Newsletter No. 1
September 1996

Australian Psychological Society

Special Interest Group in Psychology and Ageing

FOREWARD

Welcome to our first Newsletter! An idea to have a Newsletter originated from the meeting of the psychologists at the 7th IPA Congress last year. We are pleased that a number of people have responded and showed interest in contributing to the Newsletter. Initially, we plan to issue a Newsletter twice a year, but we may re-consider this depending on the response we get from you.

We believe that the Newsletter has a potential to become a valuable contact resource, which help to bring together psychologists working in the area of Old Age. So, the Newsletter aims to encourage communication, information exchange and research collaboration amongst psychologists interested in Ageing.

We wish to gratefully acknowledge all the people for their valuable contribution to the inaugural issue. In particular, we would like to thank **Colleen Doyle** and **Hugh Woolford** for their editorial advice and support in organising this newsletter; and **Zoe Dam** for her help with typing.

We look forward to your feedback and your contribution.

APS ANNOUNCEMENTS

The special interest group convenors or their representatives had an audio conference recently with the Director of Social Issues, Ann Sanson. Following are some points which require responses from special interest group members:

- *Position papers*

The Director of Social Issues encourages all special interest groups to consider forming small working groups of four or five people to develop position papers on issues of social importance.

For example, Liz Dickens has recently been involved in developing a position paper on euthanasia. Position papers can be either for consideration by the APS boards, or they can be used for wider dissemination, such as to the press or to relevant government departments etc.

What issues would be relevant to the ageing interest group? Perhaps we could start a discussion group via this newsletter. If you think of a topic that you think is important for the group to address, maybe you could contact Katya with your suggestion of a topic, which she will publish in the next newsletter with requests for others who would like to join you in forming a working group. If anyone interested in developing a position paper, they could contact Ann Sanson, Director of Social Issues (03) 9663 6166 (APS National Office) or Colleen Doyle (03) 9552 4823 (Ageing National Convenor).

- *Professional development*

Mandatory professional development will be introduced for members of boards in 1997. How would the special interest group like to help members to accrue PD points? Possible ways are through seminars, workshops or other meetings. Any suggestions for PD topics that we might be able to offer as a group, contact **Colleen Doyle** (03) 9552 4823.

- *Subscription fees*

There has been some discussion about changing the structure of subscription fees for APS members, and Ann Sanson asked for feedback from special interest groups regarding possible changes. The question was whether APS subscription fees should include membership of one interest group only, extra interest groups being subject to a supplementary subscription: or to continue with the status quo, where members can belong to as many interest groups as they want to. Please voice your opinion to **Ann Sanson**, ph (03) 9663 6166.

Media spokespeople

Apparently there are currently no media spokespeople from the Ageing special interest group. Members who would like to make themselves available for the list receive a media kit, and possible some training in how to deal with the media. Contact Director of Communications, Graham Davidson.

(prepared by Colleen Doyle)

FEATURE ARTICLE

Behaviour problems in dementia and us: A modest proposal.

Mike Bird

Behaviour problems have been recognised as part of the clinical picture of dementia at least since Alzheimer's time, but have been virtually ignored by clinical researchers until recently. For carers these problems, which include screaming, incontinence, repetitive questions, violence, sexual inhibition, and hoarding, are impossible to ignore. They are a primary source of stress for both family and service providers.

Unfortunately the research vacuum means, firstly, that challenging behaviour is often dealt with on an *ad hoc* basis, including much inappropriate use of medication. Secondly, it has left a hole for many exaggerated claims and unsupported assertions about various wonder-therapies. Psychology, a discipline supposedly uniquely placed to develop rigorously evaluated behaviour management techniques, has been curiously quiescent in this area, but a few researchers have entered the fray over the years. A project now underway at the ANU is attempting a series of interventions with difficult dementia-associated behaviour. A larger project, with two clinical psychologists at its centre, should be starting this year in Sydney. Goals include:

- adding to or refining existing non-drug management techniques; and,
- raising the scientific profile of the field so that more behavioural scientists from various disciplines, and more clinical psychologists, may be enticed into what is currently seen either as 'soft' touchy feely work, or too hard.

These goals can only begin to be approached if clinicians start producing outcome data more objective than warm glow assertions. Again, uniquely, the scientist practitioner clinical psychologist has a methodology routinely at hand, namely, time-series single case quasi-experimental design, using frequency, duration or intensity of the target behaviour as the measured variable.

Presently, despite millions of published words, the number of intervention articles which have presented this basic data can be counted on two hands. A starting aim must be an exponential growth in such case studies published in main-stream international refereed journals - something analogous to what has happened with CBT over the last 15 years.

As to format, my own preference is to group 4-6 cases in an article using some common criterion, for example, nature of problem or nature of technique used (e.g., *Int. J. Geriatric Psychiatry* (1995), 10, 305-311). Case series articles allow greater room for discussion, show the enormous variability in aetiology and nature of problems which are superficially similar, and - sometimes - permit multiple baseline methodology. They also permit reporting of failures, which are lost in group data.

Publishers can be persuaded to overcome their phobia about reporting negative results if they are mixed with positives. I try and include at least one failure in articles; there's a lot of dishonesty in this area but until a literature develops which rigorously reports failure as well as success, no evaluation of non-drug management can begin.

A modest proposal

It seems that more psychologists are working in ACAT teams and psycho-geriatric wards - some even by choice. We know that some of you are doing interventions into behaviour problems in dementia but absolutely nothing is appearing in the literature. It **must** be possible to start pooling some of these cases.

Where you and a few colleagues have sufficient cases similar enough to be grouped in an article, obviously you should consider writing them up, including all failures. Where this is not possible, Hugh Woolford has suggested an unofficial clearing house where you can send details of your cases.

Articles can then be assembled once the clearing house has, say, five screaming cases, or five cases where adjusting staff behaviour has solved problems. The clinicians would be co-authors. Hugh has also rather boldly suggested that I be the clearing house. This is absolutely not a ruse for me to develop a citation list as big as a telephone book without doing any clinical work. Obviously, if I write the article (and I am willing to do this) I will be a co-author - though not necessarily the first author. However, much better would be for me to put the contributors of the cases in contact with each other so they can jointly write the article. A stream of high quality case series articles coming from different authors in Australia may well start the exponential growth that is required before serious science can begin in this area.

Methodology

Obviously some homogeneity would be advisable. What follows are merely suggestions based on my experience.

The absolute minimum data required is a baseline measure of the target behaviour, and a measure post-intervention. Staff or carer subjective reports of change can supplement these data, but I've not found them not very reliable. In any case, why rely on indirect measures, even if you are using formal behaviour rating scales, when you can actually measure the target behaviour?

My post measure varies from one week to one month after the intervention, depending on how quickly I expect it to bite. Operant conditioning, for example (where it works at all), can take a long time with dementia. Frequency and/or duration are the easiest to measure (e.g. number of repetitive questions per hour, number of sexual assaults a week, frequency and duration of screaming episodes, time spent immobile in bed).

Unless you work in the acute setting, a follow-up measure after 3-6 months is also very important. It's often quite easy to effect a short-term change while you are involved, but it's breathtakingly useless if the behaviour resumes after you have ridden off into the sunset. We psychologists have been notorious for this.

Three data points at each observation period are the absolute minimum; for example, 3 days each at pre, post, and (if applicable) at follow-up. If a meta-analysis is ever to be done on these articles, mean change in behaviour can be calculated from pooled studies, but you need enough data points at each observation period to enable the calculation of a uniform metric. (I measure from 4-7 days; it's unreasonable to expect carers to do it for longer).

You also need to demonstrate that the client has dementia, for example by citing the diagnosis from the medical file. Neuropsychological testing is also worthwhile, though for the journal article, MMSE scores and an ADL measure sensitive to cognitive decline are usually sufficient. If you have follow-up monitoring, it's very much worth doing a follow-up MMSE. This will usually shut up naive journal reviewers who claim that the behaviour has changed because of cognitive decline and not your magic intervention.

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If there is interest, I will be glad to describe in some future issue of this newsletter methods which I have found useful in increasing the chances of compliance in monitoring but, for now, this seems enough information. What would be good is for a correspondence to develop, and I would be glad to hear others' ideas, either through these pages or direct.

In the meantime I can be reached at:

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HIGHER EDUCATION NEWS

Edith Cowan University
Joondalup Campus
Perth, Western Australia
Master of Psychology (Geropsychology) Program

written by Ian Johnston

Elderly Mental Health in WA

There are 180,000 people over the age of 65 in Western Australia (Western Australian Health Dept. 1996) representing 10.4% of the population, these numbers are anticipated to rise to 205,000 by the year 2000. These frequently quoted statistics, on the ageing population of Australia, underlie one component of the reason that myself, together with my fellow Masters students, decided to undertake the Masters in Geropsychology course at Edith Cowan University. The second, and arguably, the most important, is a concern for the mental health of the elderly, and the belief that as professionals, we can contribute to an improvement in the care and assessment of our elderly population.

While they comprise 10% of the population, elderly people represent 15% of mental health consumers in Western Australia. From the beginning of June 1996 the basic units for the delivery of mental health services for the elderly will be community led multidisciplinary groups. These groups of mental health professionals will be responsible for mental health of specified populations in Western Australia.

It is as Geropsychologists within the mental health system, that the students studying their Master's hope to be integrated. This course, unique in Western Australia, offers post graduate psychology students the opportunity, within the scientific practitioner model, to access this growing speciality in aged health care.

Course Outline

The Geropsychology program is one of four professional Master's programs at Edith Cowan University; Clinical, Forensic and Community and Environmental comprising the other three streams within the Department of Psychology. The course duration is of two years full time, or the part time equivalent (Edith Cowan Handbook 1996).

The Geropsychology course commenced in 1996, and at the moment has three full time and four part time students. The course is structured with an integration of coursework, research and practicum components. Specialist units comprise, biological and social changes in ageing and psychological disorders of the aged. Coursework consists of a minimum of three hours per week contact time at the campus, the individual thesis course requirement provides an opportunity for us to research interest specialities germane to Geropsychology.

The Department, anticipating a growing demand for the course, has recruited several staff, well qualified in the field. Associate Prof. Ed Helmes who heads the program is well known internationally for his many publications and Dr. Susan Gee. undertook specialised research in the field while in England.

The three practicums totalling 150 days practical placements, across a number of geriatric institutions, from day hospitals for the elderly, nursing homes to specialised psychogeriatric hospitals.

Conclusion

The opportunity to be a pioneer in this Masters stream in Western Australia provides us with many challenges. The implementation of psychological assessment and intervention procedures with elderly populations, is one such niche where, we believe that in the future we will be able to make a substantial contribution to the aged in W. A..

References:

Edith Cowan University Edith Cowan Handbook *(1996) Edith Cowan University Joondalup W.A.*

Western Australian Government Health Department *The Mental Health Plan for Western Australia* (1996) W.A. Govt Publication.

CONTACT ADDRESSES

In this section (see next page), we list the addresses of people who may be contacted to share common professional interests. If you like to have your address for correspondence printed in a forthcoming newsletter, please forward your details to the editor, Katya Malinovskaya.

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Special Interests: Research in cognitive ageing and dementia; Neuropsychology, Neurobiology, Epidemiology

NOTICE OF MEETINGS

Prepared by Colleen Doyle

SYDNEY:

October 14 Monday	**Hypnosis and its use with the Elderly** Presentation and discussion by *Robert Armstrong*
December 2 Monday	**End of Year Dinner** "An in vivo demonstration of social skills training". Details pending.

For location and times please contact Robert Armstrong on (02) 88 1222 during office hours.

MELBOURNE:

October 10 Thursday 8.00 pm	**"Group work with older adults"** *Caroline Mohr* *Location:* Board Room, Main Administration Building, Kingston Centre, Warrigal Road, Cheltenham.
December 2 Monday 6pm	**Meeting and Christmas celebration** *Location:* Board Room - Australian Psychological Society Cnr. Grattan and Rathdowne Streets, Carlton.

APS CONFERENCE

This is to let you know that our symposium at the APS 1996 Conference has been accepted. The title of the symposium is "Psychology and Ageing" and it will occur 4-6pm on Saturday 28th September. Six people will be presenting papers. As we have so many people presenting, we will have to be really tight with the time monitoring. I suggest that you plan to talk for 15 minutes and then allow for 5 minutes discussion. The following people will be presenting:

C Shultz & B Davis (Latrobe University) The grieving experience of older mothers and fathers of children with schizophrenia.

L Gething, J Fethney & A Blazley (The University of Sydney) Quality of life issues for older people following hospital discharge.

Y Wells (Latrobe University) The consequences of becoming a spouse caregiver for the well being of older people.

H Schofield, B Murphy and H Herrman (The University of Melbourne) Family carers of intellectually or physically impaired relatives: a comparative study.

J Turner (The Rozelle Hospital) Cognitive behaviour therapy (CBT) with older people.

I hope this order of presentation suits you. It seems a logical progression of topics. I look forward to seeing you at the conference and the session. The APS Special Interest Group on Psychology and Ageing is currently considering a social event that will be attached to the symposium. We will let you know if anything eventuates.

Best wishes,
Lindsay Gething

Please forward any suggestions or inquiries to **Katya Malinovskaya, editor** (tel: +61 3 9344 4303; Fax: +61 3 9347 6618; Dept. of Psychology, University of Melbourne, Parkville, VIC 3052; E-mail: k.malinovskaya@psych.unimelb.edu.au).