



## Psychology and Ageing Interest Group

**Newsletter Issue No. 10**

**September 2006**

*The more sand has escaped from the hour glass of our life, the clearer we should see through it*

*Jean Paul*

### **Forward**

Again, it was a productive year for the Psychology and Ageing Interest Group. Thanks to all office bearers for your efforts throughout the year and to all members for continuing to support the Group.

Kaarin Anstey is stepping down as Convener of the ACT group this year. We thank her very much for the great work she has done to establish the branch in the ACT and we welcome Tim Windsor (ACT Convener) and Holly Mack (Secretary).

Best wishes to everyone for another successful year in 2007.

**Deborah Gardner**  
*Editor*

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### **National Convener's Report**

Top of the list of accomplishments for 2005-06 is our very first National Psychology and Ageing Interest Group Conference, held November 4th and 5th,

2005. This conference was a resounding success – we had over 80 participants, many of whom were students, and we were joined by some of our colleagues from the New Zealand Psychologists for Older Persons group. The then Minister for Ageing, the Hon. Julie Bishop, opened the conference for us. We were fortunate enough to have two excellent keynote speakers join us: Professor Bob Knight, the Merle H. Bensinger Professor of Gerontology, Psychology, and Counseling Psychology at the Andrus Gerontology Center, University of Southern California, and Professor Bob Woods, the Professor of Clinical Psychology of Older People at the University of Wales, Bangor. We heard excellent presentations and posters, and the workshops were also well received. The conference venue was positively commented upon, and the conference dinner was fun and allowed people to catch up with their colleagues. Already I have had people asking about the next PAIG conference, tentatively set for Oct/Nov 2007, and the Commonwealth and the Dept of Health and Ageing has again expressed interest in sponsoring the event.

This year we have tried to increase the number of PD events in all states, and I believe we have had some successes there. We have also ordered 4 videotapes of ageing issues to reside at National Office and be available for persons wanting to view them for PD.

**Depression: Not a Normal Part of Aging** (55 minutes) Though aging has its challenges, depression and its frequent companion, substance abuse, need not be among them. This program dispels the myth that there is something inherently depressing about aging. It explores the complex relationship between depression, alcohol, and substance abuse, showing how knowledge of symptoms, family support, and early treatment can restore the capacity for pleasure and contentment in most seniors' lives. Interviews with spouses, family members, social workers, and geriatric psychiatrists are combined with candid, first-hand accounts.

**Principles of Geropsychology: Assessment and Consultation** (223 minutes) This video seminar, hosted by Dr. Steven Zarit of Pennsylvania State University, addresses clinical assessment of older people, defining dementia and identifying some of its causes, and discusses other disorders that lead to memory loss. The program also examines the steps associated with consultation in a clinical session.

**Frontal Dementias: Genetic aspects and current research** (52 minutes) Dr Brooks is a medical researcher whose main area of work is the influence of genes on dementing disorders. This informative lecture covers - Why look for genes? - How common are the hereditary forms of frontal dementia? - Tau gene mutations and how they help us understand dementia - Hope for the future: comparison with Alzheimer's Disease.

**Dementia with Dignity (DVD)** (60 minutes) Recommended for health care workers and as a useful training video. Part 1 Continuing a familiar lifestyle, Part 2 Making the most of

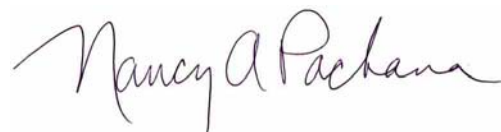
abilities, Part 3 Relating and communicating, Part 4 Strange and disruptive behaviour.

In June 2006 I traveled to the US for an APA conference addressing training issues for psychologists wishing to specialize in geropsychology. The conference was an intensive three day event, and strategies both for training students as well as up-skilling practitioners who may not have had any formal training were discussed. Professor Bob Knight, who ran the conference in the States has volunteered to assist us if we wanted to run a similar workshop to outline training guidelines here in Australia. Again, the Dept of Health and Ageing was very interested in this possibility when approached, especially if we involved industry representatives.

All in all the Interest Group appears to be steadily attracting new members (we now stand at 329 members total). I note that many of these new members are students. A breakdown by state is: ACT: 10; NSW: 104; NT: 1; QLD: 44; SA: 28; TAS: 2; VIC: 117; WA: 22; Overseas: 1.

Once again I have enjoyed member's interactions via the e-mail listserv, which has been a good way to keep members in touch.

Thank you.



Nancy Pachana,  
National Convener,  
APS PAIG

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### *APS Conference Message*

This year a joint conference of the Australian Psychological Society and the New Zealand Psychological Society will

be held in Auckland, New Zealand from the 26<sup>th</sup> to the 30<sup>th</sup> September.

For registration follow the link <http://www.apsconference.com.au/Content.aspx?topicID=268>

**Conference Dinner:** Many thanks to Stephanie Allison for booking our group into the Mai Thai restaurant, which is about 2 min walk from the conference venue. It is a very good restaurant with nice atmosphere and delicious menu.

Can people please RSVP directly to Stephanie to confirm places. She needs to have firm numbers by Thursday 28th September.

Stephanie Allison <allisons@xtra.co.nz>

Dinner is from 6:30pm on Fri 29th; again, we'll meet at the conference registration desk just before 6:30 and walk over, and I'll leave a sign with the name & address of the restaurant for late-comers on the message board.

See you in NZ!

*Nancy Pachana*

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### ***Post Graduate Studies in Geropsychology at James Cook University***

James Cook University offers several programs from the undergraduate through postgraduate levels for people interested in training in work with older people. Further information on the entry level Certificate of Ageing and Mental Health can be obtained from [psychology@jcu.edu.au](mailto:psychology@jcu.edu.au) or on the web at [www.jcu.edu.au/courses/certinfo/](http://www.jcu.edu.au/courses/certinfo/).

More information on the Postgraduate Certificate of Geropsychology, Postgraduate Diploma of Geropsychology or the Doctor of Psychology in Clinical Geropsychology is available from [postgraduate.psychology@jcu.edu.au](mailto:postgraduate.psychology@jcu.edu.au) or from [www.faess.jcu.edu.au/sop/](http://www.faess.jcu.edu.au/sop/).

*Ed Helmes*

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### ***Elsie Harwood Award***

The winner of the Elsie Harwood Award for 2006 was Chris Hatherly (advisor, A/Prof Kaarin Anstey) from the Australian National University. The title of Chris' thesis was "Peripheral Visual Attention in Ageing: An Evaluation of the Useful Field Of View". Chris' research summary follows:

Older adults have an elevated risk of serious traffic accidents at intersections and when turning across traffic (e.g., Lyman, McGwin, & Sims, 2001). While age-related declines in many abilities are involved, research has identified peripheral visual attention as a particularly critical ability for safe driving (Ball & Owsley, 1991).

The Useful Field of View (UFOV) is a research paradigm and screening instrument that purports to measure the size of an individual's 'attentional window' under complex viewing conditions analogous to those experienced in real life (e.g., Ball & Rebok, 1994; R. Sekuler & Ball, 1986). The UFOV gives the best prediction of older adults' driving safety of all laboratory-based screening instruments using both retrospective and prospective studies of performance and crash-history (e.g., Ball, Owsley, Sloane, Roenker, & Bruni, 1993; Owsley, Ball, Sloane, Roenker, & Bruni, 1991).

However, a number of theoretical and methodological questions with the UFOV remain to be answered. For example, the paradigm is based on the assumption that each of three UFOV subtests assesses an independent aspect of cognitive functioning (processing speed, divided attention, and distractor inhibition). However, the single study supporting this assumption utilised a small sample, uncertain logic and arbitrary performance thresholds (Ball, Roenker, & Bruni, 1990). Furthermore, other studies have found strong correlation between the subtests (e.g., Ball, Owsley, & Beard, 1990) indicating either that the subtests are

non-specific cognitive indicators, or that performance is affected by some common extraneous confound. A related methodological problem and potential common confound lies in the near viewing distances commonly used in the UFOV paradigm. The single study suggesting that presbyopia in older participants would not affect performance on the UFOV task is problematic (the study tested younger adults, Sekuler & Ball, 1986), and diverges from established findings in optometry regarding central and peripheral visual acuity (e.g., Collins, Brown, Verney, Makras, & Bowman, 1989). These problems cast doubt on the theoretical framework of the UFOV, and on the validity of the instrument as a whole.

A second theoretical problem relates to the hypothesis of age-related changes underpinning the UFOV paradigm. Briefly, early studies reported significant age-differences in the impact of distractors on error-rates across the visual field (e.g., Sekuler & Ball, 1986). These findings were interpreted as evidence for an age-related 'constriction' in the scope of visual attention in cluttered scenes that could underlie functional visual difficulties, including driving difficulties, experienced by older adults. However, other evidence suggests that such findings are artefactual or statistical, and that performance profiles actually reflect age-equivalence with increasing task complexity (e.g., Seiple, Szlyk, Yang, & Holopigian, 1996).

An elegant alternative to the hypothesis of a specific age-related attentional deficit is the theory of general slowing (Salthouse, 1996). This theory posits that age-related declines on complex cognitive tasks are largely due to age-related slowing of basic cognitive operations. This theory is supported by numerous studies showing mediation of age-differences in performance through estimated measures of central processing speed (e.g., Salthouse, Hambrick, & McGuthry, 1998).

This study investigated two research questions:

1. To what extent might individual subtests of the UFOV assess independent cognitive processes?
2. How plausible is the specific attentional impairment explanation for age-related performance deficits on the UFOV?

The sample consisted 92 community-dwelling older adults (37 female) aged 59 to 86 years ( $M=70.1$ ,  $SD=6$ ). Tests included a dementia-screen, visual acuity and sensitivity tests, a computerised UFOV assessment and cognitive measures of mental processing-speed. Participants also completed a basic demographic, health and vision questionnaire.

It was found that (1) intercorrelations between some of the UFOV subtests were largely mediated by control of vision; and (2) age-differences in performance were mediated by visual function and mental processing speed.

These are important results. Starting with the first finding, the relative independence of the subtests after control of visual factors means that the hypothesis of subtest specificity cannot be rejected. However, this was only the case after control of visual factors to compensate for the likely confound involved in having older participants seated very close to the test screen, and suggests that modifications to the paradigm to address this issue could result in a 'purer' measure of cognitive ability. Importantly, the study was not able to specify which aspect of visual function (whether acuity, peripheral or contrast sensitivity) was implicated as a confound, and support for the specificity hypothesis is limited by the fact that subtests two and three were still moderately correlated after control of vision. Further, it is unclear how the visual factors identified here impact on the utility of the UFOV as a driver-screening instrument, given that visual function, albeit with different task requirements, is also critical to safe driving (Shinar & Schieber, 1991). These are all

issues that could profitably be addressed by future research.

Turning to the second research question, the findings suggest that, as predicted, age-differences in performance on the UFOV can be parsimoniously explained by the theory of general slowing. While this does not rule out a hypothesis of specific age-related deficits in peripheral attention, such explanations do not add anything over the simpler and more established processing-speed theory. This latter finding has important implications for theoretical research on attentional distribution, where the UFOV paradigm has not previously been employed. Further research into the UFOV is warranted, particularly regarding the relationship between vision and peripheral attention, and the effect of non-linear eccentricity effects on both instrument scoring and theoretical understanding of the distribution of visual attention.

In conclusion, this study evaluated a number of hypotheses regarding the UFOV. It found that substest intercorrelations could be largely explained by visual factors as a likely confound, supporting the claim of substest specificity, and that age-related performance decline could be accounted for by vision and mental processing speed, supporting the hypothesis of general slowing. These findings suggest potential improvements to the UFOV design, and provide a better understanding of the relationship between age and visual attention, both highly important given the potential use of the UFOV as a mass screening instrument for older drivers (e.g., US Department of Transport, 1999).

The study examined age-related differences in elite adults' recall of prose, and evaluated the suitability of the Processing Resources model, the Adaptive Strategy model, and the Interaction model as explanations of any age-related differences found. Twenty six elite young adults and twenty six elite elderly adults read a complex, logically argued newspaper editorial and a simple, yet unfamiliar, short story. Prose familiarity

and prose complexity were each found to influence age differences in prose recall, indicating support for the Interaction model of discourse processing.

*Chris Hatherly*

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### **ACT Branch**

*Kaarin Anstey*

ACT Co-ordinator

We've had another good year – with a series of stimulating breakfast sessions covering a range of topics from clinicians and researchers. These have included topics such as “Working as a psychologist with Home Flexicare” – Paul Forestenko; “Retirement, engagement in activities and the sense of control - Tim Windsor. “Retirement, social participation and well-being in the Eurobodalla study” - Helen Berry and a talk on Elder Abuse by the ACT Office of Ageing.

Researchers have been busy over the past year in Canberra – here are some recent findings from our members:

**Adapting to Psychosocial transitions:** Dr Windsor, with colleagues from the ANU and Flinders University, has recently undertaken work concerned with the effects of different psychosocial transitions on well-being in older adulthood. In one study, data from the PATH Through Life project, conducted at The ANU's Centre for Mental Health Research, was used to examine the relationship between retirement from the workforce and the beliefs held by older adults regarding the extent to which they have control over their lives. The results indicated that retirees tended to have lower control beliefs relative to full-time workers, however this difference was explained by varying levels of engagement in productive activities between the groups, highlighting the importance for older adults of remaining active and engaged in retirement. An additional study used data from the Australian Longitudinal Study of Ageing to

investigate the relationship between driving cessation and depressive symptoms in a sample of very old adults. The results of this study indicated that ceased drivers tended to report more depressive symptoms than older adults who remained drivers. This relationship was mediated by control beliefs, indicating that the negative psychological effects of driving cessation are in part explained by a concomitant reduction in the sense of control. The findings point towards likely benefits of older adults actively planning for the eventuality of driving cessation, and interventions for older ceased drivers that promote self-efficacy.

Windsor, T. D. & Anstey, K. J. (in press). Interventions to reduce the adverse psychosocial impact of driving cessation on older adults. *Clinical Interventions in Ageing*.

**Dementia literacy:** Lee-Fay Low has recently submitted her doctoral thesis at the ANU on estrogen and cognition. During her time there she also found time to develop a new questionnaire to assess Dementia literacy! This has been used to conduct a national survey of dementia literacy, in collaboration with Alzheimer's Australia, involving a telephone survey of 2000 randomly selected Australian adults. Over 80% correctly recognised dementia or Alzheimer's disease from symptoms described in a vignette. Almost half thought that given ideal treatment at least partial recovery from dementia was possible. Generally the population had positive attitudes towards persons with dementia. Over 70% thought that the risk of dementia could be reduced, but when asked how, besides mental exercise most suggestions were non-specific. Notably most participants were unaware of the association between cardiovascular risk factors and

**The impact of cataract surgery on cognitive and visual functioning:** The Cataract and Memory Study (CAMS) was a randomised controlled trial that aimed to find out whether there are neuropsychological benefits of cataract surgery. The study was based at the Prince

of Wales Medical Research Institute, with sites at eye clinics at Westmead Hospital, Prince of Wales Hospital and St George Hospital. The study also examined other outcomes including depression and anxiety, visual functioning, fall risk and vision-related disability.

The study included 45 adults (mean age = 73.7 years) with bilateral cataract needing surgery for the first eye who were recruited from public ophthalmology clinics. Participants were randomised to either an intervention or control arm. Controls were assessed on two occasions at a three-month interval before having surgery. The intervention group was assessed 1-2 weeks before surgery and then reassessed three months after surgery.

The findings indicated that there were no improvements in neuropsychological test performance as a result of cataract surgery. For clinicians, this suggests that patients with cataract are not unduly disadvantaged in neuropsychological assessments. These results are consistent with a common cause interpretation of the association between brain ageing and sensory function in late life. However, a more positive finding was that cataract surgery improved everyday functioning including reading ability and instrumental activities of daily living (e.g., cooking). In terms of mood, people with improved depression scores after surgery had less difficulty with reading compared to those with unchanged or worsened depression scores.

Anstey, K. J., Lord, S., R., Hennessy, M., Mitchell, P., von Sanden, C. (in press). Effect of Cataract Removal on Cognitive Test Performance: A Randomized Controlled Trial, *Journal of the International Neuropsychological Society*

Walker, J.G., Anstey, K.J., Hennessy, M.P., Lord, S.R., & von Sanden, C. The impact of cataract surgery on psychological distress and multiple aspects of visual function: A randomised control trial. *Clinical and Experimental Ophthalmology*. In press.



**Workforce participation and mental health in late adulthood:** Studies with young and middle-aged adults have demonstrated that workforce participation is protective for mental health due to the material, social, and psychological benefits it affords. Departure from the workforce has been found to impact negatively on mental health in these age groups, and occur more frequently amongst people with existing mental health problems. Fewer studies have considered the relationship between workforce participation and mental health for people during late adulthood. With many nations introducing policy changes to promote prolonged employment and discourage retirement there is a need to better understand health and personal factors that lead to, and are affected by, withdrawal from the workforce. We have examined the prevalence of common mental health problems among Australian men aged 45 years and older in two large nationally representative samples, and considered the association with workforce participation and socio-demographic factors. Analyses of both samples revealed a higher prevalence of mental health problems among retirees compared to their working peers, however this difference was greatest in younger retirees. Where possible, this difference was explained by poorer physical functioning in retirees above, though not below, the age of 55. These preliminary findings highlight the potential psychosocial impact of workforce withdrawal, and the importance of considering health when initiating programs for continued employment.

Butterworth, P., Gill, S. C., Rodgers, B., Anstey, K. J., Villamil, E., & Melzer, D. (2006). Retirement and mental health: Analysis of the National Survey of Mental Health and Wellbeing. *Social Science & Medicine*, 62, 1179-1191.

Gill, S. C., Butterworth, P., Rodgers, B., Anstey, K. J., Villamil, E., & Melzer, D. (2006). Mental health and the timing of men's retirement. *Social*

*Psychiatry and Psychiatric Epidemiology*, 41, 515-522.

In other news, I have decided to step down as convener of the ACT AIG. The group is now well established and includes practitioners, clinicians, policy makers and academics – I am pleased to hand over the convener role to Dr Tim Windsor with Dr Holly Mack as Secretary. Tim has a background in social psychology and is currently a Postdoctoral Research Fellow in the Ageing Research Unit at the Centre for Mental Health Research, ANU.

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### ***Western Australian Branch***

#### ***Deborah Gardner***

WA Co-ordinator

It has been a quiet year in WA. We met in June to listen to Ian Sweetman (Senior Clinical Psychologist, Fremantle Hospital) speak on the topic of affect psychology and we look forward to a visit next month from Nancy Pachana. Nancy will be presenting a workshop on geriatric neuropsychology at Fremantle Hospital. The link to the registration form and details of the workshop follow:

[http://prod.groups.aps.roadhouse.com.au/paig/events\\_pd/](http://prod.groups.aps.roadhouse.com.au/paig/events_pd/)

### ***A Workshop with Dr Nancy Pachana***

**Perth Workshop– Seminar room, Level  
6 Alma Street Centre, Fremantle  
Hospital  
Friday 6<sup>th</sup> October 2006  
1:00pm – 4:30pm**

#### ***1: Driving and Dementia: Research & Assessment Update***

For those assessing or treating driving competence in older adults, this remains a vexing issue. The research on older driver safety, the latest in assessment strategies, and counselling families caught in this

difficult situation will be discussed. Film footage of driving research and new ecologically valid assessment tools in development will be shown.

## **2: BPSD: Assessment and Carer Recommendations**

Behavioural and Psychiatric Symptoms of Dementia is a huge issue affecting both professional and family caregivers. Research on BPSD, its impact on the care of persons with dementia, and how to assist carers with management issues will be covered.

## **3: Competency Assessment: Research and Assessment Strategies**

The assessment of competency is becoming increasingly important to psychologists. Strategies to address the person with dementia in a holistic manner when evaluating competency will be discussed. Illustrative case examples will be provided.

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Regular meetings of the State Interest Groups are held in Sydney (NSW), Brisbane (QLD), Perth (WA), Adelaide (SA), Melbourne (VIC) and Canberra (ACT). On occasion these forums are held jointly with groups whose interests extend into the Ageing arena. The Interest Group is also active at the National Australian Psychological Society conferences, with symposia and papers of interest to researchers and practitioners as well as those involved in the teaching and supervision of psychologists. Social activities as well as student opportunities such as research and travel awards are also available to members. Contact your local convener for details!