

**Australian Psychological Society
Special Interest Group in Psychology and Ageing
Newsletter Issue No. 4 August 2000**

*Until a man is 30 he is like ivy or vine, with no inherent strength;
At 40 he is a bare tree; at 50 he puts forth leaves;
At 70 fruit. Confucious*

FORWARD

I shall refrain from calling this the 'Millennium' edition of our annual newsletter, partly because we are now well ensconced in the new century, but mainly because this well-used word infers something heroic and revolutionary. The fourth issue of our newsletter is neither.

On the other hand, there is something heroic about the Special Interest Group in Psychology and Ageing. Those of us committed to this area are persistent in our efforts to provide a forum for meeting in our various states to exchange ideas, hear of new research and endeavour to attract a greater following to this complex and fascinating field. Ed Helmes, our National Coordinator, comments on this latter issue in the rubric on 'Teaching' in this newsletter.

Thanks to those who contributed to and assisted in the production of this newsletter, in particular, Ed Helmes. For those who may have wished to contribute, but did not have a contact, please note your State coordinator's details on the back page. Your contribution would be welcome, and would help to provide a broad coverage of topics for others to read about and consider.

The two Feature Articles in this issue provide insight into some of the services being offered by psychology in the area of ageing across Australia. Allegra Fletcher is employed by the Health Department of Western Australia in the Department of Geriatric Medicine at a metropolitan hospital, whilst Ian Johnston is a member of an Aged Care Assessment Team in rural NSW.

Joan Klinger, Editor

FEATURE ARTICLE

Psychological Assessment of Memory Impaired Older Adults

The aging of the human brain can be one of the most devastating aspects of the aging process. While many adults over the age of 65 years live healthy, intellectually active lives, as the population grows an increasing number of older adults suffer from diseases which affect brain functioning. In research and medical settings, much attention is paid to differentiating dementia from normal aging, however, psychologically, diagnosis has significant management and social implications.

In the Department of Geriatric Medicine at Bentley Hospital, the Memory Clinic Programme was established in 1995 by Sue Lowe, Senior Clinical Psychologist, and Dr Roger Warne, Physician. The aim of the programme was to provide a "comprehensive psychological service to dementia sufferers and their carers, in an effort to maximise emotional and behavioural functioning and enable continued community participation".

The following service objectives were identified:

- To provide an assessment of cognitive, emotional and social functioning where this information will contribute significantly to the diagnosis process and guide the case management of the client in their social network;
- To provide information and education on dementia and memory loss to older adults, caregivers and family members, to enable appropriate use of services and future planning;

- To provide psychological treatment to the dementia sufferers with adjustment difficulties, depression and anxiety states;
- To provide psychological counselling to caregivers and families on grief issues, training in stress management techniques, and the development of coping skills to enhance caregiving capabilities;
- To provide treatment to spouses and family members for psychological problems (e.g. depression, relationship difficulties) related to the diagnosis and progression of dementia;
- To provide assessment, analysis and intervention for specific behavioural difficulties which threaten the client's ability to remain at home or in the community.

Referrals to our service are usually made following a domiciliary assessment by the Geriatrician/Senior Registrar and Social Worker. An initial cognitive screen and physical examination is conducted before instigating a referral. The psychological assessment process involves one to two appointments with the client and additional contact with carers/family members to obtain collaborative evidence, as well as assessing current compensatory strategies. Since 1995, 230 community clients have been seen within the programme. Communication of the results usually occurs in a joint meeting with the client and family, in order to provide the group with emotional support, education, and an opportunity to discuss current and future concerns.

Legal issues such as Power of Attorney may also be raised at that meeting. The programme is multidisciplinary in nature, and the social work, occupational therapy, and community nursing teams assist with planning strategies, including linkages with appropriate community agencies (e.g. Alzheimer's Association, Domiciliary nursing, Home Help services, Respite services, Meals-on-Wheels, Day Centres, Continence services and home aides).

While a definite diagnosis of dementia of the Alzheimer's type still requires micropathologic evidence, the psychologist's role of assessing changes in cognitive functioning, personality, and ability to cope with everyday activities is becoming increasingly important in deriving a probable diagnosis and providing appropriate interventions. Working in this area also requires an awareness of social, cultural and educational factors which may influence performance on psychometric tests and shape beliefs about aging and provision of care.

Allegra Fletcher, Clinical Psychologist
 Dept of Geriatric Medicine
 Bentley Health Service, WA
 (Reprinted with permission-
 Connect: Mental Health Matters in WA)

FEATURE ARTICLE

The Role of the Psychologist in Australian Aged Care

At a conference on Mental Health of the Elderly the statement was made that a recent survey of NSW aged care facilities had indicated that:

75% of them saw psychological services as their greatest priority, in contrast, less than 10% of these facilities had ever received any psychological services of any type.

These survey results, together with well-documented statistics showing the rapid ageing of the Australian population, in which 20% of the population will be >60 years of age within 20 years, suggest that psychology as a discipline has been slow to appreciate and respond to the implications of these changing demographics.

Experience suggests that the majority of requests for psychological interventions from aged care facilities fall into the following three broad categories:

a) Behavioural management programs that staff can use to effectively ameliorate disruptive behaviour. This type of request is usually for residents in the

moderate/severe band of cognitive impairment. It requires an analysis of the antecedents causing the behaviour, an assessment of the individual involved and a review of the procedures and environment within the facility.

b) The provision of an education program for staff of facilities, encompassing such diverse fields as the management of violence or wandering, counselling skills and an introduction to such subjects as depression in the elderly.

c) The assessment of the cognitive and affective level of functioning for individual residents.

Whilst currently psychologists working "in house" for large corporate nursing groups is relatively rare in Australia, a perusal of the overseas trends in aged care suggests this situation may be reversed in the not too distant future.

Finally, I believe that psychology has much to contribute towards the health and well-being of the elderly population. However, the responsibility for the dissemination of information concerning what, as a discipline, we can contribute, lies both with the professional body and individual psychologists.

Ian F. Johnston

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WEB SITE

An interest in the ageing population does not prohibit us from moving forward with the latest technology! Sue Ferguson, at the Department of Psychology at Macquarie University, has worked hard to establish a web site for the APS IG on Psychology and Ageing, which is now online. To find out more: Click on http://www.aps.psychsociety.com.au/units/fr_aps_units.htm then click on interest groups on the left, then on the Interest Group on Psychology and Ageing.

Well done, Sue!

ELSIE HARWOOD AWARD

Every two years, the Psychology and Ageing Interest Group sponsors the Elsie Harwood Award for the best fourth year thesis project in psychology that is related to ageing. This is subject to the applicants having to submit a 2000 word summary of their thesis, so some worthy projects are never seen.

The Award will be offered again in 2001, so anyone with an interest in applying can obtain the necessary information either from Ed Helmes (see elsewhere in the Newsletter for contact details), or from the APS Head Office.

Ed Helmes

TEACHING AND TRAINING IN PSYCHOLOGY AND AGEING

One of the actions to arise from the meeting at the last APS conference was the sending of a letter to the APS Director of Professional Affairs about the limited amount of teaching about older people that takes place in many of the masters level training programmes accredited by the Society. The amount of content varies quite widely, but ranges from next to none to about 12 hours. Bevan Wiltshire then raised the issue with the Advisory Group that consists of the Chairs of all the Colleges. To date, only the College of Clinical Psychologists has responded. They have asked a group chaired by Mike Tyrell from Alice Springs to report on the issue. That report has gone back, pointing out that more needs to be done.

In the meantime, a letter expressing similar ideas has been sent to the APS from Michael Hawton of the NSW North Coast Branch that also addressed the issue of psychologists' involvement with older people. Many of the relevant issues are addressed in the Position Paper on Psychology and Ageing that has been under development for the past several months. That paper should be finalised by about

the time that you read this. It should provide a focus for further changes within not only the guidelines for training programs that the Society uses, but also for further actions by psychologists in general.

Ed Helmes

ACROSS THE NATION

In the last Newsletter, the point was made that there is no organised group in Queensland. It would nicely complement the groups in other states if someone did have the time to attempt to organise one. One of the executives from one of the other states could perhaps help with some advice about the procedures. There should be a core of people in the Brisbane area and perhaps also in the Gold Coast to support at least a few meetings.

Ed Helmes

New South Wales

The NSW section of the APS IG on Psychology and Ageing has been quite active in the past year. We held regular meetings, usually with speakers. Meetings usually have a business component to discuss relevant issues such as notifying everyone of APS activities, upcoming conferences, workshops, talks and publications of interest (including any new normative data for older adults). The second part of the meeting usually includes two or more guest speakers, who present on topics highly relevant to clinicians working with older adults.

Meetings in the last 12 months were as follows:

9 August, 1999

Jane Turner, Clinical Psychologist, Dept of Aged Care and Rehabilitation, Royal North Shore Hospital: Discussion of the APS Position Paper on Psychology and Ageing.

11 October, 1999

Michael McMahon, Clinical Psychologist in Private Practice: The role of Neuropsychology in Geriatric Care.

Jane Turner, Clinical Psychologist Dept of Aged Care and Rehabilitation, Royal North Shore Hospital: CBT with Older Adults.

7 June, 2000

Gladiss Warda, Clinical Psychologist and Coordinator SWSAHS, Bankstown Hospital: Suicide and Depression Prevention in Older Adults.

Michael O'Brien, Balance Disorder Clinic, Newtown: Balance Disorders: Restoring Physical and Mental Stability.

Roxane Daniels and Lorraine West, Dementia Support Consultants at the Alzheimer's Association: Education and Support for People with Early Stage Dementia and their Families.

Forthcoming: 11 October, 2000

Provisional speakers –

Michael McMahon: Teaching Memory Techniques to Older Adults.

Suzanne de Bakker: A Checklist for Observations for Neuropsychological Assessments: A Translation of a List from the Netherlands.

Sue Ferguson

Western Australia

With the commencement of the Clinical Neuropsychology programme at the University of Western Australia this year, as well as the continuation of the Clinical Geropsychology programme at Edith Cowan University, interest in Psychology and Ageing has increased, and so, too, have the numbers at our meetings. A very welcome trend.

Our meetings continue to be informal, and this year have mainly involved a presentation followed by discussion.

At our first meeting for the year in March, Joan Klinger, Clinical Psychologist (Registrar) at Bentley Health Service, considered the question of Dementing, or just Different? Dementia and Personality Disorders. The focus was on the

importance of taking long-standing complex personalities into account in a possible diagnosis of dementia.

In July, Dr Johnathan Foster, Dept of Psychology at UWA, spoke about cognitive functioning in normal ageing and in Alzheimer's disease, focussing on age-related changes in memory and processes that impact on memory: The Neuropsychology of Pathological and Non-Pathological Ageing.

Our final meeting for the year is planned for late October. The speaker has not yet been finalised, however, our hope is for one or two students currently completing their Master's degree in the Clinical Geropsychology programme at Edith Cowan University to share the findings of their theses with us.

Joan Klinger

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