2007 Psychology & Ageing Interest Group Conference

Thursday, November 1

9:00 – 9:30: **Opening remarks** – Lynn Littlefield, Ph.D., OAM, FAPS  
Executive Director, Australian Psychological Society

9:30 – 9:45: **Opening remarks** – Nancy Pachana & Mike Bird

9:45 – 10:15: **Paper:**  
D. A. Koder & E. Helmes  
“The status of geropsychology in Australia: Results of a national survey of practitioners and trainees”

10:15 -10:45: **MORNING TEA**

10:45 – 12:30:

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<td>Increasing clinical geropsychology training places in industry</td>
<td><em>Research techniques and the use of databases in ageing research.</em></td>
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12:30 – 1:30: **LUNCH**

1:30 – 3:30:

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<td><em>Student placements in residential care: How do we provide a positive experience?</em></td>
<td><em>Dementia Assessment 101.</em></td>
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<td>E. Helmes &amp; D. A. Koder</td>
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3:30 – 4:00: **AFTERNOON TEA**

4:00 – 5:00:

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2007 Psychology & Ageing Interest Group Conference

Friday, November 2

9:00 – 10:00: **Keynote Address**, Professor Louis Burgio: “The REACH Caregiver initiative: An historical perspective”

10:00 – 10:30: **MORNING TEA**

10:30 – 12:00:

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<td>1. Prevention and treatment of Alzheimer’s disease. G.J.A. Byrne (University of Queensland)</td>
<td>1. Life in aged care: does the current model meet the needs of residents? T. Knight &amp; D. Mellor (Deakin University)</td>
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<td>2. Reflections on a ‘CBT’ group for frail very old residential care residents. M. Bird &amp; A. Blair (NSW Greater Southern Area Health Service)</td>
<td>2. Prevalence and detection of depression among aged care residents with cognitive impairment: what screening instrument should we use? M.P. McCabe, T.E. Davison &amp; D. Mellor (Deakin University), &amp; K. George (Eastern Health)</td>
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<td>3. Psychologists and Capacity Assessment: Where to from here? A. Broome (Princess Alexandra Hospital)</td>
<td>3. Evaluation of a training program for aged care staff to improve the care of older people with depression. T.E. Davison, S. Russo, M.P McCabe &amp; D. Mellor (Deakin University), &amp; K. George (Eastern Health)</td>
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12:00 – 1:00: **LUNCH**

1:00 – 2:50:

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<td>1. An update on menopause for the practitioner: The effect of hormone replacement therapy (HRT) on psychosocial and memory variables. M.E. Collerson, N.A. Pachana &amp; M.S. Humphreys (University of Queensland)</td>
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<td>2. The role of clinical psychologists in nursing homes: Beyond consultancy. J. Turner (Sydney South West Area Health Service)</td>
<td>2. Gay, grey and ok? The mental health and sense of belonging of older gay men. S. Morris &amp; S. McLaren (University of Ballarat)</td>
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<td>3. Phoenix: A psychoeducational group for older adults with depression. C. Gluyas</td>
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4. Therapeutic gardens in residential-care facilities. T.L. Scott & N.A. Pachana (University of Queensland)

3. Ageism: a comparison of Eastern and Western students’ attitudes towards older people. X. Lin & C. Bryant (University of Melbourne)


2:50 – 3:20  AFTERNOON TEA

3:20 – 4:30:

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<td>2. Complications with assessing disability in aged care: When does “Does Not Apply” apply? E. Helmes &amp; A. Campbell (James Cook University)</td>
<td>1. Sexuality in dementia: A hopeful and positive approach. B. McCarthy (McCarthy Psychology Services)</td>
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<td>3. Viagra: The Little Blue Pill with Big Repercussions. Z. Barnett &amp; N.A. Pachana (University of Queensland)</td>
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4:30 – 5:30:  Elsie Harwood Award Winner Papers (we have a tie this year!)

i. JENNIFER BURKE, University of Adelaide--- Neuropsychological Differentiation of Alzheimer’s Disease and Vascular Dementia: A Meta-Analysis

ii. PAULA NICOLAOU, Curtin University--- Carers of people with FTD and AD. Are they different?

5:30 – 6:00  AGM

7:00 PM  DINNER
2007 Psychology & Ageing Interest Group Conference

Saturday, November 3

9:00 – 10:00  **Keynote Address**, Professor John Snowden

“The Complementary Roles of Psychologists and Psychiatrists”

The training and expertise of psychiatrists and clinical psychologists differ. Both groups assess and provide treatment for people with mental health problems, including those with anxiety, mood disorders and agitation associated with dementia. A major aim of practitioners in both groups is to restore or enhance the self-esteem of their patients. Their modes of practice overlap. For some conditions, many psychiatrists and psychologists have developed and use the same techniques, e.g. CBT. Many clinical psychologists have developed skills in neuropsychological testing, whereas most psychiatrists have only limited (if any) skills in testing neuropsychological function. Psychologists are expert in behavioural treatments while most psychiatrists are not. Psychologists generally are not licensed to prescribe medication. The way services are funded affects the potential for collaboration between the two groups. There is much to be said for ensuring that the expertise of the two groups can be used in a complementary way, for individual patients or in a team approach. Increasing the involvement of psychologists in assessment and treatment of nursing home residents should be explored. Management of BPSD (with reference to Jiska Cohen-Mansfield) will be discussed. Data relating to severe domestic squalor, with discussion of aetiology-related treatments, will exemplify differing but complementary research initiatives taken by psychologists and psychiatrists.

10:00 – 10:30  **MORNING TEA**

10:30 – 12:30  **Workshop**, Professor Louis Burgio

12:30 – 1:30  **LUNCH**

1:30 – 3:30

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<td><strong>Forum:</strong> (Nancy Pachana/Ed Helmes/Mike Bird, Moderators)</td>
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<td><strong>Creating guidelines for practice of geropsychology in Australia</strong></td>
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3:30 – 4:00  **AFTERNOON TEA**
WORKSHOPS and SYMPOSIA (alphabetical order)

WORKSHOP: Dementia Assessment 101
Broome, A.S., Princess Alexandra Hospital, Brisbane
TIME: Stream B, 1:30 Thursday afternoon

Psychologists working with older adults and those working in regional and rural areas are increasingly asked to perform assessments of clients suspected of suffering from dementia, irrespective of the clinician’s training or specialty. This workshop aims to provide introductory skills in the area of dementia assessment for non-Neuropsychologists, or for Neuropsychologists who have not yet worked in the area of dementia. The core clinical and pathological features of different common types of dementia will be described, and the salient aspects of clinical history taking will be outlined in each case. Useful standardized questionnaires for history gathering and evaluation will be considered, and selection and application of suitable cognitive tests will be illustrated via case scenarios. Aspects of report writing particular to this type of assessment will be discussed.

WORKSHOP: An overview of materials used in the REACH caregiving demonstration project
Burgio, L.B., University of Alabama, USA
TIME: 10:30 Saturday morning

The Alabama REACH Demonstration Project (2004 – 2007), based on a 12-year line of research (NIH-funded REACH I and REACH II), was developed for implementation in a community setting. In a cooperative effort, the Alabama Department of Senior Services and The University of Alabama developed and implemented an in-home treatment program to improve the lives of Alzheimer’s patients and their caregivers. Initially a Risk Assessment was conducted to inform tailored interventions. Interventions were carried out over a 3 to 4 month period in which case workers provided interventions including education about Alzheimer’s disease, caregiving, and stress; facilitation of caregiver preventive health care; home safety; teaching and encouraging the use of stress reduction strategies such as controlled breathing relaxation; and individualized behavioral interventions. The participants in this pilot project included both urban and rural families, and both African American and Caucasian families. Caregivers were most often spouses caring for their partners or children caring for a parent. Treatment effects on caregiver emotional well-being were found to be significant for caregiver burden, amount of social support, depression, and positive aspects of caregiving. Overall improvement in behavioral problems in the care recipient was found to have a statistically significant change from pre- to post-intervention. Treatment effects on risk behaviors demonstrated significant change for three targeted behaviors: supervision of the care recipient, wandering behaviors, and access to dangerous objects. Caregivers’ health and sleep ratings indicated improvement at post-intervention. The program was well received by participating families and enthusiastically endorsed by the program staff and demonstrates that evidence-based interventions for Alzheimer’s caregivers can be effectively transferred to a community setting. In this workshop, the 12-hour long workshop for trainers will be condensed into 2-hours. All topics of training will be reviewed, along with the procedures used to train the trainers.
**WORKSHOP: Student placements in residential care: How do we provide a positive experience?**
Helmes, E., & Koder, D. A., James Cook University
TIME: Stream A, 1:30 Thursday afternoon

Very few Australian residential care facilities have access to psychological services. Clearly, very few Australian psychologists provide services to residential care facilities. Various factors underlie this situation. The tensions in the dual funding of health care between Commonwealth and the States and chronic under funding of aged care services are major issues, but factors within the profession are also relevant. The limited exposure to older adults and issues that are common in clinical training programs is one factor. The limited number of placements available for students to gain practical experience with older adults is also something of concern if more psychologists are to have positive experiences in working with older adults. This forum will explore strategies for increasing placement opportunities for students to work in residential care facilities and increasing incentives for psychological services in residential care. Another issue for discussion will be methods for increasing the number of supervisors for such work and for ensuring positive outcomes.

**WORKSHOP: Research techniques and the use of databases in ageing research**
Wells, Y.D., La Trobe University
Time: Stream B, 10:45 Thursday morning

Ageing research presents particular problems and opportunities. This seminar will provide information and real-life examples on issues that researchers on ageing should be aware of. For example, the issue of distinguishing between cohort effects and ageing effects is well-known, and there are now research techniques for dealing with the problem. However, researchers are generally less aware of the issues posed by retrospective versus prospective measures of change inherent in any longitudinal study. In Australia, opportunities include the use of administrative by-product data sets, such as the Aged Care Assessment Program (ACAP) and Home and Community Care (HACC) minimum data sets. The presenter will use her own extensive experience in research and evaluation work to illustrate problems and opportunities in ageing research, with a focus on issues of interest to psychologists. Participants will become aware of pitfalls in ageing research and will be introduced to the major administrative by-product data sets used in Australia.

**WORKSHOP: A predominantly psychosocial approach to challenging behaviour in dementia**
Willis, G., The Bronowski Institute of Behavioural Neuroscience
TIME: Stream B, 1:30 Saturday afternoon

The presentation will cover insomnia, anxiety, depression and polypharmacy in mature age onset neuropsychiatric diseases but in particular in Parkinson's disease. Particular focus will be placed upon non-invasive treatments and psychological intervention in the elderly with special attention to the presence of a high level of drug intake which these patients experience. The importance of liaison between psychologists and medical specialities such as Neurology, Psychiatry and Gerontology will be discussed.
SYMPOSIUM: Complex cases in geropsychology: A real-world perspective
Bird, M., NSW Greater Southern Area Health Service
TIME: Stream B, 4:00 Thursday afternoon

This symposium will consist, firstly, of clinicians presenting cases representative of the complexity of the work we do with older people. Each clinician will have 7 minutes to present one case or 12 minutes to present two. The last half hour of the symposium will be thrown open for general discussion about the real nature of much work we do with older people, and some of the implications. Unless popular feeling dictates otherwise, the discussion will focus in particular on the usefulness or otherwise of standardised diagnostic categories; the usefulness or otherwise of standard approaches; and the range of skills required to be an effective clinical psychologist with older people.

SYMPOSIUM: Innovations in the Assessment and Treatment of Dementia
1Pachana, N.A., 2Broome, A., & 1Byrne, GJA.
1University of Queensland & 2Princess Alexandra Hospital, Brisbane
TIME: Stream A, 10:30 Friday morning

Keeping up with innovations in the diagnosis and treatment of dementias can be difficult. However, knowledge of such innovations not only assists with diagnosis, formulations and treatment plans, but also allows practitioners to confidently advise and answer queries from family members, carers, and other health practitioners. These presentations highlight innovations in the assessment and treatment of dementias, and include relevant key papers in the literature for perusal as well as case examples.

I. Prevention and treatment of Alzheimer’s disease
Byrne, GJA., University of Queensland
TIME: Stream A, 10:30 Friday morning

Epidemiological research based on large cohort studies has raised the prospect that it might be possible to prevent Alzheimer’s disease. Anti-inflammatory drugs, anti-oxidants, vitamins and oestrogen have all been suggested as preventive agents. However, recent controlled trials of putative preventive agents in people who already have Alzheimer’s disease and in normal ageing volunteers have been universally disappointing. Following promising studies in animal models, research interest has now turned to vaccines, potentially modifiable epigenetic effects, and lifestyle factors, including effortful mental activity, physical exercise and red wine. Several drug treatments are available for Alzheimer’s disease, although they are generally only modestly effective. Nevertheless, many people who could benefit from drug treatment are not receiving it and there is evidence from prescription databases that discontinuation rates are very high among those who are commenced on cognition enhancing medication. Considerable research effort is being directed into new agents with disease-modifying effects and clinical trials are underway. Regardless of this research into prevention and treatment, the area that deserves considerably more attention is the humane management of Alzheimer’s disease once it is well established. In particular, improved interventions are needed for the behavioural and psychological symptoms that frequently complicate dementia.

PAPER WITHDRAWN:
II. Assessment of older adults across diverse settings: Overarching issues
Pachana, N.A., University of Queensland
This presentation provides an overview of key issues in neuropsychological testing in geriatric settings. Innovative instruments for a range of clinical settings (e.g., inpatient, outpatient, aged care assessment teams) as well as a broad spectrum of types of measures (screening tools, specialist batteries, informant instruments, capacity testing, tools to communicate in multidisciplinary teams) will be discussed. Potential advantages and disadvantages of these with respect to client type and setting will be discussed.

III. Psychologists and Capacity Assessment: Where to from here?
Broome, A.S., Princess Alexandra Hospital, Brisbane
TIME: Stream A, 10:30 Friday morning

Assessment of decision making capacity constitutes a growing proportion of referrals to Psychologists and Neuropsychologists working with older adults, and there is no empirical test for capacity. Data is presented outlining the types of capacity referral questions received at the PAH, including descriptions of longitudinal outcomes for patients previously assessed for capacity as part of a recent quality review (Tinson, Oram, & Fogarty, 2007). Validity and ethical issues will be highlighted using case presentations, including the application of a test-retest procedure to gather relevant assessment data. Professional roles and boundaries will be considered.

SYMPOSIUM: Applied psychological research in aged care settings
Davison, T.E., Deakin University
TIME: Stream B, 10:30 Friday morning

The field of psychology has the potential to make a significant contribution to aged care settings, not only through direct clinical interventions, but also through research that will assist in developing appropriate strategies to improve the lives of frail older people. This group of papers illustrates the range of applied psychological research that is currently taking place in aged care settings, from examination of the experiences of people residing in aged care facilities, to the development and evaluation of approaches to better detect and respond to older people with mental health problems. Dr Knight will present one of the few studies to document life in residential facilities from the perspective of both care staff and the residents themselves, in order to consider appropriate models of care. The other papers focus on major depression, which affects up to 20% of all aged care residents. Professor McCabe will present findings on the validity of common assessment instruments in residential settings, in order to make recommendations to improve the detection of depression. Dr Davison will then consider the potential role of aged care staff in detecting depression and present data evaluating an innovative depression training program for staff who work with older people.

I. Life in aged care: does the current model meet the needs of residents?
Knight, T., & Mellor, D., Deakin University
TIME: Stream B, 10:30 Friday morning

This study investigated the experiences of older adults in residential care. Our participants were 25 care providers and 25 residents drawn from five low-level-care residential facilities in metropolitan
Melbourne, Australia. We used one-to-one in-depth interviews which were aimed at tapping into themes specifically related to residents’ lived experience of social inclusion within the context of their lives in residential care. We found that although participation in activities emerged as being valued and encouraged by care providers, residents were left feeling isolated, compromised, and as though they were not “at home”. We concluded that the difference between caregivers’ understanding and residents’ experiences of social inclusion highlights the need to shift the focus from the provision of activities as an indicator of social inclusion to gaining a deeper understanding of the lived experiences of those in care. We suggest that such a focus would assist in the care of the growing number of older adults who face the transition from their own homes to a residential care facility, and guide us toward a more meaningful understanding of ‘well-being’ in this context.

II. Prevalence and detection of depression among aged care residents with cognitive impairment: what screening instrument should we use?

1McCabe, M.P., 1Davison, T.E., 1Mellor, D., & 2George, K.
1Deakin University & 2Eastern Health
TIME: Stream B, 10:30 Friday morning

Past research has demonstrated that there is a high level of depression among older people in residential care, particularly for those with cognitive impairment. The current study was designed to determine the prevalence of depression among older people with cognitive impairment in hostels using a structured diagnostic interview. A further aim was to determine an appropriate screening instrument to detect depression within this population. It was also designed to evaluate the extent to which depression among these older people had previously been detected. Five commonly used depression scales were administered and compared to the results of the diagnostic interview. The results demonstrated that 38.9 percent of older people were diagnosed with depression, but that only 50 percent of these people had been previously diagnosed with this disorder. All scales showed some level of validity to detect depression. The implications of these findings for our understanding of depression among older people with cognitive impairment are discussed.

III. Evaluation of a training program for aged care staff to improve the care of older people with depression

1Davison, T.E., 1Russo, S., 1McCabe, M.P., 1Mellor, D., & 2GEORGE, K.
1Deakin University & 2Eastern Health
TIME: Stream B, 10:30 Friday morning

Depression continues to be a common problem within aged care settings, with research indicating that only half of the cases of clinically significant depression are detected and treated. Aged care staff are in a key role to improve the care of older people with depression. However, our previous research found that most aged care staff received no training in understanding depression, and reported low knowledge of the symptoms of depression and low self-efficacy in caring for this group. In order to address this problem, our team has developed a six session depression training program for aged care staff. The manualised program focuses on the detection and monitoring of symptoms of depression, and on communicating concerns to senior staff and medical practitioners. This study evaluated the program with a sample of 52 staff from residential and community settings (mean age = 45 years). The results demonstrated a significant improvement in their knowledge of depression and self-
efficacy in working with depressed older people, as well as a significant reduction in perceived barriers to providing effective care. The implications of these findings for aged care settings are discussed, with consideration of future research endeavours.

SYMPOSIUM: Relationship Issues in Later Life
Pachana, N.A., Byrne, G.J.A., & Barnett, Z., University of Queensland  
TIME: Stream B, 3:20 Friday afternoon

The breadth of relationship issues encountered when working with older adults is great. This symposium aims to highlight key issues for practitioners: an overview of recent literature on the topic is presented, followed by two in-depth discussions of central ageing issues, namely bereavement and treatment of sexual dysfunction in men.

PAPER WITHDRAWN:
I. Sexuality in Later Life: An overview of myths, trends and chocolate  
Pachana, N.A., University of Queensland  
TIME: Stream B, 3:20 Friday afternoon

Data from large epidemiological and survey studies on sexuality and sexual functioning in older adults will be presented. Outcome data from intervention studies with older adults, with a focus on couples therapy, will be reviewed. Examples of a sexual intake interview, as well as key bibliographic references, will be provided.

II. Bereavement in older people  
Byrne, G.J.A., University of Queensland  
TIME: Stream B, 3:20 Friday afternoon

For obvious reasons, bereavement becomes particularly prevalent with advancing age. Although its phenomenology is rather different to that of generalised anxiety or major depression, grief may be complicated by clinically significant anxiety, depression or substance abuse in vulnerable individuals. Uncomplicated grief reactions are commonly associated with hallucinations and thoughts of death and the context of these potentially worrying symptoms needs to be appreciated to avoid clinical over reaction. The differentiation of normal bereavement from clinically significant mental disorder is an important skill for mental health workers. Severe, complicated or pathological grief reactions are uncommon but more frequently follow unexpected, traumatic or highly conflicted deaths. Features of acute stress disorder and post-traumatic stress disorder may develop in the wake of such grief reactions. It is likely that certain individuals are particularly vulnerable to pathological grief by virtue of premorbid personality and relationship history. Treatment approaches to pathological grief will be reviewed.

III. Viagra: The Little Blue Pill with Big Repercussions  
Barnett, Z., & Pachana, N.A., University of Queensland  
TIME: Stream B, 3:20 Friday afternoon

Not only does Erectile Dysfunction (ED) affect millions of men worldwide, but their millions of partners as well. Therefore, it is reasonable to conclude that the proliferation of research centred on
Viagra [Sildenafil Citrate], might also look at the impact it has made on individual lives and on interpersonal relationships. However, the social and psychological aspects of treatment are clearly absent from the majority of research in this area. Indeed, the advent of Viagra has seen diminishing sexual capacities once linked with normal ageing, now ‘pathologised as sexual dysfunction’. This culture of medicalisation of sexual function tends to ignore a myriad of possible alternative psychological factors that underpin, and co-occur with a problem such as ED. Alarmingly, the research also revealed a lack of discussion around expectations, conversations, consensual issues, and partner attitudes with respect to the key users of Viagra (older men). Furthermore, their partners (older women) were, more often than not, absent from the consultation process. This paper identifies a number of gaps in the extant literature including the social, psychological and emotional impact that Viagra has had on current sexual relationships and the experiences of older men and women. The results of these findings will be discussed.

FREE PAPERS (alphabetical order)

Reflections on a ‘CBT’ group for frail very old residential care residents
Bird, M., & Blair, A-L., NSW Greater Southern Area Health Service
TIME: Stream A, 1:00 Friday afternoon

It is known that there is a high prevalence of depressive and anxiety disorders in residential aged care. We planned and attempted to run a pilot therapy group for very old residents suffering these disorders, following a semi-structured CBT programme. We failed in our initial objective and ended up learning more from the residents than they learned from us. This paper discusses what we learned, including: what their real preoccupations were as opposed to our a priori assumptions; the irrelevance of some questions in commonly used assessment instruments; and, how to overcome apparently mundane but actually quite complex logistical difficulties in initial recruitment and in getting a group of frail people to the therapy room each week. We also learned that very old residents respond extremely well to the group process, and appreciate the chance to discuss their concerns openly. Clinical impressions of both authors from a great deal of work in residential care, as well as what our sample told us loud and clear, suggest that people in residential care have few opportunities to talk about how they really feel.

Falls prevention in a Psychogeriatric Unit and a clinical psychologist: Strange bedfellows?
Blair, A., & Bird, M., NSW Greater Southern Area Health Service
TIME: Stream A, 1:00 Friday afternoon

This paper discusses the introduction and evaluation of a falls injury prevention programme in a rural inpatient psychiatric unit for older people. There had been limited or no access to a health service physiotherapist or other allied health professionals for many years and there was a high rate of falls. The programme was driven by a multidisciplinary team consisting of a Geriatrician, Nurse Unit Manager and a Clinical Psychologist.

All staff were encouraged to engage in the programme and a belief that “falls are inevitable” was challenged. A private physiotherapist interested in older people was engaged and participating staff developed the practice of referring new admissions to her, as well as having long-standing patients
reviewed. A specialised bed was also bought. There was no reduction in frequency of falls, but, despite imperfect delivery of the programme and limited staff compliance, injuries decreased by a factor of 4.5. Issues discussed include: dealing with staffing and resource constraints; conducting a project in an institutional setting with no history of research; the need for strong collaboration with other health professionals; and the gains that can be made with simple interventions, even if imperfectly delivered. The somewhat elastic role of a clinical psychologist in a rural in-patient setting is also discussed.

**Neuropsychological Differentiation of Alzheimer’s Disease and Vascular Dementia: A Meta-Analysis**
Burke, J, University of Adelaide
TIME: Elsie Harwood Award Presentation, 4:30 Friday afternoon

The differential diagnosis of dementia of the Alzheimer’s type (DAT) and vascular dementia (VaD) remains difficult, but is important for the appropriate pharmacological treatment of these dementias. Neuropsychological testing often plays an important role in the differential diagnosis of DAT and VaD. However, there is an absence of clear evidence defining the neuropsychological tests that accurately distinguish these two dementias. The current study therefore undertook a meta-analytic review of studies comparing the neuropsychological deficits of DAT and VaD patients (1989 – Sept 2006). A search of articles within the PsychINFO and PubMed databases was undertaken. All articles were examined using inclusion and exclusion criteria, leaving 72 studies that were included in the meta-analysis. Weighted Cohen’s $d$ effect sizes and associated statistics were calculated for all cognitive tests. It was found that only a few neuropsychological tests clearly discriminate between DAT and VaD patients. These are the Emotion Recognition test, Delayed Story Recall test, and Rey Complex Figure Delayed Recall test. Additionally, it was found that many commonly studied neuropsychological tests do not adequately discriminate between DAT and VaD. This meta-analysis shows that neuropsychological testing does not convincingly discriminate between DAT and VaD, and should not be used without additional differentiation techniques.

**An update on menopause for the practitioner: The effect of hormone replacement therapy (HRT) on psychosocial and memory variables**
Collerson, M.E., Pachana, N., & Humphreys M.S., University of Queensland
TIME: Stream B, 1:00 Friday afternoon

This study explored associations between HRT and psychological well-being, state affect, health status, and episodic memory functioning in healthy postmenopausal women. Seventy participants aged 49-77 years (Mean age = 58.93) and 13.96 mean years of education took part in the study. Of those, 35 had been on HRT for a minimum of 18 months, whereas 35 reported never having used HRT, or had discontinued use at least two years prior to the study. Mean depression and anxiety scores were in the “minimal” range for both groups, however, HRT-users’ depression scores were significantly lower. Anxiety levels also tended to be lower in this group. State affect was assessed pre- and post-memory testing. HRT-users reported significantly higher levels of Energetic Arousal and Hedonic Tone, and significantly lower Tense Arousal and Anger/Frustration pre-memory testing. Post-testing, Hedonic Tone remained significantly higher in the HRT group. Mean percent word recalled on the episodic memory tasks was higher for HRT-users compared to non-users, but not
significantly different. Result from the regression analyses showed that education and physical health, but not HRT, significantly predicted memory performance. Results from this study offer some evidence for a more diffuse effect of HRT, which was independent of age and education.

**Phoenix: A psychoeducational group for older adults with depression.**
Gluyas, C., Southern Health & Clarke, K., Monash University
TIME: Stream A, 1:00 Friday afternoon

The purpose of this study was to assess the effect of a brief psychoeducational program using cognitive-behavioural therapy principles in a group of older adults with major depressive disorder. Nine participants with a mean age of 72 years attended a group that met weekly for six weeks. All participants were receiving case management through a metropolitan Aged Persons Mental Health Service (APMHS) and antidepressant medication. Assessment of levels of anxiety and depression occurred prior to the commencement of the group, at the end of the group and at a three month follow-up meeting. Significant improvements in levels of both anxiety and depression were found at the three month follow-up, but not at the immediate end of the group. It was considered that the participants acquired greater understanding of the illness and strategies for recovery during the group, but required a sufficient length of time thereafter to implement the strategies and experience change to their levels of anxiety and depression. Suggestions for implementing future groups with older adults with depression were also considered.

**Complications with assessing disability in aged care: When does “Does Not Apply” apply?**
Helmes, E., & Campbell, A., James Cook University
Time: Stream A, 3:20 Friday afternoon

A high proportion of older adults in residential care facilities have some disability. Cases of severe disability present both practical and psychometric problems in the assessment of functioning in older people when the disability limits function in domains other than the primary one. For example, restricted mobility may prevent social interactions. Among the solutions proposed for such cases is the “Does Not Apply” option, in which a separate rating is made. Such items may be set aside from the interpretation of scores, or be pro-rated. We report on a re-analysis of the normative sample for the Multidimensional Observation Scale for Elderly Subjects (MOSES) in order to contrast different approaches to dealing with its 18 items that include “Does Not Apply” options. Confirmatory factor analysis using both EQS and MPlus was used to compare the method proposed by Pruchno, Kleban and Resch (1988), a system that deleted all cases using that option, and one that rated such options as more severe than the highest rating that would otherwise be used. Results showed no differences in performance between the two programs, and some evidence for poorer fit overall for the system proposed by Pruchno et al., suggesting that more consideration needs to be given before the “Does Not Apply” option is incorporated into a measure.

**The status of geropsychology in Australia: Results of a national survey of practitioners and trainees.**
Koder, D., & Helmes.E., James Cook University
TIME: 9:45 Thursday morning
A significant increase in the number of older Australians is predicted over the next decade with corresponding increases in the amount of disorders potentially necessitating intervention from a psychologist. A survey was carried out with the aim of identifying key factors in a psychologist’s decision to work with older clients. Results from 1,498 practising clinicians Australia-wide identified training, as opposed to positive personal contact independent of training, as being the main influence on specializing in working with older clients. Critical to training was having had positive clinical experiences with older clients via a placement and having undergone training external to formal psychology education as indicated by independent group comparisons and logical regression analysis. Interest and confidence in working with older clients were attitudinal variables also identified as being influential. In order to examine directionality of these findings, over 300 graduate psychology program students were surveyed. Survey results were also important in gaining accurate information as to the number of psychologists practising in this specialty, their evaluations of training programs in terms of preparing them to work with older client groups and related demographic variables such as age and years of experience. Recommendations regarding future training in geropsychology are put forward.

**Ageism: a comparison of Eastern and Western students’ attitudes towards older people**
Lin, X., & Bryant, C., University of Melbourne
TIME: Stream B, 1:00 Friday afternoon

Ageism, a term coined by Robert Butler (1969), refers to negative attitudes and practices against older people. There has been a prevailing belief that ageism is more prevalent in the West than in the East, where Confucianism has strong historical influences. Fiske et al. (2002) proposed a model of mixed stereotype content, suggesting that attitudes towards older people may be ambivalent. Other research on explicit and implicit attitudes has suggested that implicit attitudes are more vulnerable to social norms. This study investigates cultural differences in attitudes towards older people in these areas. Objectives: To investigate whether the prevailing “negative-in-the-West” and positive-in-the-East belief is correct or not; to examine whether attitudes towards older people are a mix of positive and negative in both cultures; to examine whether the different pressures of conformity result in different explicit-implicit relationships. Methodology: A sample of 80 students from Asian and Australian background will complete tests for both explicit and implicit attitudes towards older people. Results: This study will form the first author’s postgraduate diploma thesis. Data collection will begin in May and analysis will be completed by October.

**Sexuality in dementia: A hopeful and positive approach**
McCarthy B., McCarthy Psychology Services
TIME: Stream A, 1:00 Friday afternoon

Sexual behaviour of people living with dementia in residential settings often results in punitive and fearful approaches from staff. An alternative approach of education in the enriched model of dementia with specific organizational measures can prevent many of the problems occurring and lead to better outcomes for residents, the staff and family members. Interventions include education in the person centred enriched model of dementia focusing on expression of the psychological and emotional needs for comfort, attachment, identity, occupation and inclusion; proactive and ongoing consultation/preparation with families in the form of an ‘induction model’ on admission, and with GPs and specialists; and comprehensive documentation from policy to daily note making. Case studies will be
cited in which the above approach has resulted in improved provision of care, improved recognition of ‘sexual incidents’, reduced occurrences of punitive responses and improvements in understanding of residents’ needs.

**Gay, grey and ok? The mental health and sense of belonging of older gay men**  
Morris, S., & McLaren, S., University of Ballarat  
TIME: Stream B, 1:00 Friday afternoon

This research investigates the psychological impact of men’s ageing, particularly amongst older gay men. Older gay men commonly become marginalised within gay male communities, due to the high focus placed upon youth and body image. They are also likely to be without traditional anchors of belonging such as being husbands and fathers. A quantitative survey methodology was employed to measure a sense of belonging to the broader community, and to several spheres of belonging to gay male community. The spheres of gay male belonging measured were to a network of gay friends, gay interest or social groups, and to the broader gay male community. These results were contrasted with the mental health and sense of belonging of younger gay men, and with these older gay men’s heterosexual peers. Key findings suggest that a low sense of belonging to the broader community is the single most important predictor of older gay men’s depression and suicidality. A low sense of belonging to gay interest and social groups was the most important sphere of gay male belonging. This sphere of belonging indirectly contributes to older gay men’s mental health through its predictive relationship to a sense of belonging to the broader community. The implications of these findings for clinicians working with this group of men will be discussed, suggesting where mental health interventions are most likely to be effective.

**Carers of people with FTD and AD. Are they different?**  
Nicolaou, P., Egan, S., Gasson, N., & Kane, R., Curtin University of Technology  
TIME: Elsie Harwood Award Presentation, 4:30 Friday afternoon

Much research has focused on distinguishing the behavioural characteristics of people with Frontotemporal dementia (FTD) or Alzheimer’s disease (AD). However, the impact of these behaviours on the carers’ psychological well-being is relatively unexplored in carers of people with FTD. This study investigated the needs, burden, depression and anxiety in carers of people with FTD compared with carers of people with AD. Results indicated that particular needs of the carers of people with FTD were significantly higher than those of the carers of people with AD. Various factors contributed to this elevation of needs and included the younger onset of the FTD disease, financial dissatisfaction, typical FTD characteristics, and access to appropriate resources and support. In addition, findings highlighted that female carers were more likely to indicate a greater severity and impact of disruptive symptoms associated to FTD. No significant differences were noted between the two groups on the carer’s levels of burden, depression and anxiety. This study supports developing specific educational and support programs, raising community awareness and understanding, and tailoring existing resources for people with FTD. The Alzheimer’s Australia WA Ltd, FTD Carer Support Group will be discussed.

**Motivation and outcome expectancies predict treatment adherence in patients with Obstructive Sleep Apnoea (OSA)**  
Olsen, S., Smith, S., Oei, T.P.S., & Douglas, J.
Continuous Positive Airway Pressure (CPAP) can be an effective therapy for Obstructive Sleep Apnoea (OSA), but adherence is often poor. Biomedical indices explain little of the variance in CPAP use. Therefore this study specifically tested a motivational/psychological model of adherence. Seventy-seven consecutive patients (61% male, Mean age=55.25) newly diagnosed with OSA completed questionnaires assessing; outcome expectancy with treatment, self-efficacy, functional outcomes of sleepiness and perceived risk of poor health without treatment. Physiological data from standard clinical diagnostic sleep study were obtained. Objective CPAP adherence (mean hours per night) was assessed at 3 month follow-up. Patients used CPAP an average 4.57 hours per night. Physiological indices explained 10.4% (p>.05) of the variance in CPAP adherence, whilst risk and self-efficacy uniquely explained an additional 6.3% of the variance (p>.05). Outcome expectancies and functional outcomes of sleep added in the final model explained an additional significant unique proportion of the variance (15.3%), and in combination with the above steps explained a total of 32% of the variance in CPAP adherence (R=.566, p<.01). This data suggest that psychological indices, rather than disease severity and physiological indices, are most important in patients’ adherence to effective therapy.

Can “self-defeating” humour benefit health? Its use among a sample of elderly residents in aged care facilities
Salicki, A., & McLachlan, A. J., University of Ballarat
Time: Stream A, 3:20 Friday afternoon

This research sought to examine the relationship between humour and psychological health by directly measuring humour use, coping, and stress in an elderly population. Martin’s Humor Styles Questionnaire (HSQ), the Perceived Stress Scale, and the Brief COPE were administered to a sample of 41 elderly individuals from three residential care facilities in Melbourne. It was found that of the four humour styles identified in the HSQ, self-defeating humour was the only humour style that correlated significantly with stress: the more self-defeating humour the resident used, the less stress he or she reported. In addition, the significant positive correlation between self-defeating humour and COPE humour, found in previous research, was replicated, and there was a significant negative correlation between COPE humour and stress. These results strongly suggest that what might be better termed as “self-deprecatory” humour can be closely related to reduced stress and that the COPE humour scale is not flawed, as has been suggested. It seems possible that for populations who are not in a position to alter their difficult situation, making light of themselves and their predicament may be an effective means of increasing their psychological health.

Therapeutic gardens in residential-care facilities
Scott, T.L., & Pachana, N.A., University of Queensland
Time: Stream B, 1:00 Friday afternoon

Despite a desire to ‘age in place’ the number of older adults accommodated in aged care facilities in Australia is rapidly increasing (from 27,400 to 147,700 in the last two decades; ABS, 2003). The
residents of aged care facilities have considerable recreational hours available. Some viewed their ‘forced’ leisure activities as having little value to them (Hill & Relf, 1982). Horticulture therapy activities increased participant engagement (Powell et al., 1979), and provided important therapeutic benefits such as visual, olfactory, and auditory stimulation (Kwack, Relf, & Rudolph, 2004). The benefits of therapeutic gardens are numerous and include opportunities for exercise, social exchange, intellectual stimulation, emotion regulation, and reminiscence. Active participation in resident-centred gardening programmes provided the opportunity for the creation of new memories, and in part, compensation for the loss of the memory of ‘home’ (Stein, 1997). In addition, gardens provided additional benefit of a safe place to wander or pace, which is particularly important for those residents with dementia (Ousset, Nourhashemi, Albarede, & Vellas, 1998). This paper will review the relevant literature in this area, examining the evidence for the therapeutic benefit of both passive and active engagement in gardening programmes, and issues relating to the implementation of horticulture therapy programmes in residential care.

**The complementary roles of psychologists and psychiatrists**

Snowden, J, University of Sydney

Time: Keynote, 9:00 Saturday morning

The training and expertise of psychiatrists and clinical psychologists differ. Both groups assess and provide treatment for people with mental health problems, including those with anxiety, mood disorders and agitation associated with dementia. A major aim of practitioners in both groups is to restore or enhance the self-esteem of their patients. Their modes of practice overlap. For some conditions, many psychiatrists and psychologists have developed and use the same techniques, e.g. CBT. Many clinical psychologists have developed skills in neuropsychological testing, whereas most psychiatrists have only limited (if any) skills in testing neuropsychological function. Psychologists are expert in behavioural treatments while most psychiatrists are not. Psychologists generally are not licensed to prescribe medication. The way services are funded affects the potential for collaboration between the two groups. There is much to be said for ensuring that the expertise of the two groups can be used in a complementary way, for individual patients or in a team approach. Increasing the involvement of psychologists in assessment and treatment of nursing home residents should be explored. Management of BPSD (with reference to Jiska Cohen-Mansfield) will be discussed. Data relating to severe domestic squalor, with discussion of aetiology-related treatments, will exemplify differing but complementary research initiatives taken by psychologists and psychiatrists.

**Leisure experiences, sense of belonging and mental health among older adults: The development and testing of a model**

Turner, J., McLaren, S., Gomez, R., & McLachlan, A.J., University of Ballarat

Time: Stream A, 3:20 Friday afternoon

The high rates of depression and suicide among older adults have given rise to research which aims to identify factors that protect older people from mental illness. The present study examined a model of mental health, incorporating perceived freedom in leisure, engagement in physical activity, physical health, sense of belonging, depression and suicidal ideation, among older adults. A sample of Australian males and females (N = 379) aged 65 years and over (M age = 77.23, SD = 7.48) completed the Perceived Freedom in Leisure Questionnaire, the Yale Physical Activity Survey, the Duke Health Profile, the Sense of Belonging Instrument, the Centre for Epidemiological Studies-Depressive Scale,
and the Suicide Subscale of the General Health Questionnaire. Results indicated that the model was invariant for gender, and accounted for 56% of the variance in suicidal ideation. The model indicated that physical health had direct relationships with each variable in the model. Perceived freedom in leisure predicted engagement in physical activity, sense of belonging-antecedent, and depression, whereas sense of belonging-psychological state predicted depression and suicidal ideation. Importantly, sense of belonging-psychological partially mediated the physical health-depression and physical health-suicidal ideation relations. Results suggest that interventions aimed at improving older adults’ perceptions of freedom and personal choice with regard to their leisure experiences, maintaining optimal health, and increasing opportunities to foster feelings of belonging and relatedness with others, should protect against the development of mental ill health.

**The role of clinical psychologists in nursing homes: Beyond consultancy.**

Turner, J., Sydney South West Area Health Service

Time: Stream A, 1:00 Friday afternoon

The incidence and prevalence of treatable psychological disorders and behaviour problems in residential aged care facilities is well documented, and research supports the efficacy of non-pharmacological interventions for behavioural disorders and depression. Bird et al (2002) showed that individualised, primarily psycho-social interventions in nursing homes can result in reductions of challenging behaviours and improvements in staff attitudes. Additionally, increased staff education and clinical supervision has been found to reduce challenging behaviours and to positively alter staff perceptions of the problem. Given these research findings, there is clearly a role for professional psychological services in nursing homes. The way in which these services are delivered is crucial to their success, and has evolved in recent years, from a consultancy model to a more inclusive collaborative-liaison approach. This model utilises close collaboration and liaison with nursing home staff and family members. This paper will show how this approach has been beneficial in addressing the many complex issues faced by clinical psychologists working in nursing homes. The range of professional services provided by clinical psychologists, including the implementation of evidence based practices, will be canvassed. Finally, some of the challenges, including staff compliance, and other practical concerns and limitations faced by clinical psychologists working in the nursing home setting will be discussed.