KEYNOTE #1: Psychology and the Future of Mental Health Policy for Older Adults
Knight, Bob G., University of Southern California, Los Angeles, USA
TIME: 9am Friday morning

Although some differences in mental health care for older adults are due to specific problems (especially dementia), the largest differences lie in the mental health-care system itself. Psychological research has done much to clarify key issues in mental health and aging: the distinction between normal aging and dementia, the distinction between depression and dementia, the need to attend to anxiety disorders in late life. Further, psychologists have been at the forefront of developing interventions to assist older adults and their families that are based on research. These interventions span a range of common problems in later life including behavior problems of persons with dementia, depression, anxiety, sleep disorders, pain control, and the burdens of family caregivers. The future of mental health services for older adults will be influenced by new knowledge and techniques from research and program development, the growing number of specialists in mental health and aging, and by the continuing evolution of mental health policy.

KEYNOTE #2: Clinical psychology with older people – a perspective from the UK
Woods, Bob, University of Wales, Bangor, UK
TIME: 9am Saturday morning

In the UK, work with older people is now a major specialism within clinical psychology. This talk traces its development over the past 30 years and describes its current position. The key debate regarding compulsory experience with older people during training will be discussed, and the role of a Special Interest Group in advocating over the last 25 years for the specialism and providing mutual support will be highlighted. Ageism in health care is identified as one of the factors slowing the development of the specialism. The range of roles and activities undertaken by clinical psychologists in this field will be illustrated. Research activity in clinical psychology of older people will be described, with examples provided on the development of psychosocial interventions such as cognitive stimulation and cognitive rehabilitation and on the growth of understanding of the perspective of the person with dementia. This has led to greater willingness to examine self-report outcome measures in work with people with dementia, for example, and the consideration of psychological therapy, such as CBT, for depression and anxiety in dementia.
A wide variety of psychological disorders affecting older adults are amenable to treatment with cognitive-behavioural therapy (CBT) techniques. However, older adults who present with severe or multiple co-morbidities, including mild to moderate dementias, serious health issues and psychiatric co-morbidities, may require more intensive, considered and nuanced approaches. In this workshop we will describe how CBT can be used on these more challenging populations. In particular, we will discuss our observation of how older adults with serious medical complaints must strive to adapt and accommodate to their illness, hence requiring that the therapeutic process be geared to assist with this acceptance of limitations while still finding relief from depressive symptoms and negative thoughts. Video footage of therapy cases, discussions of helpful therapy content structures, and tips on process issues will be discussed. Ample time for case discussions will be provided.

需 is a relatively new concept in health care, replacing terms such as disability or disorder in prioritising and allocating limited resources. Needs have proven to be individually defined and are dynamic as people age and come into contact with different services. In addition, research has shown that older people with mental health problems are at high risk of not having their needs met at different points of contact with health care professionals. For example, older people with dementia living in long-term care have an average of 4-5 unmet needs in areas such as, stimulating daytime activities, company, and alleviation of psychological distress. This workshop will explore the history and concept of need including current definitions of met and unmet need in mental health care. Participants will be introduced to the Camberwell Assessment of Need for the Elderly (CANE) instrument and will be guided in using the matrix of unmet need and corresponding intervention table to identify suitable ways of meeting unmet needs for older people. Latest research using the CANE in various health care settings catering for older people will be outlined. Participants will then have the opportunity to work through a number of cases using the instrument and the unmet need/intervention matrix.
FORUM: Cognitive therapy with older adults: Are adaptations necessary?
Koder, D.A., School of Psychology, James Cook University
TIME: 1:30pm Saturday afternoon

In recent years there has been increasing debate regarding the need to modify cognitive therapy techniques when treating older clients with depression. Early studies in the area proffer normal age-related changes in cognitive functioning such as slowed information processing and difficulties shifting mental set as the basis for modifying techniques. The present paper examines the need for adaptations in detail, presenting arguments for and against adaptations to cognitive therapy from available outcome data. Comparison of methodologies (for example, age and education levels of samples) provides clarification as to the predictors of clinical response from traditional cognitive therapy compared to clinical populations where adaptations may be necessary.

SYMPOSIUM: Attitudes towards older people in society, work, and psychological practice
Chair: Prof. E. Helmes, School of Psychology, James Cook University
Participants: J. Angus, Victoria University; E. Gringart, Edith Cowan University; D.A. Koder, James Cook University
TIME: 1:15pm Friday afternoon

Attitudes toward older adults in Australian society vary, but negative stereotyped attitudes predominate. Various campaigns have been devised to alter such attitudes, but the outcome of such efforts are rarely evaluated. When they are evaluated, most interventions are ineffective. With the average age of Australians increasing, and rapid growth in the proportion of older adults, increasing attention should be devoted to this segment of the population on several levels. This symposium deals with attitudes toward older people in society in general, discrimination against older workers and job applicants, and the attitudes of psychologists toward clinical work with older adults. Angus and Reeve note that efforts to promote successful ageing are often naïve and negative attitudes remain more influential through implicit linkages to dependency and power relationships. Gringart reviews efforts to change the attitudes of employers toward older workers and discusses a new approach that has empirical support for changing the attitudes of employers. Finally, Helmes and Koder describe the results of a survey of Sydney area psychologists that contrasts the background, training, and attitudes of psychologist who work primarily with younger adults and those who specialize in working with older adults.
At the beginning of the twenty-first century, the new mantra—‘successful’ and ‘resourceful’ ageing is used interchangeably and intoned, often unreflectively, by a society eager to find ways to reduce aged related losses. Yet despite numerous empirical studies and public health promotion strategies directed at ways of ageing-well, negative images of ageing have an enduring vitality. This paper examines ageism in a range of political, social and cultural manifestos, which have a productive role in encoding tacit assumptions and stereotypes about older people’s lives. Particular attention is given to the pervasive use of the concept of ‘dependency’, a stereotypic and productive ageist mechanism, which continues to infiltrate what are arguably more inclusive strategies directed towards a global model of ageing-well. Finally, the authors explore some potential strategies to combat stereotypes within the context of ageing-well initiatives and warn that ageing-well initiatives based on individualism and ‘self responsibility’ risk reproducing existing power relations that continue to inform ageist stereotypes. The resulting implications for psychological clinical practice are emphasised.

As the Australian population, the number of older people with dementia will continue to grow, and increasingly family members called upon to provide care at home. Although caregiving has been primarily provided by adult daughters and wives, there is increasing evidence to suggest that a large number of husbands will, for various reasons, take on the carer role. This phenomenon is related to significant demographic and social changes in the population which will be described in the presentation. The main objectives of the study, theory, methodology and methods will be discussed and several models and an overall of male caregiving proposed that highlighted the experiences of 16 older husbands who were providing care for wives at home who had been diagnosed with dementia.

Findings from Stage One of a study in which Grounded Theory from a Symbolic Interactionist perspective enabled the development of Stage Two in which factors were identified associated with increased levels of burden and depression in 71 older husbands who were providing care at home for wives with dementia. Using a descriptive correlational research design the study enabled the researcher to develop an understanding of the specific
factors that could place older husbands ‘at risk’ of developing significant physical and mental health problems associated with caregiving.

4. Informing interventions in medical settings – are older people’s natural coping strategies informative?

Bryant, C.A., Jackson, H.J. and Ames, D.A., University of Melbourne
TIME: Stream A, 10:45am Friday morning

Older people are heavy users of medical services, including in-patient facilities. Medical patients are also known to have a high prevalence of psychological distress and disorder, particularly depression and anxiety. These two observations have led some commentators to suggest that the general medical setting is an important avenue for psychological intervention in older people. This paper will report data from a sample drawn from consecutive admissions to aged care wards in metropolitan Melbourne. High prevalences of depression and anxiety symptoms were found at the time of admission, with a tendency for these to reduce in frequency and severity two months later. Very few of the sample received any psychological intervention, suggesting that the participants’ own coping and adaptive strategies played an important role in the observed trends. Data on the coping strategies used by the participants will be presented, with a view to understanding the role they play in adaptation to stressful situations. Finally, this paper will consider whether an understanding of coping strategies can inform psychological intervention in this population.

5. Promoting positive attitudes toward older adult workers: Review and recommendations

Gringart, E., School of Psychology, Edith Cowan University
TIME: Stream A, 1:15pm Friday afternoon

Whilst ageism hinders the employment prospects of older adults, governmental efforts to combat this discrimination have mostly utilised information-based campaigns. Scientific literature indicates that such interventions are unlikely to succeed and suggest a number of strategies be considered. Intergenerational programs, mass media, educational interventions, and advocacy groups have all been suggested as strategies through which to incite positive attitudinal changes toward older adults. A review of these programs highlights their potential strengths and shortcomings in the employment domain. One approach that shows promise is the use of cognitive dissonance to promote positive attitudes toward older adults and increase the chances of their hiring. Cognitive dissonance manipulations are based on the notion that becoming aware of behaving in a way that is incongruent with one’s self-concept results in mental discomfort, which people are naturally driven to reduce. In order to reduce this dissonance, the person adjusts his or her subsequent attitude and behaviour to be more in line with his or her self-concept. Empirical tests of interventions that combined cognitive dissonance and information about the actual abilities of older adults in a randomised controlled trial showed promising results and suggest this to be an effective strategy.
6. Needs Identified by User, Staff, and Clinician for Older People with Dementia in Residential Care.
Hancock, G., Tauranga Hospital, Tauranga, New Zealand
TIME: Stream B, 1:15pm Friday afternoon

Current standards emphasise inclusion of users when providing for their needs. Individuals with dementia residing in residential care are at risk of not having their opinions taken into consideration. Rather, others often step in to act as advocates. Little is known about how proxy measures compare to individual’s perceptions of their needs. The Camberwell Assessment of Need for the Elderly (CANE) was completed for 238 participants by clinicians, care staff, 129 users and 81 carers. Clinicians identified a greater number of unmet needs ($M = 4.4$), than carers ($M = 2.1$), users ($M = 1.7$), and care staff ($M = 1.4$). Clinicians identified more psychological and behavioural needs. Staff considered needs were met within the home environment and users said they often had no need for assistance, such as with self-care or housework. Average agreement was highest for clinician and staff pairs (78%) and lowest for user and carer pairs (63%). Users opinions about needs can be sought even when the person has dementia and lives in a continuing care home. Clinicians identified many outstanding unmet needs, compared to staff and carers, which could be related to lack of knowledge of needs or interventions suitable for meeting these needs.

7. Early-onset and late-onset anxiety in older adults: Can a diathesis-stress model account for the onset distinction.
Haque, M., & O’Kearney, R.T., Australian National University
TIME: Stream A, 10:45am Friday morning

Recent literature (Beekman, Bremmer, Deeg, Van Balkom & Smit, 1998) suggests that anxiety symptoms and disorders can manifest for the first time in late-life, and that there is a distinction in the experience and presentation of anxiety in late life according to the age at onset of a disorder (Le Roux, Gatz & Wetherell, 2005). Such differences may have significance for the etiology, clinical presentation, and management of anxiety disorders, as is the case with other disorders of late-life, such as depression (Benazzi, 2001). Whilst preliminary evidence suggests that early- and late-onset anxiety can be considered as two distinct subgroups of late-life anxiety, there is a need for theoretical clarity regarding this distinction. As such, this paper aims to review the literature relating to the clinical presentation of anxiety in late-life, and factors that distinguish early and late-onset anxiety. The paper also aims to outline a diathesis-stress model, according to which anxiety may be seen as a result of the differential interplay between stress-related factors (life events and physical health), biological vulnerabilities, and psychological vulnerabilities (cognitive/dispositional factors), with a view to developing a model that might distinguish the content and process of early and late-onset anxiety.

8. New populations-new partners
Heidenreich, M.T., Brown, Peter.
$^1$Calvary Health Care, Sydney NSW, $^2$School of Nursing, Australian Catholic University National.
TIME: Stream B, 10:45am Friday morning
Multiculturalism represents an acknowledgement of the demographic diversity that is today’s Australia (Ruddock, 2003). A deficit in Australian research concerning Asian women’s challenges and in caring for a terminally ill relative at home emphasized the need for this study to be undertaken. The health care challenges inherent in complex cultural diversity compel nurses to seek information in order to redefine practices that accommodate different worldviews. The geographic area where the study was undertaken is considered one of the most culturally and linguistically diverse (CALD) catchment areas in the nation, with 42% of the population being born overseas and 47% speaking a language other than English at home (ABS, 2001). The Chinese speaking population was the largest non-English speaking community language group. Furthermore, in common with other community groups, the population was ageing with increasing age-related comorbid diseases. Nevertheless, evidence demonstrated a disparity in service provision for Asian women caring for a dying relative at home. Recognition of the contemporary discord between minority and the dominant cultures was the impetus for this research concerning barriers that may prevent access to optimal palliative care. The aim of this qualitative ethnographic study was to identify the specific needs of Asian women carers supporting a family member dying at home. The study outcomes confirmed the importance of effective communication by health professionals to enable women’s voices to be heard, thereby securing equitable access to palliative care. Furthermore, study findings highlighted the need for further exploration of culturally congruent and linguistically appropriate care and community support programmes for CALD family carers.

9. Research with hospitalized older people in a regional setting: Tribulations from a randomized trial
Helmes, E., James Cook University
TIME: Stream A, 3:30pm Friday afternoon

Depression is a common occurrence following a stroke. There is little consensus as to any strong linkage to damage to any specific region of the brain, and little exploration of the prevalence of other types of psychological disorder. It therefore seemed reasonable to go beyond the venerable Geriatric Depression Scale and evaluate some new comprehensive psychological measures in people following a stroke. Funding for a randomized trial was obtained, and various problems immediately arose. Delays in ethics approval, poor communication within the hospital, records access, and various other matters will be summarized to illustrate factors that need to considered in conducting research with a regional hospital. In addition, some evidence as to the relative preference for either the Personality Assessment Inventory (PAI) or the Clinical Assessment Scales for the Elderly (CASE) from 31 older people will be presented. Subjective reports as to ease of completion, difficulty, and willingness to complete showed no difference between the two measures, but actual completions were marginally lower with the PAI. Additional results from the tests will be presented, along with recommendations for future research on older people in regional settings.
10. Does knowledge of older people promote working with older people?
Koder, DA & Helmes, E., James Cook University
TIME: Stream A, 1:15pm Friday afternoon

Work with older has been shown in previous research to be an area in which few psychologists work in Australia. This is occurring in the face of rapid growth in the older population and similar rates of psychological disturbance as in younger groups. Despite the opportunities, few psychologists see older people in their practices or work in positions with geriatric services. Here we provide data that contrasts the attitudes and training of psychologists who specialize in work with older adults with those who work with younger populations. A sample of 201 psychologists from the Sydney area (148 females) were classed as specialized if more than 50% of their clients were over the age of 65. Measures included demographics, the Reactions to Ageing Questionnaire (Gething, 1994), and a measure of attitudes towards therapy with older clients. Results showed that both groups had similar attitudes and levels of knowledge about older adults, but the specialists had more direct training experience in work with older people and were more inclined to positive attitudes and confidence toward therapy with older people. These results suggest the need for greater training for work with older adults in Australian clinical training programs.

11. Dementia Care Mapping as a tool for quality improvement in dementia care
McCarthy, B., McCarthy Psychology Services, Melbourne
TIME: Stream B, 1:15pm Friday afternoon

This paper will introduce Dementia Care Mapping (DCM) and provide local evidence of its effectiveness in improving the quality of life for people with dementia. DCM is an observational tool for the measurement of quality of life or well-being in dementia from the perspective of the person with dementia. Developed by Professor Tom Kitwood in the UK in the late 1980s it is becoming widely used in 15 countries throughout the world including Australia as a quality improvement and audit tool. Used in this way it involves two six-hour days of mapping, noting every five minutes the behaviour of the people being mapped and their emotional state. Also recorded are the positive and negative events that involve staff in the lives of the people with dementia. This map produces profiles of Well-being, Ill-being and Occupational Diversity and forms the basis for feedback to staff and management. A local metropolitan aged care facility has been conducting DCM quarterly since early 2004. Data will be presented from this series of maps to illustrate the effectiveness of regular measurement of quality of life and the subsequent systemic, environmental and behavioural changes from staff that are made as a result of feedback from each mapping.

12. Working with “demanding, manipulative, attention-seeking, challenging, selfish, cantankerous, difficult, time-consuming, self-centred” behaviour in aged care
McCarthy, B., McCarthy Psychology Services, Melbourne
TIME: Stream B, 3:30pm Friday afternoon

This paper examines an effective response to people in aged residential care with difficult personalities. The literature suggests they have a type of Borderline or Narcissistic Personality in older age. These people absorb a disproportionate amount of time and effort...
from staff to respond to their changing requests for meals, repeated requests for attention, manipulative behaviour, emotional disruption to others, criticisms of staff and threats of legal action. The approach is based on response to psychological needs for comfort, attachment, inclusion, identity and occupation. Strategies include applications of scheduled visiting, differential reinforcement, limit setting, the use of choices and consequences and the necessity for consistent and persistent application by staff. Evidence from aged care settings will be introduced.

13. Evaluation of a sensory garden for people with dementia
McCarthy, B., McCarthy Psychology Services, Melbourne
TIME: Stream B, 3:30pm Friday afternoon

A sensory garden was built for a 60 bed low level residential care facility in metropolitan Melbourne. The effect of this new area on the quality of life for residents was evaluated using pre- and post-garden measures of quality of life, Dementia Care Mapping (DCM) and the Positive Response Schedule for a selected group of residents with high levels of disturbed behaviour. This provided individual and group measures of well-being and ill-being. Other measures included Cohen-Mansfield Agitation Inventory (CMAI), Cornell Scale for Depression in Dementia. Significant improvements were found in agitation and depression for all residents who used the garden. DCM revealed significant improvement in quality of life for all residents using the garden. Other benefits include improved verbal output and social interaction. Implications for the value of sensory gardens in aged care are discussed.

14. The Effectiveness of a Group Intervention on Seizure Control in Older Adults.
McLaughlin, DP, Pachana, NA, University of Queensland
TIME: Stream A, 3:30pm Friday afternoon

Epilepsy in late adulthood may present a number of challenges which are not typically confronted by younger persons. Increased depression associated with fear of falls, heightened social isolation and the possible reduction in functional independence imposed by seizures may greatly inhibit quality of life in older adults. Psychological interventions aimed at reducing seizure frequency and concomitantly addressing depressive symptoms have been shown in a limited number of studies of younger participants to be effective. This study sought to investigate the efficacy of a group intervention combining a range of psychological approaches and techniques for seizure management in adults over the age of 60 years. 37 participants with epilepsy were randomly allocated to a programme group (n=18) or a relaxation group (n=19). Each group took part in six, weekly group sessions: the programme group employed cognitive-behavioural techniques and addressed emotional difficulties; the relaxation group received training in progressive muscle relaxation. There was a significant reduction in seizure frequency in both groups, although no changes on measures of depression were reported. The results suggest that a group-based intervention incorporating psychological techniques and relaxation training may be equally effective for improving seizure control.
15. Hazard Detection in Older Adult Drivers
Pachana N, Horswill, M, Marrington, S, McCullough, C.
School of Psychology, University of Queensland, Brisbane, Australia
TIME: Stream A, 3:30pm Friday afternoon

Older adults make up an increasing proportion of automobile drivers in Australia. Despite the fact that older drivers generally drive much less than younger drivers, there is a distinct increase in accidents, fatalities and injuries in drivers over age 65 (per actual kilometres driven). Accurate means of screening older adults to identify those at increased risk of motor vehicle accidents have proved elusive. Neuropsychological assessment and clinical examination are not well-correlated with accident risk. On-road testing, which is more highly correlated with accident risk, is expensive and time-consuming, as well as being less suitable as a screening process. Hazard perception methods have been used as an effective screening method for identifying younger adults at increased risk of accidents. A brief video-based hazard perception screening test involving footage of genuine traffic hazards for use on older individuals will be presented. This task is designed to reduce the novelty of the test task and hence may be more useful in discriminating those with less facility for accurate and timely hazard detection in the real world, who may be at greater risk for accidents. Correlations with neuropsychological data, and comparisons with younger drivers, will be presented.

16. Measurement of Anxiety Symptoms in Older Adults: The Geriatric Anxiety Inventory
Pachana NA, Byrne GJA,
School of Psychology, The University of Queensland, Brisbane, Australia
School of Medicine, The University of Queensland, Brisbane, Australia
TIME: Stream A, 10:45am Friday morning

A measure of dimensional anxiety specifically designed for use in older people is urgently needed. Such a measure could be used in a variety of settings to screen for anxiety disorders and to measure response to treatment in older people with established anxiety disorders. We have developed a new instrument to measure generalized anxiety symptoms in older people, the Geriatric Anxiety Inventory (GAI). This new instrument uses plain language, minimises somatic items and has a dichotomous response scale. Although it is a self-report measure, it may readily be administered to frail and mildly cognitively impaired older people by nursing staff. The development of the GAI from an initial 60 item inventory to its final 20 item format will be described. The scale was administered to community samples as well as patients with anxiety, depression, and mild cognitive impairment. Reliability was high (Cronbach’s alpha 0.91), validity sound when compared to a range of standard anxiety instruments, and the instrument was well-tolerated among these cohorts. Sensitivity, specificity and cut-off scores for community and impatient samples will be presented.
17. To tell or not to tell: Diagnostic counselling and dementia.
Paton, H. Older Peoples’ Health, Dunedin Hospital, New Zealand
TIME: Stream B, 1:15pm Friday afternoon

With the advent of better diagnostic techniques and treatments, it might be supposed that health care professionals would commonly discuss with patients the diagnosis of dementia. However, practitioner surveys indicate the opposite trend. Perhaps the problems actually start before assessment has begun. The tests might begin before patients and carers are properly informed about their implications. If they do not know why they are there, it can make the disclosure of the diagnosis even more awkward for practitioners. To address these problems early on, pre- and post-assessment counselling is recommended. Before assessment even begins, a discussion of the reasons for referral, description of the assessment process, and implications of assessment (for example, receiving a diagnosis of dementia) could be undertaken. Patients are then able to give their informed consent regarding: (a) proceeding with assessment, and (b) learning about the final diagnosis. An individualised post-assessment feedback session can then occur in accordance with how they responded during pre-assessment counselling. By taking such a collaborative, patient-centred approach, the outcome is likely to be less stressful and more informative for all involved parties.

18. Developing a psychology service within a large aged persons’ mental health program: challenges and opportunities
Ryburn, B. & Davison, T., North Western Aged Persons’ Mental Health Program
TIME: Stream B, 10:45am Friday morning

Due to the ageing population in Australia, the prevalence of late-life psychiatric disorders is likely to increase over the next twenty-year period. In recent years, considerable efforts have been made to develop and improve the psychology service within the North West Aged Persons’ Mental Health Program, which currently employs six psychologists (three clinical psychologists and three clinical neuropsychologists) in a consultation capacity. However, there is currently a large gap in the knowledge base relevant to psychological services, and therefore considerable challenges for psychologists in developing and evaluating their role in this type of aged psychiatric service. This paper will review relevant literature in the area, the nature of roles for psychologists and the potential for role expansion and development within this type of setting.

19. Staff Education: An Aged Care Intervention to Manage Behavioural Symptoms of Dementia
Sarah Visser¹, Marita McCabe¹, Kuruvilla George², Greg Buchanan², Catherine Hudgson² and Tanya Davison¹
Deakin University¹ & Peter James Centre²
TIME: Stream B, 1:15pm Friday afternoon

Behavioural symptoms of dementia are heterogenous in their presentation and underlying cause, therefore, individualised interventions have been recommended as a management strategy. Since aged care staff are often responsible for care of residents and the
implementation of interventions to manage their behavioural symptoms, staff education has been recommended as an effective approach. The aim of the current paper was to investigate the impact of staff education on the behaviour and quality of life of residents with dementia, and on staff members’ attitudes and level of burnout. Three aged care facilities participated in the study. They were randomly assigned to either one of two intervention groups, or a control group. Staff assigned to the intervention groups received a comprehensive eight-week education program based on the behavioural model. The two intervention groups differed, in that one group also participated in a peer support group, which was designed to further facilitate positive changes among staff members. The immediate and enduring (3 and 6-months follow-up) effects of the education program on staff and residents are reported, and the benefits of staff education are discussed within the content of aged care facilities.

20. Can attending retirement education assist you to adjust to retirement? Some results from the Healthy Retirement Project
Wells, YD., La Trobe University
TIME: Stream B, 10:45am Friday morning

Previous research has indicated that attending pre-retirement education can help to encourage a positive attitude towards retirement. However, there are very few studies of the retirement transition in Australia, and even fewer are prospective. The Healthy Retirement Project (HRP), funded by the Victorian Health Promotion foundation, is a rare opportunity to study post-retirement adjustment in the light of pre-retirement circumstances. In this study, the links between post-retirement outcomes and pre-retirement education are explored, using both quantitative and qualitative data from the HRP. About 40% of the panel participants had attended some kind of course prior to their retirement, but most of these courses were very short and only covered financial topics.

In this paper, we address the questions: What predicts attending a course? What kinds of courses are seen as most useful? What are the outcomes associated with having attended a course? And are these outcomes different for men and women? People with retirement education did appear to report better outcomes after retirement than people who did not, but the impacts were minor and some dissipated over time.

21. Group Phobia Treatment in an Older Cohort
1Woodward, R., Pachana NA, 2Byrne GJA.
1School of Psychology, University of Queensland, Brisbane, Australia
2School of Medicine, The University of Queensland, Brisbane, Australia
TIME: Stream A, 10:45am Friday morning

There is a paucity of empirical research investigating the treatment of anxiety in older populations. Phobias have been found to be one of the most common psychological disorders amongst older adults, and yet treatment research in this population is scant. The aim of the current study was to examine the efficacy of exposure therapy, in combination with other Cognitive-Behavioural Therapy (CBT) components, in the treatment of specific phobia amongst a middle and older aged sample, compared with wait list controls. Sixteen adults aged 45-68 yrs (M = 55) with diagnoses of specific phobia were treated with five group sessions covering psychoeducation, abdominal breathing, guided relaxation imagery, and
cognitive therapy; and five individual exposure therapy sessions. Results indicated significant time effects amongst the treatment group for the primary outcome variables of phobic severity ($\chi^2 = 19.172$, df = 2, p<0.001) and avoidance ($\chi^2 = 20.348$, df = 2, p<0.0001); and the majority of secondary outcome variables, including depression ($\chi^2 = 12.792$, df = 2, p <0.005); and anxiety as measured by STAI-trait ($\chi^2 = 12.000$, df = 2, p<0.05), and the Geriatric Anxiety Inventory ($\chi^2 = 14.452$, df = 2, p<0.005).

22. A psychologist's role in the detection, diagnosis and support for dementia patients and their families.

Woolford, H. (Cairns, Qld)
TIME: Stream B, 10:45am Friday morning

Dementia constitutes one of the most serious challenges currently facing health planners. It is recognised early diagnosis is required to allow maximum benefits to be gained. This paper will provide an overview of dementia and the potential benefits that early diagnosis can allow. The traditional means of screening for cognitive impairment will be discussed and the myths of early diagnosis challenged. The role of the psychologist in the diagnostic process, together with model summary sheets and GP letters, will be discussed. A brief outline of various resources used for a number of years to assist those affected by dementia will be described and electronic copies of materials provided. Such resources include a structured Family Conference that can assist the wider family to be involved in supporting the patient and the primary caregiver, a detailed process for establishing a memory board system and active learning techniques. Some of the many complications and dilemmas often encountered in working with dementia, including informing the patient of their diagnosis, can be discussed in an interactive manner.
A. Screening for Anxiety in Mild Cognitively Impaired Individuals

1Boddice, G., 1Pachana N.A., 2Byrne G.J.A.
1School of Psychology, University of Queensland, Brisbane, Australia
2School of Medicine, The University of Queensland, Brisbane, Australia

TIME: Friday afternoon tea time

Anxiety disorders are one of the most common psychiatric complaints across all age cohorts, including older adults over age 65 (Regier et al., 1988; Regier, Narrow & Rae, 1990). Despite being a common complaint among older adults, anxiety remains under-reported by patients and under diagnosed by health professionals (Stanley & Beck, 2000). Anxiety disorders have been less well studied in older adults than depression, both in terms of the assessment as well as treatment. While several anxiety inventories have normative data available for older populations, few anxiety measures have been specifically designed to be used with older populations. The primary aim of this pilot project was to evaluate the utility of a new anxiety screen specifically designed for older adults, the Geriatric Anxiety Inventory (GAI) on an older cohort with mild cognitive deficits. The study consisted of 23 community dwelling older adults, the majority referred to a geriatric outpatient neuropsychology clinic at a Brisbane hospital. The GAI was highly correlated with other anxiety measures and was well-tolerated by the patients. Neuropsychological data as well as diagnostic data on the sample will be presented.

B. Working to Reduce Isolation in Seniors

Forostenko, P. (Home Flexi Care, a Baptist Community Service organisation)

TIME: Friday afternoon tea time

Home Flexi Care aims to provide the assistance needed to keep people living independently. Either the chaplain or their personal care coordinator refers my clients to me. My current project is to encourage clients to sign a permission slip allowing me to pass on their phone numbers to other Home Flexi Care clients. The service is called “phone a friend and make a phone pen pal”. As the name implies, clients phone each other when they want to hear a responsive voice in conversation or pass on some news. They do this as they would in a letter to a pen pal. Originally, I started with the Brief Therapy question “what has to change for your life to get better” but now as a result of my active listening and continual assessment, I encourage them to resume an activity they once engaged in or to engage in a new activity. Further to my consideration of the above matters and as a comparative tool, I have initiated unstructured group work with elders who sit in isolation in a semi-circle, so familiar to anyone who has visited a retirement home.

C. Supervisory feedback to maintain dementia care skills after training

McCarthy, B., McCarthy Psychology Services, Melbourne

TIME: Friday afternoon tea time

This paper examines the value of supervisory feedback in sustaining the effectiveness of training in dementia. The effectiveness of dementia skills training is seldom measured and
is frequently short-lived as over the months after training staff resume old patterns of caring and abandon the newly learned approaches. This study examines the effectiveness of regular supervisory feedback for nursing staff to sustain the level of skill use after dementia skills training. The study was conducted in a dementia specific unit of 15 residents. Following a dementia skills training program conducted in four two-hour sessions over four weeks, five nurses (RN Div 1) were observed in nurse-resident pairs assisting with Activities of Daily Living (ADL) including toileting, showering and dressing. Supervisory feedback was given at the Post Training and two-month Follow-Up phases. Staff continued self-monitoring daily from Post Training to Follow-Up. Results indicate that dementia skills training is effective in raising dementia care skill levels and more importantly that supervisory feedback increases the rate of skill use after training among aged care nursing staff. This is a radical improvement on the usual pattern of skill attrition in the months following aged care training. Implications for quality aged care training are discussed.

D. Spaced retrieval technique improves prospective memory among healthy and probable early dementia adults.
Ozgis, S. & Rendell, P.G., Australian Catholic University
TIME: Friday afternoon tea time

Prospective memory, which is remembering to do things in the future, is involved in important everyday tasks such as keeping appointments and taking medication. In an initial study, older adults with probable early dementia performed worse than controls on both laboratory and naturalistic measures of prospective memory. However, they were more successful on the naturalistic than the laboratory tasks. In the main study, 30 older adults with probable early dementia and a control group of 40 completed the laboratory measure of prospective memory from the initial study; Virtual Week. This is a board game version of going through the day with things to do, decisions to make and things to remember to do. Prior to commencing Virtual Week, participants were briefed about the specific prospective memory tasks with either the standard briefing and rehearsal procedures or the spaced retrieval technique. The spaced retrieval participants were asked to repeat aloud the prospective memory tasks over progressively longer intervals of time. This technique improved the prospective memory performance of all participants and eliminated the differences between the probable early dementia and control groups. Spaced retrieval was found to be a useful aid that has the potential to help individuals maintain independence.

E. Ageing, uncertainty and working memory
Stephens, S., McFarland, K., University of Queensland
TIME: Friday afternoon tea time

Any changes in executive processes are difficult to extract and isolate; working memory is an integrated system and any behavioural changes could reflect changes in a range of working memory functions. The aims of the present project are to develop a reliable choice reaction task that can access a purer measure of executive processes within visual working memory, and to assess whether differential patterns of ageing exist within visual working memory. Participants responded to a stimulus that was presented on a computer screen with a probability of 0.250 in all experimental conditions. This stimulus was presented
within both single tasks and dual tasks, and was presented with other stimuli that either appeared equiprobably or appeared non-equiprobably. There are two general hypotheses. First, the older group will have a longer choice reaction time compared to the younger group in the non-equiprobable conditions compared to the equiprobable conditions. It is argued that this difference in choice reaction time between the equiprobable conditions and the non-equiprobable conditions is a pure measure of the time needed for executive processes and that extra time will be needed for the execution of these executive processes in the older group. Second, that the experimental conditions will differentiate any aged changes within the visual working memory components. Initial results confirm the hypotheses, and in addition, it was found that there is little difference in choice reaction time in reacting to the non-equiprobable stimuli between young and old participants.