, South Oaks is planning to redesign our existing outdoor walking area of our Senior Adult Unit and transform it into a Zen garden, where patients can enjoy a safe and calm environment. The garden will be enhanced with a running water feature, wind chimes and music, and will be a perfect setting for Tai Chi and Yoga.

The Long Island Home's motto is "***We Care For People***". The modalities and advances mentioned above have been and are in use at our **Broadlawn Manor Skilled Nursing Facility** and our **Social and Medical Model Adult Day Programs**. Essential oils, reflexology, visiting pets, life enrichment boxes, providing patients with life-like baby dolls, on-site acupuncture and art therapy in conjunction with the Alzheimer's Association, are all examples of how the Long Island Home embraces the philosophy of providing new therapeutic modalities in evidence-based practice. *Cont. on Page 18*

South Oaks Hospital and Southold Town Join Forces to Foster Mental Health

Krystie Golden

Older adults are on the rise! According to a 2007 study conducted by Peter Chernack from Adelphi University, statistics from the New York State Department for the Aging show that over the next 25 years the number of older adults in New York State will increase from 2.4 to 3.7 million people. The same study notes that Suffolk County will see an increase of 37% in individuals over the age of 60. Southold, New York is the easternmost township on the North Fork of Long Island. Considered one of the last remaining rural communities on Long Island, it is geographically set apart from neighboring communities by distance as well as waterways. According to both U.S. Census and Township data, nearly 30% of the population of Southold is over 65. During the warmer months this increases to over 40% when retirees return to live in their summer homes.

In response to these demographic facts, South Oaks Hospital partnered with Eastern Long Island Hospital, the Mental Health Association in Suffolk, and the Town of Southold and was awarded a Geriatric Mental Health grant through the New York State Office of Mental Health. This grant and the program it helped to develop recognizes that provision of mental health services to older adults is both unique and challenging. Older adults may not recognize the symptoms of mental illness because they have not faced it before. Older adults may be hesitant to acknowledge potential mental health issues due to embarrassment or the assumption that it is just a normal part of aging. Whatever the reason, many individuals may have unmet mental health needs.

The partners in this grant initiative have acknowledged these trends and have put into place a routine screening process to identify mental health issues in older adults within the primary care setting. The initiative will also work to address mental health education and treatment needs through routine interaction with seniors accessing services at the Southold Town Senior Center and at Eastern Long Island Hospital. The program relies on collaboration between the physical health providers and the mental health professionals.

In the primary care settings, all adults over the age of 65 complete a routine depression screening during their regular office visit. This helps the primary care provider identify patients who may be suffering from significant symptoms of depression and who are not currently receiving

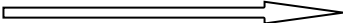
treatment for those symptoms. Once the patient is identified, the medical practitioner discusses with them a potential referral to a mental health practitioner for additional assessment, treatment, and/or referral.

At the Town of Southold Senior Center, the Mental Health Association in Suffolk County is currently providing an ongoing education and support group, and working closely with Center staff to address any mental health needs of those who identify themselves as needing help. Also in partnership, Eastern Long Island Hospital has opened its Center of Excellence called Senior Options and Solutions, "S.O.S.", and offers routine screening and assessment of local residents' physical and mental health needs. All partners work consistently to offer education and outreach to increase awareness of mental illness among older adults. These exciting new initiatives aim to pilot a program model that can be duplicated in other primary care and specialty practices, especially in areas where mental health services are limited or difficult to access.

GPLI congratulates South Oaks and Southold Town for the creativity they have shown in this partnership.

How to Design a Non-Person

In 1972, The Institute of Aging at the University of Michigan published a monograph using the conceptual design of Barbara M. Laging, an artist, professor, and furniture designer for the elderly. She created a 5-step plan for how to create a non-person. Ms. Laging died in 1979, but her theory still challenges us today. Consider this, when thinking about older people you know, especially those with a mental illness or dementia.

1. Confuse her. Move her from a familiar environment to an unfamiliar environment. Take away clues that might help her understand the environment, and use long corridors, repeat identical doors, windows, lighting, furniture, materials, textures, and use the same color scheme everywhere.
2. Take away her identity. Start with her name, by removing it from local directories, and taking away her phone. Choose her colors for her. Furnish her room for her. Limit her personal possessions. 

The Geriatric Mental Health Alliance of New York

Carolyn Gallogly

Ever wonder if you are the only one who is really concerned about the mental health of older adults? With so much stigma attached to mental illness, the subject often gets short shrift in the gerontological literature. In 2004, a group of like-minded people came together to address the “vast inadequacies in current geriatric mental health practice and policy” as well as to plan for the mental health challenges of the boomers to come. The Center for Policy and Advocacy of the Mental Health Associations of New York City and Westchester formed a new organization, **The Geriatric Mental Health Alliance of New York**.

The founding group saw some of the same issues showing up in other **Prime Lines** articles, i.e. a system that does not support older adults with mental disorders who wish to live in the community, offering at best, fragmented services, not specifically designed for aging adults, with a limited capacity to serve with cultural competency.

3. Make her dependent.. Plan for her and do as much for her as you can. Protect her from having to make decisions. Make sure the environment is not user-friendly: heavy doors, round knobs for handles rather than levers, low seating, night tables than are impossible to access from a prone position.
4. Restrict her social contacts. Make sure she is isolated, and thus not bothered by the outside world. Put her on the outskirts of wherever, where the only transportation would be a car. Regarding visitors, protect her by making it uncomfortable for visitors. Do not provide much seating, or private spaces for visits. This way family will be come “visitors” rather than “relatives”.
5. Limit her freedom to act. Use local codes whenever she questions why she cannot do something. Sanitation codes are very good for preventing the desire to cook, have a pet, or snacks in the room.

Gets you thinking doesn't it?

Furthermore, it is a heterogeneous population, with disorders that often go beyond the expected depression and/or dementia. There are really three distinct populations to address:

1. People with severe long-term psychiatric disabilities, that began when they were young,
2. People with mental disorders that began or got worse when they began aging,
3. People who are not coping well with aging challenges and are experiencing mental distress, usually not a diagnosable mental disorder.

Each of these groups requires specific treatments that may be quite different. Furthermore, they are all experiencing the physical challenges of aging, and the treatment for that should be integrated with the treatment for their mental illness.

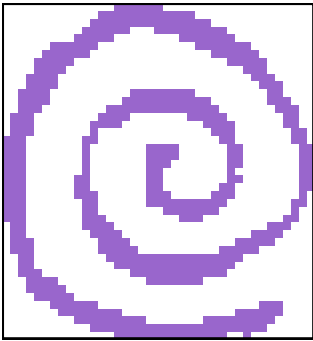
What creates the barriers to treatment? Most gerontologists can answer this from the experience of their clients. The services for mental illness are in short supply, are often unaffordable, are hard to travel to, and may not be culturally and linguistically accessible. Perhaps the biggest barrier is the sense of stigma shared by the older adult with a mental illness and his/her family. Even physicians are hesitant to refer their aging patients for services. Whether the physician denial is related to cost issues, stigma issues, or just the ageist principle that says these are problems that are part and parcel of aging, and the patient needs to live with it.

The Alliance not only describes these institutional barriers, but also points out in its 2007 monograph authored by Michael Friedman, Chairperson of the Alliance, that there is a serious shortage of mental health professionals prepared to serve older adults. As with so much policy related to mental health, there is still consensus that there will never be enough professionals trained to serve the aging, so we need to train and enlist the support of paraprofessionals and volunteers, including members of the clergy.

If you are committed to alleviating the increasing numbers of elderly suicides, the loneliness and despair seen in so many aging faces on the streets and in the nutrition sites, not to mention the non-persons described in the other article on this page, then you may want to join this Alliance. Their phone number is 212-614-5753, and their email address is: center@mhaofnyc.org. Include your name, title, organization, address, email address, and phone number.

INDICATIONS OF DEPRESSION

Handout from Dan Berger, Psychologist



1. Feeling sad and that nothing is enjoyable. Person seems to be more down than usual and doesn't kid around the way she usually does.
2. Feeling restless, irritable, or agitated. Overreacting to situations. Person is fidgety or gets into arguments a lot and gets upset more than usual.
3. Fatigue and loss of energy. A person who usually has no problems getting up and getting dressed wants to sleep late and takes frequent naps during the day.
4. Unable to sleep through the night or sleeping a lot. Similar to the person described above or someone who gets up a lot throughout the night and can't sleep very much.
5. Significant decrease or increase in appetite which can cause weight loss or gain. The person may be eating very little, or suddenly they are eating a lot more to the point that a weight change is noticeable.
6. Marked change in personality such as an inability to concentrate. For example, the person who normally was an avid reader, loses interest in reading.
7. Poor personal grooming. A normally clean and neat person stops bathing and you notice that they are wearing the same clothes for days in a row, with an increase in body odor.
8. Withdrawing from family, friends, and social situations. Here, the normally social person starts isolating himself/herself, with little interest in seeing other people.
9. Suicidal thoughts, especially when accompanied by a plan are of a significant concern. The person starts talking about wanting to die and says how they plan to do it.

If you know a person with more than two of the above symptoms, lasting for several weeks, then that person is probably clinically depressed.

News Bulletin from Suffolk County :

The Suffolk County Sheriff's Office has implemented **Project Lifesaver**, a program that helps locate someone who has wandered as a result of cognitive impairment or other afflictions. This initiative is aimed at helping to "bring loved ones home safely."

The older client wears a "watch type" transmitter, which emits a tracking signal. If the elder wanders,

the family notifies the Sheriff's Department and a search begins, using the tracking system. There is a one-time cost of \$290 (plus tax and shipping) for the transmitter, tester, battery, and wristband strap.

For more information or to enroll an elder, email: lifesaver@suffolkcountyny.gov, or call: 631-852-3405. There is an application to fill out, and a meeting with a deputy. There are now 650 Sheriff and Police agencies nationally who are using this system, and in over 1,750 searches, there has been a 100% success rate in locating the wandering elders.

Getting Mental Health Services for Older Adults on Long Island



Many gerontologists on Long Island remember the day when Geriatric Screening Teams were available to adults with mental illness in the community. These teams operated out of the New

York State Psychiatric Hospitals, but have been gone for a long time. As our numbers of elders grows, the need for services increases.

A quick review of the Internet showed these services:*

Brookhaven Memorial Hospital, Behavioral Health Services

Services include a 24 hour a day Access Center located in Brookhaven's Emergency Room. There are also inpatient services, and Behavioral Health Care at Home. For more information, call 631-687-4357.

Catholic Charities Outpatient and Inpatient Mental Health Services

Three outpatient clinics are located in Freeport, Bay Shore and Medford. These clinics provide individual, group, and family therapy; offer case management; provide some in home services; and in Suffolk County offer a treatment team for crisis situations, Assertive Community Treatment.** For more information, call 516-623-3322; 631-665-6707; 631-654-1919.

Pederson-Krag Center

This provider has three locations for behavioral health outpatient services: Huntington and Smithtown. Besides the array of outpatient mental health services such as individual and family therapy, addictions treatment, peer counseling, case management, this provider also offers the Assertive Community Treatment team, primarily in the Huntington/Smithtown areas. For more information call, 631-920-8000.

Family Service League

FSL is based in Huntington, but offers services at numerous centers across Suffolk County. The array of services is similar to those above, and behavioral

health services are specifically addressed at four centers: North Fork Counseling, Southampton Clinic, Easthampton Clinic, and Iovino South Shore Family Clinic. Call: 631-298-8642, 631-477-4067, 631-647-3100.

South Oaks Hospital Comprehensive Mental Health Services

South Oaks primarily provides inpatient mental health services, and has special programs for senior adults. Call: 631-608-5610.

Mather Memorial Hospital Inpatient Psychiatric Services

Mather provides acute care for the adult psychiatric patient. Call: 631-473-1320 x4360.

Central Nassau Guidance and Counseling Services of Hicksville

This agency strives to provide clinical treatment, rehabilitation services, social and support services, case management, and other behavioral health services. Call: 516-822-6111.

North Shore-Long Island Jewish Health System

This health system operates the Law and Psychiatry Institute which has a very informational website, serving as a source of information regarding mental health services on Long Island. The web address is: <http://www.nslj.com/body.cfm?id=715&oTopID=715&PLinkID=717>. (Unfortunately, you need all of this address to access that page, or just google Law and Psychiatry Institute.)

Most mental health services in New York State are offered through the **New York State Office of Mental Health**, with a special Geriatric Services Division. Geriatric Mental Health Services information can be found at their website:

<http://www.omh.state.ny.us/omhweb/geriatric/resources.html>.

Both in Nassau and Suffolk counties there are **Mental Health Associations** serving as clearinghouses for mental health services in the respective counties.

*This list has not attempted to be complete.

** See page 18 for more about these teams.

Directory of Mental Health Terms

Source: US Department of Health and Human Services
National Institute of Mental Health
Substance Abuse and Mental Health Services Administration
Taber's Cyclopedic Medical Dictionary 17th Edition
Compiled by: Darlene M. Jyringi, MPS

Affect

Observable behavior that represents the expression of a subjectively experienced emotion – common examples are sadness, fear, joy and anger – types of affect include: euthymic, irritable, constricted, blunted, flat, inappropriate and labile.

Age-associated memory impairment (AAMI)

The mild disturbance in memory function that occurs normally with aging; benign senescent forgetfulness. Such lapses in memory are lately humorously referred to as representing "a senior moment".

Agitation

Excessive restlessness, increased mental and physical activity, especially the latter.

Agnosia

Failure to recognize or identify objects despite intact sensory function; This may be seen in dementia of various types. An example would be the failure of someone to recognize a paper clip placed in their hand while keeping their eyes closed

Agoraphobia

A panic disorder that involves intense fear and avoidance of any place or situation where it is perceived that escape might be difficult or help unavailable in the event of a developing sudden panic-like symptoms.

Akinesia

A state of motor inhibition or reduced voluntary movement.

Alzheimer's Disease

A progressive disorder that gradually destroys a person's memory and ability to learn, reason, make judgments, communicate and carry out daily activities. Individuals with more advanced stages of Alzheimer's disease may also experience changes in personality and behavior such as anxiety, suspiciousness or agitation, as well as delusions or hallucinations. The disease begins with memory loss concerning recent events and spreads to memory loss concerning events that are more distant.

Anhedonia

Inability to experience pleasure from activities that usually produce pleasurable feelings.

Anxiety Disorders (Generalized)

Characterized by excessive uncontrollable worry about everyday things. The chronic worrying can affect daily functioning and cause physical symptoms, filling an individual's days with tension even though there is little or nothing to provoke it. Unlike a phobia, Generalized Anxiety Disorder is not triggered by a specific object or situation. Individuals with this disorder are always anticipating disaster often worrying excessively about health, money, family or work. In addition to chronic worry, symptoms may include trembling, muscular aches, insomnia, abdominal upsets, dizziness and irritability.

Aphasia

Impairment in the understanding or transmission of ideas by language in any of its forms: reading, writing, or speaking that is due to injury or disease of the brain centers involved in language.

Apathy

Lack of feeling, emotion, interest, or concern.

Apraxia

Inability to carry out previously learned skilled motor activities despite intact comprehension and motor function; this may be seen in dementia.

Behavioral Therapy

As the name implies, behavioral therapy focuses on behavior-changing unwanted behaviors through rewards, reinforcements, and desensitization. Desensitization, or Exposure Therapy, is a process of confronting something that arouses anxiety, discomfort, or fear and overcoming the unwanted responses. Behavioral therapy often involved the cooperation of others, especially family and close friends, to reinforce a desired behavior.

Bipolar Disorder

Extreme mood swings punctuated by periods of generally even-keeled behavior characterize this disorder. Bipolar disorder tends to run in families. This disorder typically begins in the mid-twenties and continues throughout life. Without treatment, people who have bipolar disorder often go through devastating life events such as marital breakups, job loss, substance abuse, and suicide.

Borderline Personality Disorder

Symptoms of borderline disorder, a serious mental illness, include pervasive instability in moods, interpersonal relationships, self-image, and behavior. The instability can affect family and work, long-term planning, and the individual's sense of self-identity.

Caregiver

A person who has special training to help people with mental health problems. Examples include social workers, teachers, psychologists, psychiatrists, and mentors.

Case Manager

Coordinates mental health, social work, educational, health, vocational, transportation, advocacy, respite care, and recreational services, as needed. The case manager makes sure that the changing needs of the individual and family are met.

Catatonic

A marked psychomotor disturbance that may involve stupor or mutism, negativism, rigidity, purposeless excitement and inappropriate or bizarre posturing. Catatonic schizophrenia is a form of the illness characterized by a tendency to remain in a fixed stuporous state for long periods. This catatonia may give way to short periods of extreme excitement.

Clinical Psychologist

A professional with a doctoral degree in psychology who specializes in therapy.

Clinical Social Worker

Health professionals trained in client-centered advocacy that assist clients with information, referral, and direct help in dealing with local, State, or Federal government agencies. As a result, they often serve as case managers to help people "navigate the system." Clinical social workers cannot write prescriptions.

Cognitive Therapy

Aims to identify and correct distorted thinking patterns that can lead to feelings and behaviors that may be troublesome, self-defeating, or even self-destructive. The goal is to replace such thinking with a more balanced view that, in turn, leads to more fulfilling and productive behavior.

Cognitive / Behavioral Therapy

A combination of cognitive and behavioral therapies, this approach helps people change negative thought patterns, beliefs, and behaviors so they can manage symptoms and enjoy more productive, less stressful lives.

Comorbidity

In general, the existence of two or more illnesses – whether physical or mental – at the same time in a single individual.

Confabulation

Fabrication of stories in response to questions about situations or events that are not recalled.

Cultural Competence

Help that is sensitive and responsive to cultural differences. Caregivers are aware of the impact of culture and possess skills to help provide services that respond appropriately to a person's unique cultural differences, including race and ethnicity, national origin, religion, age, gender, sexual orientation, or physical disability. They also adapt their skills to fit a family's values and customs.

Delusions

Bizarre thoughts that have no basis in reality.

Dementia

Dementia is a global impairment of intellectual function (cognition) that usually is progressive and that interferes with normal social and occupational activities.

Depression

A mood disorder, characterized by intense feelings of sadness that persist beyond a few weeks. Two neurotransmitters – natural substances that allow brain cells to communicate with one another – are implicated in depression: serotonin and norepinephrine.

Diagnostic Evaluation

The aims of a general psychiatric evaluation are 1) to establish a psychiatric diagnosis, 2) to collect data sufficient to permit a case formulation, and 3) to develop an initial treatment plan, with particular consideration of any immediate interventions that may be needed to ensure the patient's safety, or, if the evaluation is a reassessment of a patient in long-term treatment, to revise the plan of treatment in accord with new perspectives gained from the evaluation.

Dually Diagnosed

A person who has both an alcohol or drug problem and an emotional/psychiatric problem is said to have dual diagnosis.

Echolalia

The pathological, parrot-like, and apparently senseless repetition of a word or phrase just spoken by another person.

Electroconvulsive Therapy

Also known as ECT, this highly controversial technique uses low voltage electrical stimulation of the brain to treat some forms of major depression, acute mania, and some forms of schizophrenia. This potentially life-saving technique is considered only when other therapies have failed, when a person is seriously medically ill and/or unable to take medication, or when a person is very likely to commit suicide. Substantial improvements in the equipment, dosing guidelines, and anesthesia have significantly reduced the possibility of side effects.

Global Assessment of Functioning (GAF) Scale, DSM IV

The reporting of overall function on Axis V is performed using the Global Assessment of Functioning (GAF) Scale. The GAF scale may be particularly useful in tracking the clinical progress of individuals in global terms, using a single measure. The GAF scale is to be rated with respect only to psychological and occupational functioning.

Hallucinations

Experiences of sensations that have no source. Some examples of hallucinations include hearing nonexistent voices, seeing nonexistent things, and experiencing burning or pain sensations with no physical cause.

Hypomania

An episode in which the individual experiences a mild form of mania (emotional highs, scattered thoughts, over-activity). Such an episode does not markedly impair an individual's social and vocational functioning, and does not necessarily indicate the presence of bipolar disorder.

Labile Affect

Rapidly shifting and changing emotions.

Mania

A symptom of bipolar disorder characterized by exaggerated excitement, physical over-activity, and profuse and rapidly changing ideas (scattered or tangential thoughts). A person in a manic state feels an emotional high and generally follows their impulses.

Mental Health

How a person thinks, feels, and acts when faced with life's situations. Mental health is how people look at themselves, their lives, and the other people in their lives; evaluate their challenges and problems; and explore choices. This includes handling stress, relating to other people, and making decisions.

Mental Health Problems

Mental health problems are real. They affect one's thoughts, body, feelings, and behavior. Mental health problems are not just a passing phase. They can be severe, seriously interfere with a person's life, and even cause a person to become disabled. Mental health problems include depression, bipolar disorder (manic-depressive illness), attention-deficit/hyperactivity disorder, anxiety disorders, eating disorders, schizophrenia, and conduct disorders.

Obsessive Compulsive Disorder

A chronic, relapsing illness. People who have it suffer from recurrent and unwanted thoughts or rituals. The obsessions and the need to perform rituals can take over a person's life if left untreated. They feel they cannot control these thoughts or rituals.

Panic Disorders

People with panic disorder experience heart-pounding terror that strikes suddenly and without warning. Since they cannot predict when a panic attack will seize them, many people live in persistent worry that another one could overcome them at any moment.

Paranoia and Paranoid Disorders

Symptoms include feelings of persecution and an exaggerated sense of self-importance. The disorder is present in many mental disorders and it is rare as an isolated mental illness. A person with paranoia can usually work and function in everyday life since the delusions involve only one area. However, their lives can be isolated and limited.

Perseveration

Continued repetition of a meaningless word or phrase, or tendency to emit the same verbal or motor response again and again to varied stimuli

Phobias

Irrational fears that lead people to altogether avoid specific things or situations that trigger intense anxiety. Phobias occur in several forms, for example, agoraphobia is the fear of being in any situation that might trigger a panic attack and from which escape might be difficult; social phobia is a fear of being extremely embarrassed in front of other people.

Posttraumatic Stress Disorder (PTSD)

An anxiety disorder that some people develop after seeing or living through an event that caused or threatened serious harm or death. Symptoms include flashbacks or bad dreams, emotional numbness, intense guilt or worry, angry outbursts, feeling "on edge," or avoiding thoughts and situations that remind them of the trauma. In PTSD, these symptoms last at least one month.

Psychiatry

The branch of medicine that deals with the science and practice of treating mental, emotional or behavioral disorders.

Psychoanalysis

Focuses on past conflicts as the underpinnings to current emotional and behavioral problems. In this long-term and intensive therapy, an individual meets with a psychoanalyst three to five times a week, using "free association" to explore unconscious motivations and earlier, unproductive patterns of resolving issues.

Psychodynamic Psychotherapy

Based on the principles of psychoanalysis, this therapy is less intense, tends to occur once or twice a week, and spans a shorter time. It is based on the premise that human behavior is determined by one's past experiences, genetic factors, and current situation. This approach recognizes the significant influence that emotions and unconscious motivation can have on human behavior.

Psychomotor Agitation

Excessive motor activity associated with a feeling of inner tension. When severe, agitation may involve shouting and loud complaining. The activity is usually nonproductive and repetitious, and consists of such behavior as pacing, wringing of hands, and inability to sit still.

Psychosis

A serious mental disorder characterized by defective or lost contact with reality, often with hallucinations or delusions, causing deterioration of normal social functioning.

Respite

Provision of periodic relief when the primary caregiver needs time away from caregiving. Respite care is provided in-home or at an alternative location for a short stay.

Schizophrenia

A mental disorder characterized by "positive" and "negative" symptoms. Psychotic, or positive, symptoms include delusions, hallucinations, and disordered thinking (apparent from a person's fragmented, disconnected and sometimes nonsensical speech). Negative symptoms include social withdrawal, extreme apathy, diminished motivation, and blunted emotional expression.

Seasonal Affective Disorder (SAD)

A form of depression that appears related to fluctuations in the exposure to natural light. It usually strikes during autumn and often continues through the winter when natural light is reduced. Researchers have found that people who have SAD can be helped with the symptoms of their illness if they spend blocks of time bathed in light from a special full-spectrum light source, called a “light box.”

Self-help

Generally refers to groups or meetings that: involve people who have similar needs; are facilitated by a consumer, survivor, or other layperson; assist people to deal with a “life-disrupting” event, such as a death, abuse, serious accident, addiction, or diagnosis of a physical, emotional, or mental disability, for oneself or a relative; are operated on an informal, free-of-charge, and nonprofit basis; provide support and education’ and are voluntary, anonymous, and confidential. Many people with mental illnesses find that self-help groups are an invaluable resource for recovery and for empowerment.

Spatial Agnosia

Inability to recognize spatial relations; disordered spatial orientation.

Suicide

The 8th leading cause of death in the US, claiming about 30,000 lives a year. Ninety percent of persons who commit suicide have depression or another diagnosable mental or substance abuse disorder. Suicide attempts are among the leading causes of hospital admissions in persons under 35. The highest suicide rate in the US are found in white men over the age of 85.

Symbiosis

A mutually reinforcing relationship between two persons who are dependent on each other.

Tachyphrasia

Excessive rapidity of speech, as seen in mental disorders.

Tangentiality

Replying to a question in an oblique or irrelevant way.

Transference

The unconscious assignment to others of feelings and attitudes that were originally associated with important figures (parents, siblings, etc.) in one's early life. The transference relationship follows the pattern of its prototype. The psychiatrist utilizes this phenomenon as a therapeutic tool to help the patient understand emotional problems and their origins. In the patient-physician relationship, the transference may be negative (hostile) or positive (affectionate).

Traumatic Psychosis

Psychosis resulting from physical injuries or emotional shock.

Cont. from p. 9.

The field of senior adult behavioral health is in a state of flux. As patient demographics shift and transform and we see dual diagnoses of dementia and other mental health conditions, all treatment options must be considered. South Oaks continues to take a proactive approach and we invite families and professionals to join us as we embark on this exciting journey toward excellence in senior adult mental health.

Joe Hoenig is a New York State Licensed Master Social Worker and a Certified Geriatric Care Manager. In his present employ at South Oaks Hospital, of The Long Island Home, Mr. Hoenig is the Director of Senior Adult Community Services, promoting South Oaks Geriatric Center of Excellence services to the community. Besides his many years of experience as a geriatric social worker, he also has worked with graduate students doing field social work at Fordham and Columbia Universities.

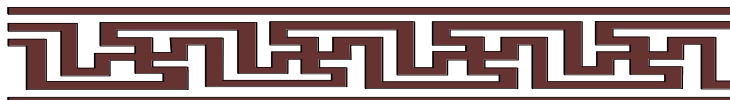
Assertive Community Treatment Teams

These teams are an effective, evidence-based, outreach-oriented, service delivery model for people with severe and persistent mental illnesses. ACT programs can be operated on a state, county, or local level by mental health centers, private non-profit or for-profit organizations, outpatient units of hospitals, managed care companies, and other providers.

Long Island has ten providers of these teams including: Angelo Mellilo Center for Mental Health (Glen Cove); Family and Children Association (Hempstead); SSAIL (Baldwin); Catholic Charities (Bay Shore); Family Service League (Riverhead); FECS (Central Islip); Pederson –Krag (Huntington, & Smithtown); Phoenix House of Long Island (Brentwood); Pilgrim Psychiatric Center Yaphank Center (Medford).

These teams seem to provide the services formerly provided by New York State in the now defunct Geriatric Screening Teams.

GPLI Member Update



Peggy Nixdorf, RN and Chaplain at Our Lady of Consolation in West Islip has received the 2007 Patrick J. Scollard Leadership Award given by Catholic Health Services of Long Island. She was selected for leadership and innovation in providing spiritual care programs to CHS's nursing home residents. *(I remember Peggy when she was a student at St. Joseph's College, and introduced me to several poetry collections written by nurses. Would love to see her return to GPLI!)*

Mary Winters, another former member and friend of GPLI and current Director of RegionCare Nursing in Hempstead has received the Edna A. Lauterbach Award from the Long Island Chapter of the New York State Association of Health Care Providers for her dedication to home health care.

Mikel Gorodess, Treasurer of GPLI, is now working at The Arbors in Bohemia, as case manager. Of course, we think Mikel is the best Treasurer ever, and are thrilled for her in her new job!

After 22 years at Mather Hospital, **Marianne Johns** decided to make a change, and she now works at Northport Veterans Administration Medical Center, in Quality Management. As she said in her note, "there are incredible things happening here." We loved seeing her at the February meeting, and hope that she continues to stay involved with GPLI. You know, VAMC has quite a network of GPLI friends, headed up of course by **Matt Bessel**, our new Vice President.

Geri Eisner has been stretching her political wings, and is currently deeply committed to Bryan Foley's race for the New York State Senate. Good luck to both Geri and Bryan!

Ellen Eichelbaum submitted a great "blog" reviewing the three conferences she attended this past year, related to Gerontology. It is posted in its entirety on line at gpli.org. Thanks Ellen! And oh yes, congratulations on your new Private Practice of Geropsychology for Older Clients and Their Families! We know your heart has always been there!

Another long time friend of GPLI, **Deborah Weiner**, is living the good life now, spending her winters in Arizona, and back here on Long Island for the good weather!

When we had our September meeting last fall, 2007, at the Hampton's Care Center, we saw many faces from our GPLI archives: **Nancy Szydowski**, **Linda Palladino**, and to top it off, **Diane Dias**. It was like Welcome Home! It was also great to see them all trying to bring this new, state of the art facility to our attention. Thanks again for the hospitality! (I do think, though, that you should all renew your memberships as soon as possible!)

During this past year, we heard from **Liz Koplitz**, who is the Director of Community Relations at Sunrise Assisted Living of East Setauket. Liz has been a PR lady for many years, and Sunrise is lucky to have her.

A very early member of GPLI was **Flo Raber**, and just this month I saw her at the Town of Southampton 15th annual Senior Conference. She was representing Bishop Ryan Village, and according to her, this is the perfect job! Time to rejoin, Flo!

Also at that conference was Adrienne Haemmerle, representing the Alzheimer's Association. Adrienne is a St. Joseph's graduate in Recreation Therapy who also loves her job. With so many happy employees out there, all I can say is that aging services in Suffolk County must be on the right track!

John Perkins Jr., a Physical Rehabilitation Liaison from St. Charles Hospital found his way to our September meeting, and seemed very eager to join GPLI. Smart move. There are probably many more changes out there that I should know about, but if you don't send me an email with the information, I can't put it here. And I can move this to the website eventually, if more of you would tell me what is going on in your world.

My last entry is about myself, **Carolyn Gallogly**, and it is 8 years in the making. After studying in the School of Social Welfare at Stony Brook for these past 8 years, I finally finished my Doctoral work, and graduated last May. My Dissertation Defense was in April, and numerous friends showed up to wish me well, including **Barbara Chandler** from the LIGEC, and **Darlene Jyringi**, Program Director of the Alzheimer's Disease Assistance Center of Long Island. She brought the champagne! And then at the annual year-end dinner celebration for GPLI, the Board, on behalf of the members of GPLI, gave me a beautiful specimen maple tree which now greets visitors in my front yard.

An Interview with Matt Bessell, Vice-President of GPLI

As new officers were elected last fall, GPLI welcomed a new face to the leadership ranks. Darlene Jyringi moved up to President, and Matt Bessell, LCSW, a clinician working in the field of Gerontology in Extended Care and the Community Living Center at VAMC Northport, became Vice President. We asked him to answer a few questions for this feature, in order to help members get to know him better.

Could you tell us a little bit about your first experiences with aging elders?

Although my own grandparents died before I could know them, I did come to know beloved friends and elders/family of choice and it was in the interaction with them that I first saw the beauty of aging, the wisdom that can be present with age and the sense of giving and kindness and nurture that such elders in their “re-firement” afforded me as a youth.

From a professional standpoint, as a first year social work intern in Manhattan, I worked for Project Dorot, a middleclass homeless program while studying at NYU’s School of Social Work in the 1980’s.

I also volunteered with Senior Action In A Gay Environment in New York in the Eighties, where I worked with lesbian, gay, bisexual, and transgender elders in New York and on the eastern end of Long Island. Working with lesbian, gay, bisexual and transgender elders taught me about the beauty of long term same sex relationships and their similarity to that of heterosexual couples I had worked with. I learned from the strong hearted, resilience, humor, creativity and love that LGBT clients demonstrated in working through lives that had faced homophobia and adversity in healthcare services, in workplace respect and in coping with rejecting families. Also, the Parents and Friends of Lesbians and Gays Organization offered me windows on both LGBT and heterosexual American families as they aged.

What drew you into the field of aging?

Entering the field of aging was not my initial interest as I had enjoyed a private practice in addition to my VA work for a time. In hindsight, committing to working in Gerontology was a marvelous match! At the VA, I worked med surge, cardiac rehab. I also worked with the Vision Impairment Center to Optimize Remaining Sight (one of three VICTORS Programs in the USA) and started Northport’s Adult Day Healthcare Program. Perhaps the fact that increasingly I had broadened my clinical education and skills around working with the aging and then was assigned to work in our then Nursing Home Care Unit in 1996 were all positive supports in helping me understand that the gerontology boom was in need of skilled, passionate and competent healthcare workers. Also, I realized that as one of the baby boomers, it made sense to learn to care for a population whose aging demographic I was smack dab in the middle of!

We know that you work for the Veteran’s Administration and are a Social Worker. What is a typical day for you at work?

A day working in the VA is multi-varied and challenging and exciting. I am very grateful that for the past eight years during which I was supported in starting and maintaining the EEO Native American Special Emphasis Program at Northport which has improved the Medical Center’s understanding and cultural competency around working with First Nations Americans on Long Island and nationwide. Now that that program is moving on with new leadership, I hope to see in ten or fifteen years that like other EEO groups it remains active and strong. To that end and seeing the need, in November 2008, with two colleagues, I started the VA’s second VA EEO Lesbian, Gay, Bisexual, Transgender Employees Group in the nation. As part of my gerontology studies with the NYU Geriatric Education Center (a marvelous training!), I saw that their trainers were keen to share wisdom that cultural competency on race, age, gender identity, and differing ability was important for gerontology professionals to continue to study. (Indeed the healthcare profession’s code of ethics requires that we be culturally competent in a host of areas and show respect for minority concerns.) So my day encompasses my daily Community Living Center (formerly nursing home) work that includes case management and social work practice, veterans and interdisciplinary team work as well as the work to increase knowledge daily of America’s diversity and share such resources with the Medical Center. Long Island is changing culturally in so many great ways and it’s vital to our Nation to stay ahead of that curve.

Are you a native Long Islander, or another voyager, like this interviewer?

As far as being a Native Long Islander, like Walt Whitman, I am a Huntington lad! As for the dream of growing old on Long Island, that would be so great! Yes, it would be great to age out on our beautiful Island! I see the need to work as a Long Island Community of youth and aging folks in a diverse array of professions to reverse the trend of youth leaving LI due to high costs. To think about the beauty of connecting young and old is so needed!

What do you think are the most critical issues facing gerontologists today?

For gerontologists today, I see our greatest challenge is to face with hopefulness and activism, the discouragement that “people are not going into the field of Gerontology.” How profoundly disheartening and dangerous, that as America is exploding into the Baby Boom’s exponential healthcare needs we are not wisely pushing gerontology as a golden field of study. Perhaps it is not a goldmine profession. But one of my NYU professors who was then an elder said: “As a social worker you will not make a lot of money but you’ll never be bored!” How right she was. And high salaries are not always the only brass ring we can tirelessly jump at. We can aim our sights on providing caring, compassion, community building, and support as a way of strengthening our Nation while we know our salaries will allow us a home, life, love and intergenerational friendships. I believe in a small way my career and life is about that. Bored I’m not! And Gerontology Professionals of Long Island has been an outstanding professional resource that has afforded me the opportunity to gather four times a year with other Long Island gerontology professionals whom I admire, learn from, and celebrate. I cherish GPLI as a recharging resource amidst the demands of our ever changing field!

Who is your role model for successful aging?

And as a role model for successful aging, I have photos of friends on what I call my “wall of heroes” at home. I pass their images daily and am reminded by the photos of those who are living and those who have crossed over. The faces on that wall of heroes, that family of choice, represent a global community of human beings from all walks of life, creeds, races, sexual orientations, both young and old, who remind me and my life mate of 26 years, that sage-ing is an opportunity. It’s up to us how we take the challenge to walk the path of aging and life. Some of those elders on that wall have seen wars, have been bombed out of houses, have thrived even living with AIDS and have passed on. They remind me and my family to focus on our blessings and to remember to always give back and not always compare ourselves upwards. I feel blessed to daily remember to honor and celebrate the value of intergenerational diverse global loved ones and the communities that touch all of our lives.



This is a summer shot of Matt Bessell reading his own work at a Memorial Service for Stanley Twardowicz, one of those elders Matt refers to in his Wall of Heroes. Mr Twardowicz, a famous artist from the Huntington / Northport community, passed away in early summer.

Accessible Long Island: Helping to Make Long Island Barrier Free

A new initiative has arrived on Long Island, launched by a group committed to making housing on Long Island not only barrier free, but also “visitable.” Beginning in 2007, Judy Panullo, Suffolk Community Council, convened a mixed group of Long Island builders, architects, journalists, and planners, alongside not-for-profit agency representatives, to discuss how to make Long Island more accessible.

Key to the success of this group has been the ongoing involvement of the Long Island Builder’s Institute, under the leadership of Ray Accettella. Sharing a fundamental commitment to aging adults, disabled adults, veterans and their families, this Accessible Long Island project is tackling the topic of Universal Design and how to make it part of the routine design of all new and renovated buildings and homes.

To this end, the initiative identified the key features of universal design:

- ◆ One no-step entry.
- ◆ Wider doorways (36” doors with a minimum 32” clear passage) with lever type handles on both sides of doors and extra outlets near the stairs for a

lift if needed later on.

- ◆ One accessible bathroom on the first floor (60” clear turning radius) with lever faucets and backing to enable safe installation of grab bars at a later time.
- ◆ Bedroom on the first floor or habitable area for later conversion.

If incorporated into new or renovated homes, older adults could age in place, more affordably converting their homes into livable spaces for an unexpected disability. Furthermore, if part of the design of all homes, younger families would be able to accommodate the visits of their elder members, easily and safely.

The project seeks to shape policy at the state, county, and town levels, recommend best practices, and raise public awareness about universal design. Representatives have appeared at Town Board meetings, met one on one with elected officials, and visited other locations where samples of universal design already exist. As a coalition of interests, few other projects boast such diversity of membership.

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 155 West Roe Blvd., Patchogue, NY 11772.
 Make checks payable to GPLI and send to Mikel Gorodess,
 31 Saber Dr., Kings Park, NY 11754.



**Gerontology Professionals of Long Island
Membership Application Form**

Fall 2008—Fall 2009

Membership in the Gerontology Professionals of Long Island is renewable annually. It entitles you to announcements of meetings and conferences, newsletters and directories, as well as the opportunity to regularly communicate with other professionals in the field of aging concerning professional growth, advocacy, and marketable services. There are four meetings each year, as well as an annual dinner meeting. The newsletter is published twice each year. You will also get updates through our website, <http://gpli.org>

Please list the following information as you would like it to appear in future Directories. This will only go to enrolled members. Do not give us information that you do not wish to appear in this public resource.

Name: _____ Business Name: _____
Address: _____ Business Address: _____
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Fax @ Home: (____) _____ Fax @ Work: (____) _____
Email: * _____ Job Title: _____
Website for Employer: _____

(If you are able to give us an email address we will put you on a web list and send you updates electronically. This is very important.)

New Membership _____ Professional or Student Member (\$25) _____
Renewal _____ Organization Member (\$40) _____

Please make the check payable to: GPLI

Send membership application to:
GPLI
C/O Mikel Gorodess
Treasurer
31 Saber Dr.
Kings Park, NY 11754

GPLI is a not-for-profit organization affiliated with St. Joseph's College. Membership is tax deductible.

**Gerontology Professionals of
Long Island**

c/o St. Joseph's College
155 W. Roe Blvd.
Patchogue, NY 11772

Phone: 631-472-3702
Fax: 631-447-1734
Email: cgallogly@sjcny.edu



*The next GPLI meeting
will be at Gurwin Faye J.
Lindner Residences.*

If any organization
would like to host a
meeting in 2009-20010,
please contact Darlene
Jyringi at:
djyringi@notes.cc.
sunysb.edu

News from the Field, October, 2008

- ◆ **Sandra Butler**, of Cold Spring Hills Adult Day Health Care Program in Woodbury, is opening a new evening program this fall. The evening option will be available seven days a week, and serve all of Nassau and Western Suffolk counties. Services will include transportation and professional services.
- ◆ Esin Pinarli of the **Wellness Project** in the Brentwood Mental Health Clinic reminds us that her program provides mental health counseling to seniors sixty and over who meet eligibility requirements. The services are provided by social work interns and referrals are always welcome.
- ◆ **Donna Blydenburgh, R.N.**, announces the formation of her new company, Optimal Wellness. She provides services including Reflexology, Reiki, Feng Shui, Relaxation Techniques, Memory Enhancement, and Medication Review. Visit her website : www.longislandstories.com.
- ◆ Free older driver safety and wellness resources are now available online at www.asaging.org/drivewell.
- ◆ Peel and Stick stair treads that not only offer traction but also glow a soft but highly visible green, make it easier for older adults to see where to place their feet in dimly lit stairwells. Visit www.dynamic-living.com.
- ◆ The Long Term Care Ombudsmen Programs of Nassau and Suffolk counties are seeking volunteers to act as advocates for patients in nursing homes, adult homes, and assisted living facilities. Call 516-466-9718 or 631-427-3700 x240.