NOTE: all abstracts are in the ABSTRACT PROGRAM also available on the conference website

FRIDAY 15th November

8.45am Welcome and Opening Remarks: Nancy Pachana and Carol Hunter

9.00 – 10.00 Keynote Address: Psychology, technology and tomorrow: How innovation is changing research, teaching and clinical practice

Dr Norm O’Rourke

10.00 – 10.30 Morning Tea

10.30-12.00 Symposium 1: Promoting Psychologists in Residential Aged Care Settings: Illustrative Programs and Panel Discussion

Sarah MacPherson, Sunil Bhar, Tanya Davison, Colleen Doyle.

Chair: Nancy Pachana

12.00 – 1.00 LUNCH

1.00-2.30 Afternoon Concurrent Streamed Sessions

Stream A: Dementia

1 Annie Smith: Younger onset dementia: Perspectives from persons diagnosed with YOD and caregivers, symptoms, diagnosis and support services.

2 Catriona Lorang: Systematic Assessment for Managing changes in Behaviours of concern for People with Severe Dementia.

3 Nancy Pachana: Developing driving cessation programs for older adults with and without dementia.

Stream B: Late life issues and concerns

4 Kim-Michelle Gilson: Who abstains from drinking and why?

5 Adam Micallef: To what extent do somatic symptoms in community dwelling citizens in Tasmania compromise the Depression Anxiety Stress Scale?
6 Peter Rendell: Improving older adult’s prospective memory with the implementation intentions strategy

2.30 – 3.00pm Afternoon Tea: POSTER SESSION 1: Dementia and Cognitive Impairment

a Alexandra Creighton: Using spaced based retrieval training to promote people with dementia to independently use their walking frames: A pilot study

b Jane Turner: Staff attitudes and resident behaviour in a dementia specific unit

c Kenny Cheong: Exploring the feasibility of advanced care planning in persons with early cognitive impairment

3.00 – 5.00pm Afternoon Concurrent Streamed Sessions

Stream A: Quality of Life, Decision Making and Wisdom

7 Leander Mitchell: Respecting autonomy: A collaborative approach to decision making

8 Yvonne Wells: Is congregate housing a good alternative for older people? Impacts of accommodation on quality of life and social participation

9 David Spektor: Human doings: Man’s search for meaning in later life.


Stream B: Therapies


12 Kelly James: Reminiscence therapy improves mood and hopelessness in non-clinical individuals

13 Selma Music: Cognitive behaviour therapy conducted over the phone: barriers and enablers.

14 Sunil Bhar: Reminiscence therapy: Neurophysiological mechanisms of change.

5.00 – 6.00pm: PAIG AGM PLUS Elsie Harwood award winner talk

7pm: CONFERENCE DINNER. Details to be announced.
SATURDAY 16th November

9.00 – 10.30 Early Morning Concurrent Sessions

Stream A: Workshop: Idealization of one’s spouse and relationship: Clinical implications for conjugal bereavement, informal dementia care and family therapy

Dr Norm O’Rourke

Stream B: Symposium 2: Understanding differences in cognitive, emotional and physiological reactions to stress in older adults, and how older adults can benefit from psychological strategies for emotional distress.

Jacqueline Frei, Jamie Nowlan, Carly Johnco, Viviana Wuthrich

Chair: Viviana Wuthrich

10.30 – 11.00 Morning Tea: POSTER SESSION 2: Clinical Issues

d. Gaye Foster: Evaluation of the “Healthy minds” group therapy intervention for older adults with mood and anxiety disorders

e. Deidre Pye: Fractured NOF vs Fractures spirit


g. David Pedder: Emotion suppression in older adults: Effective regulation without increased cognitive costs.

11.00 – 12.30 Late Morning Concurrent Streamed Sessions

Stream A: Positive and Negative Impacts on Quality of Life in Older Persons

15 Naser Al Abed: Psychological effects of racism on older Arab migrants and refugees.

16 Ilonka Guse: Elder abuse in Australia – Need for action.

17 Urska Arnautovska: What do older adults consider important for their physical activity

Stream B: Residential Aged Care

18 Trish Carroll: Narrative and the ‘Top 5’. The storey continues – An evolving model of transition to residential aged care

19 Sarah-Jane Stratton: Group Cognitive Behavioural Therapy for anxiety within a residential age care facility: Experiences from a clinical psychology placement
20 Robyn Cody: Psychotherapy in residential aged care: Evidence and challenges.

12.30 – 1.30 LUNCH

1.30 – 3.00 Afternoon Concurrent Sessions

Stream B: Clinical considerations

21 Beyon Miloyan: Age related changes in social phobia symptoms

22 Pam Rycroft: Increasing family involvement in an aged psychiatry services: an ongoing project.

23 Catherine Hudgson: Working with families in an aged care psychiatry services: some case examples.

Stream B: Sensory and assessment issues


25 Tiffany M. Elliott: Grandparenting with low vision or blindness: Experiencing valuable relationships across the generations.

26 Mandy Salomon: Can people with dementia undertake tasks in a virtual environment

Conference Ends 3pm Saturday
ABSTRACTS  In order of presentation

FRIDAY

Keynote Address. Psychology, technology and tomorrow: how innovation is changing research, teaching and clinical practice

Author: Norm O’Rourke, Department of Gerontology, Simon Fraser University

Opportunities for psychologists in all domains of our discipline are today more varied than ever. Often, however, the sheer pace of innovation is daunting as is the speed of technology obsolescence. In other words, today’s iPad will be tomorrow’s Palm Pilot (and the cost of today’s tools will decrease by 50% within 2 years). The risk is that we become stymied by choice. But we must be fearless when facing the future. Be it in the classroom, the lab or private practice, today’s technology offers a range of opportunities to disseminate information, study phenomena and delivery psycho-education and interventions. Infographics can be used to teach abstract concepts and convey research findings (knowledge translation); online recruitment and data collection has dramatically improved the efficiency and cost effectiveness of questionnaire research; and GPS tracking is being used to keep dementia patients safe. In other words, technology can help us become more effective teachers, academics and practitioners while saving both time and money. This address will describe examples of how technology today is improving the working life of psychologists. Suggestions will be made how to avoid feeling overwhelmed, how to distinguish fads from trends, and how to select among available technology options.

Symposium 1: Promoting Psychologists in Residential Aged Care Settings: Illustrative Programs and Panel Discussion.

Chair: Nancy Pachana, School of Psychology, University of Queensland

While there is growing evidence that psychological interventions are effective in aged care settings, Australian residents have limited access to psychologists. This symposium explores ways to promote the role of psychologists in residential facilities. Three programs that integrate psychologists and train postgraduate students will be presented, with discussion from other psychologists with considerable expertise in the field. Dr MacPherson will present a two-year trial of an in-house clinical psychologist who provides psychological services and trains students, providing a model that can be rolled out across other facilities. Dr Bhar will describe a university-based counselling service that has provided psychological support to aged care residents and specialist training to psychologists over three years. Dr Davison will present findings from a research project evaluating psychotherapy with aged care residents, with therapy delivered by clinical psychology students under supervision. Prof Doyle will provide insights on the role of psychologists in aged care from the perspective of an aged care service provider. These presentations will be followed by a panel discussion that aims to address barriers to psychologist involvement and develop a strategy to promote their contribution in aged care facilities.
1. Symposium paper. Trial of an in-house psychologist in residential aged care

Authors: **Sarah MacPherson**, Aged Care Evaluation Unit, Southern NSW Local Health District & Ms Iris Carter, Australian National University.

Research indicates high rates of psychopathology and BPSD in Residential Aged Care Facilities (RACF) and that the psychosocial, behavioural and mood difficulties of residents can be alleviated by the provision of psychological services. Yet access to psychological services for older people living in Australian RACF remains limited. This project is a 2 year trial of an in-house clinical psychologist at Goodwin Aged Care and aims to 1) define the role of a psychologist in RACF, 2) evaluate the outcomes of psychological services for residents and staff, and 3) train the future psychology workforce in working with older people. Clinical Psychologists are employed 1 day per week in 2 facilities to provide psychological services to residents, support for families and support and education for staff, as well as supervising post-graduate clinical psychology students on placement. Pre- and post-therapy measures on resident outcomes, health service utilisation, medication use, staff stress, and student attitudes and competency pre- and post-placement. Data collection is ongoing, but early indicators show the value of this service for everyone involved. The models developed in this project would be transferrable to other RACF and teaching institutions.

2. Symposium paper. Introduction of a university based counselling service for older adults living in residential care settings

Authors: **Sunil S. Bhar**, Swinburne University of Technology, & Mark Silver, Commonwealth Respite and Carelink Centre Southern Region, Alfred Health.

By 2031, about a quarter of Australia’s population will be over 65. Yet, there remains a paucity of psychological services for older adults. Psychologists are poorly trained in geropsychology, and older adults, particularly those living in residential aged care settings, and have difficulty accessing counselling. This paper describes an innovative program to address both gaps. An outreach wellbeing clinic was established in 2011 across several aged care facilities to provide counselling to aged care residents. Postgraduate psychology students from Swinburne University travelled to these facilities to provide counselling. This paper presents an overview of the implementation, structure and model of this clinic. It presents the frameworks used to guide clinical care and supervision, as well as the successes and challenges of the clinic as perceived by clients, nursing staff and students. It provides an overview of the lessons learned for ensuring the sustainability of the model. Over the last three years, the clinic has been successful in providing older adults access to counselling services, and in providing training to postgraduate psychology students. This model may serve as a blueprint for other education or residential services for implementing a counselling service in residential aged care settings.

3. Symposium paper. Training psychology students in an evaluation of acceptance and commitment therapy: An alternative model for placements in aged care facilities
Authors: **Tanya E Davison**, Barbara Eppingstall, Susannah Runci, Daniel W O’Connor, Aged Mental Health Research Unit, Monash University.

Very few aged care residents have access to psychological services, despite the high prevalence of mental health concerns and low psychological wellbeing in aged care settings. This project aimed to (i) provide access to psychological interventions to a group of older adults residing across four aged care facilities, and (ii) provide an opportunity for postgraduate clinical psychology students to develop their skills in providing psychological interventions in aged care settings. We met these aims by providing the interventions in the context of a clinical trial of Acceptance and Commitment Therapy, which to date has not been piloted with aged care residents. This paper will present findings of the intervention, in terms of quality of life and symptoms of depression and anxiety, as well as resident and staff reports of treatment satisfaction. This group of aged care residents reported high satisfaction with this approach and both staff and residents welcomed the psychology program. The strengths and limitations of this model will be discussed.

4. Symposium paper: Research, quality improvement and evaluation: expanding the role of psychologists in residential aged care

Author: **Colleen Doyle**, National Ageing Research Institute, Australian Catholic University, Catholic Homes

With a majority of residents in residential aged care living with cognitive impairment or mental illness, and higher rates of depression and anxiety than older adults living in the community, clinical psychologists have great potential to improve the quality of life of people living in such settings. However, another role for psychologists working in aged care that is less recognized is that of the research psychologist. The author is a research psychologist coordinating a research program for Catholic Homes, which provides care for approximately 1200 older adults in Victoria. Some of the enablers and challenges to the development of a research program in aged care settings will be raised. Enablers include support from senior management, early development and profiling of a strategic plan, canvassing research priorities with clinical staff, and embedding research in the quality improvement and learning and development activities. Challenges include insufficient resources to cover all residential facilities, limited understanding of the relevance of research to clinical practice, and balancing the needs of university partners and practice partners.

References


1 Paper: Younger onset dementia: Perspectives from persons diagnosed with YOD and caregivers, symptoms, diagnosis and support services.

Authors: Annie Smith & Beryl Buckby, School of Arts and Social Sciences, James Cook University.

There is evidence that people with younger-onset dementia (YOD) have difficulties obtaining a diagnosis and accessing support services but little research has investigated these difficulties from the perspective of persons diagnosed with YOD and their caregivers. This study explored the diagnostic experiences from the perspective of persons diagnosed with YOD and their caregivers. This study also assessed neuropsychological functioning to determine if a good fit exists between sufferer’s impairments and available support. A case study was conducted with three people diagnosed with YOD and two of their caregivers. This consisted of archival reviews of participant’s health reports, open ended interviews exploring the experiences of YOD with diagnosed participants and caregivers, and neuropsychological testing. It was found that the participants diagnosed with YOD and caregivers experienced diagnostic difficulties, namely, health professional’s poor symptom recognition, misdiagnosis and a poorly defined referral pathway. Neuropsychological results found each person has unique needs that are not met by available YOD support services in a regional area. In conclusion this study found persons diagnosed with YOD have encountered diagnostic difficulties and there is a gap between needs and available YOD support.

2 Paper: Systematic assessment for managing changes in behaviours of concern for people with severe dementia.

Author: Catriona Lorang, HammondCare

People with severe dementia may exhibit what appear to be inexplicable changes in behaviour. In many instances triggers for behaviour change can be identified and linked with changes in the circumstances surrounding the person. This presentation aims to explore problem solving approaches to negative changes in behaviour, which may give opportunities to investigate factors which can create a positive change in behaviour or maximise quality of life. Discussion will focus on topics such as pain management, medical history, environmental factors and the individual's personal experiences and emotions. The use of observational assessments will also be reviewed; these are successfully utilised in residential care and may also be used for clients still living at home. Learning outcomes of the presentation are designed to meet the needs of professionals and carers at home, drawing on practical, evidence-based approaches to assist in monitoring and managing changes in behaviour.

3 Paper: Developing driving cessation programs for older adults with and without dementia.

Author: Nancy A Pachana, School of Psychology, University of Queensland.
Older adults with and without cognitive impairment often must consider stopping driving. Driving cessation may be contemplated because of physical impairments such as arthritis, cognitive impairments such as dementia, for reasons of impairment such as epilepsy or taking medications which make one unsafe to drive. But driving cessation may have negative emotional and social consequences for the older adult and their families and friends. The development of empirically derived models of driving cessation for older adults with dementia, and the ability of current driving cessation programs to serve this populations needs, is the focus of the presentation. Qualitative data from a study of older adults with dementia, carers and health care professionals will be presented.

4 Paper: Who abstains from drinking and why?

Authors: Kim-Michelle Gilson, Turning Point Alcohol and Drug Centre, Christina Bryant, Psychological Sciences, University of Melbourne and Centre for Women’s Mental Health, Royal Women’s Hospital, Victoria, & Fiona Judd, Centre for Women’s Mental Health, Royal Women’s Hospital, Victoria and Department of Psychiatry, University of Melbourne.

Background: Older adults’ reasons for abstaining have not previously been explored in Australia. Investigating these reasons is important given that knowledge in this area could further inform work that promotes safer drinking among risky drinkers.

Aim: This study intends to explore the reasons for abstention or limiting drinking among different groups of alcohol drinkers and non-drinkers.

Method: A random sample of 422 older adults (aged >60 years) completed a survey on physical and mental health, alcohol consumption and various alcohol cognition measures, including the reasons for not drinking.

Results: The reason ‘I have no interest in drinking’ was most common in both abstainers (96.5%) and former drinkers (96%), and former drinkers were more likely to report not drinking because of poor health (66.7%). Compared to high-risk drinkers, both groups of non-drinkers strongly believed that alcohol was bad for their health, has a bad effect on their activities, and is a waste of money. Despite engaging in high-risk drinking, 46.2% were brought up not to drink. High risk and former drinkers showed similar poor health profiles, which contrasted with low-risk drinkers and abstainers.

5 Paper: To what extent do somatic symptoms in community dwelling citizens in Tasmania compromise the Depression Anxiety Stress Scale?

Authors: Adam Micallef & Ed Helmes, James Cook University-Townsville, Older Persons’ Mental Health Service-North West Tasmania: Department of Health and Human Services

In the context of limited resources dedicated to the identification of anxiety and depression in senior citizens, it is crucial that the most effective measures are applied. This study compares the effects of somatic symptoms, as measured by the Patient Health Questionnaire (PHQ), on the Depression Anxiety Stress Scales (DASS-21) with two widely accepted instruments. We predict the Geriatric Depression Scale (GDS) and Geriatric
Anxiety Inventory (GAI) designed specifically for senior citizens, will be less affected by somatic symptoms. Senior citizens clubs in north-western Tasmania were chosen as they were representative of a cross-section of individuals 50 years or older. Ninety-seven (42%) members, of two clubs, participated in the study by means of interview or survey questionnaire. Spearman’s correlations with the somatic scale were statistically significant with all instruments; however, were highest for DASS-Anxiety (0.57, p <.01), GAI (0.50, p<.01), and GDS (0.52, p<.01). Regression analyses revealed medications are the most significant predictors of scale variance accounting for 6.5% of DASS-21, (p<.01), GDS 17% (p<.001) and GAI 24.9% (p<.001). Our results suggest the DASS-21 can be an effective screening instrument, not just in general adult populations but also for senior citizens residing in their own homes in the community.

6. Paper: Improving older adult’s prospective memory with the implementation intentions strategy

Authors: Peter G Rendell, Australian Catholic University1, Julie D Henry2, Phoebe Bailey3, Louise H Phillips4, Mareike Altgassen5, Melisa Bugge1, Clare Ryrie1, Matthias Kliegel6

1 Australian Catholic University, Melbourne, Australia • 2 University of Queensland, Brisbane Australia, 3 University of Western Sydney, Australia, 4Aberdeen University, UK, 5Radboud University, Nijmegen Netherlands, 6University of Geneva, Switzerland

Prospective memory (PM) refers remembering to carry out future intentions. Many studies have shown age-related deficits on most PM tasks but few have focused on strategies to improve PM. Implementation-intentions is one strategy that appears to be effective. This strategy involves forming and repeating a specific statement, “when situation x arises, I will perform response y”. This usually also involves a future thinking aspect of instructions to imagine carrying out the task. This is the first study to disentangle the statement and future thinking features in an aging study of PM. There were 100 young and 100 older adults who completed the PM measure Virtual Week; a computerized board game simulating a week of activities and PM tasks from daily life. There were four between-groups encoding conditions: statement alone; statement plus imagining; imagining alone; and control. The implementation-intention statement with or without imagining task eliminated the substantial age-related deficits on event-based tasks but did not reduce age differences on time-based tasks. Imagining task alone did not reduce age differences. Thus finding that imagining component is not as critical as the intention statement and that simply repeating a specific intention statement can substantially improve older adult’s PM performance.

a. Poster: Using spaced based retrieval training to promote people with dementia to independently use their walking frames: A pilot study.

Authors: Alexandra Creighton, Tanya Davison, Eva Van Der Ploeg, & Daniel O’Connor, Aged Mental Health Research Unit, Monash University.

While the steady decline of memory is the first and most invalidating symptom of dementia, a memory intervention called Spaced-Retrieval (SR) training has been shown to promote
the acquisition and retention of new information and behavioural strategies. Due to the high risk of falls among aged care populations, the aim of this pilot study was to determine the efficacy of SR to prompt residents with dementia to independently use their walking frames. Utilising a cross-over methodology and case study approach, four residential aged care residents with a diagnosis of dementia received five individually-administered, one-hour sessions of SR and five sessions of a social-interaction control condition. Results provided modest evidence for the use of SR in teaching participants to independently use their walkers, with the findings also suggesting possible secondary noncognitive benefits. In terms of the clinical implications, the findings suggested that staff behaviour, dementia severity, the individual's attitude towards their walker, and ability to maintain attention during sessions, all influenced the efficacy of SR and whether the strategy was learned and generalised into daily life.

b. Poster: Staff attitudes and resident behaviour in a dementia specific unit.

Authors: Jane Turner (The University of Sydney), R McDonald (South Western Sydney Local Health District), R Menzies (The University of Sydney), & Tanya E Davison (Monash University).

Dementia is frequently associated with behaviours that cause distress to the person with dementia and others in their environment; and frequently precipitate referral to specialist mental health services. Care staff experience high levels of stress; and research suggests that negative staff attitudes can adversely impact on resident behaviour. The aims of this study were to a) investigate staff attitudes toward caring for people with challenging behaviours, and the use of behavioural modification procedures; b) describe the behaviours demonstrated by residents, and staff management; and c) identify staff learning needs. A cross-sectional survey design using self-report questionnaires and a behaviour audit was used with 31 care staff in a Dementia Specific Unit in Sydney. The results indicated a high prevalence of aggressive and non-aggressive behaviour problems, which were seen as clinically significant by 86% of staff. The majority of staff reported current use of behaviour modification procedures with their residents, with 87% indicating support for additional training in these techniques. This study indicates great scope for behavioural and educational initiatives in residential care facilities.

c. Poster: Exploring the feasibility of advanced care planning in persons with early cognitive impairment.

Authors: Kenny Cheong, James Cook University, Singapore, P Fisher, James Cook University, Singapore, J Goh, Department of Medical Social Service, KTPH, L Ng, Department of Medical Social Service, KTPH, HM Koh, Geriatric Centre, KTPH, & P Yap, HM Koh, Geriatric Centre, KTPH.

Persons with early cognitive impairment (ECI), comprising mild cognitive impairment and early dementia, face the risk of diminished mental capacity with progressive dementia. Advance Care Planning (ACP) is advocated as a means to respect the autonomy of individuals and enable them to express their wishes for the future while they still possess
mental capacity. This study aims to explore the feasibility of ACP in persons with ECI in Singapore. Consecutive patients undergoing a counselling service for persons with ECI who fulfilled inclusion criteria (Mini Mental State Examination score $\geq 18$, Clinical Dementia Rating = 0.5 or 1) were recruited. Demographic and clinical data were collected and the proceedings of the counselling sessions were subjected to a thematic analysis. Ninety-three patients (mean age 76.0, 60.2% female) were recruited of which 38.7% chose to engage further in ACP discussions. Of those who declined ACP, four main themes emerged from the analysis. Most of the participants perceived ACP to be irrelevant and were passive in planning for their future. Many of the participants also avoided talking about ACP. The findings suggest that the reasons for declining ACP are much influenced by personal values and socio-cultural norms, and this has important implications for practice.

7 Paper: Respecting autonomy: A collaborative approach to decision making

Authors: Leander K Mitchell (University of Queensland, Brisbane, Australia), Hertogh, C. M. P. M. (Department of General Practice & Elderly Care Medicine, EMGO Institute for Health and Care Research, VU University Medical Center Amsterdam, The Netherlands), Sorinmade, O. A. (Older Adult Psychiatry Directorate, Oxleas NHS Foundation Trust, London, England), & Peisah, C. (University of New South Wales and Australian Centre for Capacity, Ethics and the Prevention of Abuse of People with a Disability (ACEPPD), Sydney, Australia).

The capacity of an individual to make their own decisions has primarily relied on a dichotomous framework; the person either can or cannot make their own decisions. Unfortunately this approach focused on deficits rather than strengths; on control rather than collaboration. With this issue in mind, a workgroup within the International Psychogeriatric Association’s Taskforce on Capacity has developed a practical framework to help foster a collaborative approach to decision making. With a focus on what the individual can contribute, rather than on what they cannot, ASK ME (Assess; Simplify; Know; Maximise; Enable) provides – at its most fundamental level – for the promotion of individualized care and self-determination. At a clinical level, it draws on comprehensive biopsychosocial assessment, to guide the clinician – and often the multidisciplinary team – in how best to promote independence in decision making. At a theoretical level, it draws from the cognitive rehabilitation area, incorporating strategies that have proven successful in terms of compensating for deficits, including utilizing the strengths of the individual. This presentation will outline, in more detail, the ASK ME framework, including theoretical underpinnings and will include illustrations as to how such a framework can be implemented within a clinical setting.


Authors: Yvonne Wells & Herd, A. (La Trobe University)

Models of housing and services for older people are needed that provide security and support without undermining autonomy and independence. With population ageing, the
question of which housing and supports will best promote health and wellbeing for future generations is critical. The My Place for Life project, a panel study funded by an ARC Linkages grant, seeks to explore the impacts of housing and services on the wellbeing of older people with a view to informing the development of future models. In 2012, over 400 participants in Victoria and Tasmania living in their own homes, in congregate housing settings, or in low-level residential care were interviewed. The analyses reported here explore the impacts of participants' current accommodation on their quality of life and social participation. Results showed systematic differences in these outcomes across settings, in favour of retirement villages. While participants generally reported high levels of belonging, they less often felt that they had an active and valued social role. Providers need to be aware of a need to encourage older residents to have a say in the social structures that support their lives.

9 Paper: Human doings: Man’s search for meaning in later life.

Author: David Spektor, Melbourne Health

One of the most neglected areas in geropsychology is thinking about the impact of losses on men's masculine identity in later life. Men maintain a sense of identity in our society in ways that are different from women and which are also changing as the result of wider social changes. Traditionally masculinity has been strongly associated with employment, being a breadwinner/provider, being strong and protective for others and with being physically potent and powerful. Aging impacts on all these vital sources of masculine identity. When these are taken away or reduced in older adulthood how do men sustain their identity and what impact does this have on their mental health as a whole? Men over the age of 65 are 10 times more likely to commit suicide than women of the same age and one identified risk for suicide is simply “being male.” Thus far there have been very few therapeutic interventions that have focussed on issues to do with masculinity in later life, and therefore the idea of a group for men in later life has been borne. This presentation will explain the idea for the group and the interesting findings since its inception over 2 years ago.


Authors: Leander K Mitchell & Nancy A Pachana (School of Psychology, University of Queensland)

One of the key considerations in wisdom research is defining and operationalising the construct of wisdom itself. At its broadest level, explicit and implicit definitions of wisdom have been proposed. Catering to depth, wisdom has also been characterised within Western (or independent) cultures and Eastern (or interdependent) cultures. Research in this particular area is, however, sparse. This study therefore looked to determine whether or not differences exist in how Australians (aged 50 years and over) would define wisdom, distinguishing between those who identified most with independent cultural values and those who identified most with interdependent cultural values. An online questionnaire was used and included demographic information, the Self Construal Scale, and a list of wisdom
Descriptors to be rated according to how descriptive they were of a wise person. The results indicated that participants higher in levels of independence rated such descriptors as formally educated, well-read, and intelligent as most descriptive of a wise person. Those scoring higher in levels of interdependence described a wise person as not necessarily formally educated, understands people, provides good advice, and is worth listening to. This presentation will explore these results in the context of the results of other research in this area.


Authors: Bradley Ward (Richmond Specialist Mental Health Service for Older People)

Anxiety in older people is under diagnosed and poorly treated despite significant functional and psychological sequelae. Mindfulness-based cognitive therapy (MBCT) has been shown to be a promising treatment for anxiety. The aim of this study was to determine the effect of a MBCT programme on anxiety symptoms in older people. Fifty-two participants were randomly allocated into therapy and control groups for either a 7 week MBCT programme or a structured activities group. Measures were administered at programme commencement, completion and one month follow up. The therapy group showed significant improvements (p < .001) on all measures at the end of the MBCT programme. Improvements continued at one month follow up (p < .001) except for the GAI and MAAS, where initial gains were maintained but did not improve significantly. The control group did not show significant changes at any point. Significant changes were observed between groups on the GAI at the completion of the MBCT programme and at one month follow up. This study represents one of the first to study the impact of MBCT on anxiety symptoms for older people utilising both a randomised control trial paradigm, follow up measures and specialised instruments.

12 Paper: Reminiscence therapy improves mood and hopelessness in non-clinical individuals

Authors: Kelly James & Sunil Bhar, Swinburne University of Technology

Objective: High rates of suicide continue, requiring the need for effective suicide prevention treatments. While treatments that focus on reducing the risk factors of suicide, such as depression and hopelessness, are effective for reducing suicide attempts, the duration of such treatments remain long, and thus do not provide rapid relief from depression and hopelessness. This study examined the efficacy of a single session of reminiscence intervention for reducing depression and hopelessness. The study also explored the relationship between negative self-attitudes and improvement in wellbeing.

Method: An open trial of the intervention was conducted with 26 non-clinical participants. Participants were engaged through a one-to-one interview to talk about their past problem solving successes. Questionnaires to measure mood, hopelessness and self-mastery were given to participants before and after the interview.
Results: Levels of depressed mood, mastery and hopelessness significantly improved following the interview, compared to baseline levels. Further analyses revealed that negative self-attitudes do not moderate such improvements.

Conclusions: These findings suggest that a one-session reminiscence-based intervention may significantly contribute to the improvement of depression and hopelessness.

13 Paper: Cognitive behaviour therapy conducted over the phone: barriers and enablers.

Authors: Selma Music (Swinburne University), Sunil Bhar (Swinburne University), Jan-Louise Godfrey (Swinburne University), Christina Bell (Swinburne University), Claire Ahern (Swinburne University), Denise Wissman (Swinburne University), Elinor van Omme (Swinburne University), Kerrin Danswan (Swinburne University), Colleen Doyle (Australian Catholic University, Catholic Homes, National Ageing Research Institute)

When cognitive behavior therapy (CBT) is delivered by phone instead of face-to-face, it allows people to receive counseling therapy who may otherwise have difficulty accessing treatment. It has lower attrition rates compared to face-to-face CBT and has been found to be as effective in reducing depression and anxiety as face-to-face CBT in selected samples [1,2]. We have been conducting a randomized controlled trial of telephone-administered CBT for older adults with chronic obstructive pulmonary disease (COPD). COPD is a respiratory disease that causes breathlessness, coughing, weight change, mobility problems, reduced quality of life and frequent hospitalization to manage exacerbations. The aim of this trial is to evaluate the effect of telephone-administered CBT on clients with COPD and at least mild levels of depression and/or anxiety. Over 180 participants have been screened and 95 randomized into CBT intervention or active social control groups. Therapists are Swinburne University postgraduate psychology students who have been trained to competency standards to deliver the intervention. This paper outlines the experience of the therapists delivering the intervention, and discusses the barriers and enablers to successful delivery of CBT in this format.

1 Mohr DC, Ho J, Duffecy J, Reifler D, Sokol L, Burns M, Jin L, Siddique L. Effect of telephone administered vs face to face cognitive behavior therapy on adherence to therapy and depression outcomes among primary care patients: a randomized trial. JAMA 2012, Jun 6, 307(21) 2278-2285.


14 Paper: Reminiscence therapy: Neurophysiological mechanisms of change.

Authors: Sunil Bhar, Joseph Ciorciari, Ligia Yap, Lee Lawrence (all from: Swinburne University of Technology)
Reminiscing has been found to improve mood. However, treatment mechanisms for such outcomes have not been widely examined. This study examined the neurophysiological mediators of change associated with reminiscence. Participants (n = 30 non clinical adults over the age of 60) were randomly allocated to either a reminiscence or control condition. Participants randomised to the control condition were asked to solve memory tasks, while those randomised to the reminiscence condition were asked to recollect memories of problem solving successes. Participants completed a battery of pre and post self-report measures of mood, self-efficacy and hopelessness, and underwent continuous EEG assessment. Improvements were observed in mood, self-efficacy and hopelessness, regardless of condition. However, participants in the control condition used neurocognitive systems involving memory and decision making, while those in the reminiscence condition used brain regions involving somatosensory function. Thus, distinct neurophysiological activity may have accounted for such improvements in each condition. This is the first study to implicate the activation of visualisation as a specific mechanism of change in reminiscence therapy.

SATURDAY

Workshop: Idealization of one's spouse and relationship: Clinical implications for conjugal bereavement, informal dementia care and family therapy

Author: Norm O'Rourke, Department of Gerontology, Simon Fraser University

Idealization of one’s spouse and marriage at one time was thought to be a ‘dangerous affliction’. During courtship and as newlyweds, it was thought that spouses present themselves in an exclusively positive ways setting up their partners for inevitable disappointment. Implicit here is the assumption that idealization cannot be sustained over the long-term, and that married men and women eventually come to appraise their spouses and relationships objectively. Contemporary research supports neither assertion; in fact, marital idealization appears relatively stable over time and has been reported in couples who have been married for decades. Far from ‘an affliction’ marital idealization appears to be highly adaptive in certain circumstances. More precisely, this phenomenon emerged as a predictor of marital satisfaction among spouses undergoing addiction treatment, as a significant buffer to distress among caregivers of persons with Alzheimer disease, and idealization of deceased husbands is associated with adaptation to widowhood. This workshop will include clinical vignettes and practical discussion of marital idealization in various geropsychology contexts.

Symposium 2: Understanding differences in cognitive, emotional and physiological reactions to stress in older adults, and how older adults can benefit from psychological strategies for emotional distress.

Chair: Viviana Wuthrich, Centre for Emotional Health, Department of Psychology, Macquarie University.
Research indicates that emotional reactivity and distress change with age, with some research suggesting that older adults are more positive and cope better with stress. This symposium will include four papers that together provide a clearer understanding of differences in stress reactivity and coping in older adults, and how older adults benefit from cognitive strategies for dealing with emotional distress, anxiety and depression. Firstly, differences between younger and older adults in emotional and physiological reactivity, and coping skills used to manage stress during a laboratory stress task will be discussed (paper 1). The second study will focus on the use and benefit of positive reappraisal as a cognitive emotion regulation strategy for older adults who have had a recent major stressor, and the implications for treatment with older adults. The third paper will discuss the role of cognitive flexibility in the effectiveness of cognitive restructuring for older adults with current anxiety and depression, and discuss the implications for treatment. Finally, the fourth paper will discuss the preliminary results of a randomised controlled trial of cognitive behavioural therapy versus a group program focused on mental stimulation and social support for dealing with comorbid anxiety and depression.


Authors: Jacqueline Frei, Wuthrich, V., Grant, K.A., & Rapee, R., Centre for Emotional Health, Department of Psychology, Macquarie University.

This study tested hypotheses derived from Jorm’s model that suggested that age-related reductions in symptomatology may be attributable to decreased emotional responsiveness and increased emotional control (Jorm, 2000). Adults from the local community, from two age-groups (18-35 years old; 60 years and over), were recruited. Participants completed an experimental session that included tasks to induce a negative and a positive emotional state, and completed self-report measures of anxiety, depression, temperament and coping. Participants’ heart rate was also measured. It is hypothesised that 1) there will be an increase in positive emotion and a reduction in heart rate after the positive induction task, and 2) an increase in negative emotion and increase in heart rate after the negative emotion inducing task. Further, it is hypothesised there will be a significant difference between age groups on measures of emotional reactivity, heart rate and subjective reports of stress experienced during the experiment with older participants reporting less reactivity, lower heart rate and less subjective reports of stress. Finally, it is hypothesised that coping skills and temperament style are expected to be related to the level of distress experienced during the tasks. The results of this study will be discussed.

2. Symposium paper. Older adults’ use of positive reappraisal in response to ageing-related challenges

Authors: Jamie S. Nowlan, Wuthrich, V. M., & Rapee, R. M., Centre for Emotional Health, Department of Psychology, Macquarie University.

Positive reappraisal is a meaning-based cognitive emotion regulation strategy that is relevant to older adults as they cope with ageing. This research aims to investigate the use
and benefit of positive reappraisal coping for ageing-related challenges. A sample of older adults completed self-report measures of positive and negative emotion, life satisfaction, and anxiety and depression, as well as completing two cognitive emotion regulation questionnaires for how they coped at the time of their most stressful ageing-related challenge and how they are coping currently. In addition to this retrospective data, prospective data was also obtained, as a second sample of older adults completed similar measures in reference to a recent ageing-related challenge and were followed up with the same measures three months and six months later. Results from these studies will be presented. The results will contribute to our understanding of the challenges older adults experience with ageing and the cognitive emotion regulation strategies (with a particular focus on positive reappraisal) that they use to cope.

3. Symposium paper. Understanding how cognitive flexibility affects cognitive restructuring skill acquisition and treatment outcome in older adults with anxiety and depression

Authors: Carly Johnco, Wuthrich, V. M., & Rapee, R. M., Centre for Emotional Health, Department of Psychology, Macquarie University.

While some suggest the cognitive therapy needs to be adapted or eliminated with older clients, there is little evidence to suggest what pre-treatment characteristics would predict difficulties in learning these techniques. Cognitive flexibility is one aspect of executive functioning that includes the ability to consider multiple ideas, flexibly switch cognitive sets and modify responses. There is preliminary evidence that these processes are important for implementing cognitive restructuring, one of the main treatment components used in cognitive behaviour therapy for anxiety and depression. This study assessed the impact of cognitive flexibility on older adults’ ability to learn cognitive restructuring, and on overall treatment outcome. A clinical sample of 44 older participants with anxiety and depression were compared with 53 non-clinical control participants on a range of neuropsychological measures of cognitive flexibility, and on the quality of their cognitive restructuring skill acquisition. Treatment outcome was assessed for the clinical participants following completion of a group CBT intervention. Results suggest that poorer cognitive flexibility at pre-treatment negatively impacts cognitive restructuring skill acquisition with brief training, but not over longer term treatment. Poorer cognitive flexibility does not limit treatment outcome. Issues related to using cognitive therapy with older adults will be discussed.

4. Symposium paper. Randomized Controlled Trial of Cognitive Behavioural Therapy Compared to a Discussion Group for Older Adults with Comorbid Anxiety and Depression: Preliminary Findings

Authors: Viviana Wuthrich, Rapee, R.M., Kangas, M., & Perini, S. Centre for Emotional Health, Macquarie University.

Despite the ageing of the population, research on the best psychological treatment for comorbid anxiety and depression in older adults is still under developed. Some research suggests that older adults with anxiety or depression can benefit from cognitive behaviour
therapy (CBT); however, CBT has not always been shown to be superior in older adults with anxiety disorders, and generally the effect sizes for therapy are smaller than in younger adults. Current gaps in the literature include a lack of knowledge about the effectiveness of psychological treatments for older adults with comorbid anxiety and depression, and the impact of pre-treatment cognitive ability on treatment outcomes in large scale trials. In this study we compared group CBT to a discussion group for older adults with comorbid anxiety and depression in a large randomized controlled trial. Participants were assessed on a structured interview, and were randomly allocated to group treatment. Participants also completed symptom measures of anxiety, depression, general functioning, and cognitive ability at pre-treatment, post-treatment and 6 months post-treatment. Preliminary findings regarding the effectiveness of the two treatment conditions, as well as the impact of cognitive ability on treatment outcome will be discussed.

d. Poster: Evaluation of the “Healthy minds” group therapy intervention for older adults with mood and anxiety disorders

Authors: Gaye Foster & Dr Sandy Sacre, Belmont Private Hospital

Ageing can pose a number of difficulties that may result in mental health issues for older people. This study examined the effectiveness of Belmont Private Hospital’s “Healthy Minds” group program on older adults with mood and anxiety disorders. The program was based on the latest research evidence into the treatment and prevention of age-related cognitive disorders. A sample of 38 (M = 9, F = 29) adults over 50 years of age attending the weekly hospital day-program was used. The program was conducted over 12 weeks – run consecutively for 18 months. The program consisted of activities including brain training exercises, physical exercises, education, and relaxation. Participants completed three self-report questionnaires pre- and post-program. Aspects of patient functioning were measured: depression (Geriatric Depression Scale), anxiety (Geriatric Anxiety Inventory), and Quality of Life (QOL-AD). An analysis of the data revealed that there was a non-significant trend for depression and anxiety levels to reduce and quality of life to be increased. The results support the effectiveness of the program in treating depression and anxiety in older adults and also in improving their general life quality.

e. Poster: Fractured NOF vs Fractures spirit

Author: Deidre Pye, Alzheimer's Australia Qld, DBMAS

A fractured neck of femur (#NOF) is a common injury in older adults. The risk of dying from a #NOF one year post incident is a very real occurrence. Research has defined pathways for physical care for the injury, but what about that part inside of us that is our spark, our energy, the drive to continue living? We hear the stories of older adults dying from ‘broken hearts’ and questionable quality of life in the later stages of ageing whether it be healthy ageing or that associated with an illness or dementia. As a psychologist, a fundamental aim is to support life and promote wellbeing. Such little focus is placed on the importance of the spirit in relation to wellbeing and the role it can play on physical recovery and extension of a life worth living. This topic represents the author’s subjective experience in
working with older adults with dementia and their reduced quality of life in their final years. This poster will present a psychologically driven thought process to support fostering the spirit, to improve the quality of life for the older adult in Australia.

f. Poster: A cross cultural study of residential aged care facilities in Australia and Korea and their significance on culturally and linguistically diverse society.

Authors: **Hyo-Jung Kim**, Gail Robinson, Nancy A. Pachana, School of Psychology, The University of Queensland, Australia

Australia’s ageing population means that a growing number of frail older people, including people of diverse ethnic backgrounds, must be accommodated in aged care facilities (RACFs). In the number of permanent additions to the resident Australian population, eastern countries accounted for 35%, and South Korea is located at top nine, and its number has been increasing (Australian population and immigration statistics 2013). These culturally and linguistically diverse (CALD) older people have different mental health problems compared to non-CALD in the community (LoGiudice et al., 2001), which leads to the need for ethno-specific nursing care in a culturally familiar environment. However, there are no cross-cultural RACF studies in Australia and Korea. In this regards, the aim of my research is explore the comparison of structure, government policy, and older people’s attitudes about RACFs between these two countries. In focus group discussions, Korean Australian older adults will be asked about their attitudes and preferences towards RACFs. This cross-cultural research will advance our knowledge about Korean persons that encounter strong traditional changes within western society. In addition, this research will assist Australia to prepare better for ethno-specific nursing care.

g. Poster: Emotion suppression in older adults: Effective regulation without increased cognitive costs.

Authors: **David J. Pedder** (Australian Catholic University), Prof Peter G. Rendell (ACU), Dr Gill Terrett (ACU) and Assoc Prof Julie D. Henry (University of Queensland).

Emotion regulation involves managing our emotional experience and expression. Recent evidence indicates that while both young and old are equally capable of suppressing their emotional expression, only younger adults’ efforts incur cognitive costs. The mechanisms behind this age effect remains unclear, but it has been suggested that older adults may achieve emotional suppression either via use of more efficient regulatory strategies or through differences in memory consolidation. To better understand these mechanisms, in the present study younger and older adults were instructed to suppress their responses to emotionally-eliciting pictures. Strategy selection was tested by comparing memory performance after engaging in cognitive reappraisal and expressive suppression strategies. Memory consolidation was tested by varying the delay between encoding and time of recall. Both age groups were effectively, and equivalently, able to suppress their emotional expression, and to suppress their positive, but not their negative, emotional experience. Results confirmed that older adults do not incur increased cognitive costs when regulating emotion. Findings support the memory consolidation explanation, not strategy selection,
with recall performance maintained over time for older, but not for younger adults. Further research is required that examines physiological arousal during encoding to better understand how consolidation maintains older adults’ cognitive abilities during emotion regulation.

15 Paper: Psychological effects of racism on older Arab migrants and refugees.

Author: Naser Al Abed, Faculty of Health, UTS, Australia

Racism is one of the major problems that face migrants from ethnic background around the world. Older migrants from ethnic backgrounds are particularly vulnerable with complex health issues that associated with limited literacy and communication skills. Racism affects their quality of life as a result of unequal opportunities, lower income in their retirement, and the negative impact of living in areas of racial discrimination.

Internationally, Arabs migrated from all parts of Arab World to different countries especially to Western countries. Arabs migrants have been subjected to a great deal of criticism by Westerns as seen to be less integrated and assimilated in the new countries. However, it is worth noting that Arabs around the world and particularly in the Western countries are subjects for racism and prejudice. Racism against Arab migrants resulted in significant effects on their health and psychological well-being. This in turn may lead to undermine self-esteem among individuals, leading them to be more marginalised.

Racial stereotyping of older Arab migrants can alter health seeking behaviours and healthcare treatment. Providing culturally appropriate care is pivotal to improve their healthcare outcomes. Remove of stereotyping will reduce their social isolation and reduce exclusion from mainstream healthcare services.


Author: I Lonka Guse, Charles Sturt University

In 2002 the World Health Organisation proclaimed that it is a human right of all older people to age free from abuse, neglect and exploitation. Recent research publications indicate that this issue has become an increasing global concern due to the rise of an ageing population in developed as well as in developing countries. An investigation as to how Australia is addressing the social problem of Elder Abuse reveals a number of concerns including lack of statistical evidence reflecting the true prevalence partially caused by lack of valid measurement tools and lack of public awareness. In addition, the absence of a national framework, difficulties with the conceptualisation of elder abuse as well as the lack of reporting policies and intervention strategies cause problems. At present, various stakeholders in all States and Territories are working towards a unified approach. The Primary Health Care service providers including GPs, psychologists, ER teams, hospital staff, nurses and carers constitute the primary contacts with older persons and are therefore in the position to detect and intervene. It is now a question of education and awareness-raising of these groups to push this issue into the public health arena encouraging the Australian Government to formulate policy.
17 Paper: What do older adults consider important for their physical activity?

Authors: Urska Arnautovska, Kyra Hamilton, and Stefano Occhipinti, School of Applied Psychology, Griffith Health Institute, Griffith University

In light of the global population ageing, research into physical activity is important as it has the potential to buffer against age-related changes and optimise the well-being of older adults. While there is substantial evidence of positive effects of regular physical activity on physical and mental health of older adults, there is a paucity of research into understanding physical activity behaviour and potential influences on physical activity performance among this cohort. This presentation will outline progressive outcomes of a qualitative study that is currently underway. The aim of the study is to understand the perspectives of older adults on their physical activity behaviour and on the Australian guidelines on physical activity for older adults. This study will involve older Australians, aged 65+ years, residing independently in various living arrangements in the community. The participants will engage in focus group discussions which will give them the opportunity to voice their perspectives on physical activity. Based on the social ecological model, the themes arising from the focus groups will be discussed in light of implications for facilitating active ageing, which is imperative in sustaining the quality of life and health of older adults.

18. Paper: Narrative and the ‘Top 5’. The story continues – An evolving model of transition to residential aged care

Author: Trish Carroll, Elder Matters - affiliated with Mercy Aged Care Services

The Transition to Care Model (Carroll, 2011) was developed by Mercy Aged Care, in conjunction with Elder Matters, to ease the experience of transition to residential aged care for individuals and families, using the time immediately prior to admission to visit the resident and family in their home / hospital/care setting to gather psychosocial information about the resident, and invite residents and their carers/family to contribute knowledge and expertise about the care needs of loved ones. This model has continued to evolve to respond to the ongoing experiences of transition for residents, and their family caregivers who visit regularly to preserve their relationship, partner in their care and provide practical care through ‘keeping’ activities (Sandberg, Lundh and Nolan, 2001). The expanded model incorporates the “Top 5” information into care planning and family conferences, develops empathic awareness of aged care staff through person-centred training and provides ongoing support to caregivers through family support groups. Resident feedback has demonstrated the value of adopting and continuing a systemic approach to supporting this profound experience of transition for residents and caregivers.

19 Paper: Group Cognitive Behavioural Therapy for anxiety within a residential age care facility: Experiences from a clinical psychology placement

Authors: Sarah-Jane Stratton, University of Melbourne; Bernie McCarthy, McCarthy Psychology Services
Symptoms of anxiety are frequently observed among elderly residents in Residential Aged Care Facilities (RACF’s). The present study aimed to explore process issues and effects of group cognitive behavioural therapy (CBT) for three elderly residents (aged between 75-90 years). Symptoms of anxiety were assessed pre and post intervention. CBT techniques were adapted to work with older adults including a slowed delivery pace, a practical focus, incorporation of written material and continued revision of key concepts. The outcomes demonstrated mild decreases in assessed symptoms of anxiety after six CBT sessions, as well as anecdotal improvements in the management of anxiety by residents and care staff. The group format also facilitated social interaction, an increased sense of belonging and positive adjustment to living within the RACF. These findings may lead to the introduction of an adjustment group to the already established orientation process received by new residents. Process issues experienced by the psychology intern provided an invaluable learning experience with regards to building rapport, adapting psychological interventions, and working within a multi-system environment. Given our aging population, training and experience working with older adults is extremely important for fledging clinicians, to reduce the apprehension and stereotypical thinking about psychotherapy and the elderly.


Authors: Robyn Cody, Hunter Medicare Local, and Karen Drysdale, University of Newcastle

Published and unpublished randomized controlled trials (RCTs) of psychotherapeutic treatments for depression in residential aged care were systematically reviewed. A medium effect size was found in favour of psychotherapy for reducing symptoms of depression in residents (average age 79.8) based on 17 trials. A sensitivity analysis revealed that the Geriatric Depression Scale-15 item version produced a larger effect size than the GDS-30 and an integrated care approach was more effective than providing psychological interventions independent of aged care staff. The challenges encountered when providing psychotherapeutic treatments in aged care will also be addressed.

21 Paper: Age related changes in social phobia symptoms

Authors: Beyon Miloyan, School of Psychology, University of Queensland, Adam Bulley, School of Psychology, University of Queensland, Nancy A. Pachana, School of Psychology, University of Queensland, Gerard J. Byrne, School of Medicine, University of Queensland & Royal Brisbane & Women's Hospital

The purpose of this study was to investigate age-related symptom patterns that distinguish between individuals with and without a diagnosis of Social Phobia (SP). 5,411 self-reported social worriers were derived from Wave 1 of the National Epidemiological Survey of Alcohol and Related Conditions (NESARC), an epidemiological survey of mental health conducted in the U.S. in 2001-2002. Participants were stratified into four age groups (18-29 years, 30-44 years, 45-64 years, and 65-98 years) and two diagnostic groups (SP and control). Binary logistic regression analyses revealed that a core set of symptoms was associated with SP across the lifespan. There were also progressive reductions in the number of symptoms
associated with SP in each successive age group, such that numerically fewer symptoms were associated with SP in older adults. A core set of SP symptoms appears to be resilient across the lifespan. However, age-related reductions in the number of symptoms associated with SP might contribute to challenges in the detection of late-life anxiety.

22. Paper: Increasing family involvement in an aged psychiatry services: an ongoing project.

Author: Pam Rycroft, The Bouverie Centre

Various studies have demonstrated positive effects of family involvement in treatment of clients of adult and aged mental health services. Consequently, Department of Health policy has reflected an expectation that mental health professionals include families in their patient treatment for some years now. The extent to which this actually happens, however, varies greatly. What is more, attempts to provide training in family intervention to staff have not shown encouraging results in terms of implementation. This project aimed to: (i) Investigate staff members’ attitudes about and experience of working with carers and family members, including perceived constraints to family work, and (ii) To design and evaluate an intervention aimed at increasing staff members’ involvement with families. This presentation will discuss the findings of the project to date and the ongoing struggle in implementing training into practice change.


Author: Catherine Hudgson, Aged Persons Mental Health Service, Eastern Health

As mentioned in the previous paper, Department of Health policy has reflected an expectation for some years now that families of older people with a mental illness are involved in their treatment. This expectation of aged psychiatry services is being further reinforced by the recent increased focus on the Recovery Model and related changes expected in the new Mental Health Act. Certainly, from a theoretical perspective, this increased legislative focus on family work is to be welcomed. However, from a ground level workers’ perspective, this will be a challenge. This is due in part to the difficulty in implementing practice change, as discussed in the previous paper, organisational issues and the often challenging nature of the work in itself. This paper will present a number of cases highlighting the variety of difficulties clinicians experience when working with families. The paper will discuss some strategies that have been utilised in a Victorian aged psychiatry service, the role of psychology in this important area of work and some potential future directions.

24 Paper: Neuropsychological correlates of white matter lesions: a neuroimaging study and cognitive profiling approach.

Authors: Syarifah A. Wan Ahmadul Badwi (University of Newcastle), Jolly, T. A. D. (University of Newcastle), Drysdale, K. (University of Newcastle), & Karayanidis, F. (University of Newcastle)
White matter lesion (WML) were previously found to mediate cognitive deterioration in elderly, however the complexity of the relations between the two were emphasised, and the need for new approach to better clarify its significance was urged. This study examined the cognitive profile of individuals affected by WMLs, ranging from low to high lesion load. The microstructural integrity of WML-affected and WML-unaffected areas was examined using the Diffusion Tensor Imaging protocol. While the Z-score profiling approach analysed subjects’ cognitive performance in comparison to other subjects within the cohort, the ZZ-score analysis further examined relative cognitive weakness(s) of the subject indicative of cognitive decline experienced within the individual on a particular cognitive domain(s) associated with white matter damage. Our findings revealed promising support for this approach, showing significant correlations between the mean on neuropsychological test battery performance with the level of periventricular white matter fractional anisotropy and periventricular white matter radial diffusivity. The Z-Score/ ZZ-score approach thus; serve as an alternative to investigate the subtle relation between cognition and WML. WML therefore, provide a clinical prompt for a more detail investigation on future risks of cognitive deterioration, with other studies documenting its association with future risks for stroke and dementia.

25 Paper: Grandparenting with low vision or blindness: Experiencing valuable relationships across the generations.

Authors: Tiffany M. Elliott, Macquarie University, & Paul Rhodes, University of Sydney.

This study investigated the process by which grandparents with low-vision or blindness define, develop and maintain meaningful relationships with grandchildren within their multigenerational family system. Approximately 800,000 Australian adults, including grandparents, are expected to be classified as persons with low-vision by 2024. Despite significant evidence that active grandparenting benefits members across the family system, almost no research investigates the contribution blind grandparents make to their families. Thus, a grounded theory qualitative methodology was employed to explore the lived experience of grandparents with low-vision. Nineteen vision-impaired grandparents participated in semi-structured interviews, providing insight into this neglected phenomenon. This study found that blind and vision-impaired adults actively engage in grandparenting through a process identified as the Planning for Success model. Grandparents who reported enjoying meaningful relationships with grandchildren shared common foundational beliefs, were able to articulate qualities of meaningful relationships, engaged in proactive planning to overcome real and perceived limitations to engagement, and employed adaptive strategies to overcome these limitations. The implications of this study are significant and call on researchers, practitioners, and service providers to reconsider the criteria by which vision impaired adults are assessed when addressing issues of life satisfaction and engagement in family roles.

26 Paper: Can people with dementia undertake tasks in a virtual environment

Authors: Mandy Salomon, Swinburne University of Technology
AVED is a computer-built 3D simulation prototype featuring software-enabled activities that people can enjoy, either by themselves or with family and friends. Interactions are designed around activities of daily living, in a domestic setting. Theories of personhood, engagement and reminiscence from geriatric psychiatry and psychology fields provided the foundation for design considerations. This was followed by the researcher's placement at a residential aged-care facility, where recreational activities catering to clients in low and high care were observed, and focus groups with the dementia community were undertaken. In this presentation, the researcher will discuss findings from focus groups, including the need for wider recreational choices; PWD’s need to be useful and helpful to others in their community; the importance of music and humour, the preference for familiar objects and activities over unfamiliar ones; the desire for more intergenerational activities; the need to provide activities that relate to persons’ working lives; PWD’s need to make their own choices and to be able to express these choices. The presentation concludes with the production path that was undertaken in order to contextualise the findings within a functioning 3D prototype.
ABSTRACTS In order of first author’s last name

Then list in alphabetical order...

Paper: Psychological effects of racism on older Arab migrants and refugees.

Author: **Naser Al Abed**, Faculty of Health, UTS, Australia

Racism is one of the major problems that face migrants from ethnic background around the world. Older migrants from ethnic backgrounds are particularly vulnerable with complex health issues that associated with limited literacy and communication skills. Racism affects their quality of life as a result of unequal opportunities, lower income in their retirement, and the negative impact of living in areas of racial discrimination.

Internationally, Arabs migrated from all parts of Arab World to different countries especially to Western countries. Arabs migrants have been subjected to a great deal of criticism by Westerns as seen to be less integrated and assimilated in the new countries. However, it is worth noting that Arabs around the world and particularly in the Western countries are subjects for racism and prejudice. Racism against Arab migrants resulted in significant effects on their health and psychological well-being. This in turn may lead to undermine self-esteem among individuals, leading them to be more marginalised.

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Paper: What do older adults consider important for their physical activity?

Authors: **Urska Arnautovska**, Kyra Hamilton, and Stefano Occhipinti, School of Applied Psychology, Griffith Health Institute, Griffith University

In light of the global population ageing, research into physical activity is important as it has the potential to buffer against age-related changes and optimise the well-being of older adults. While there is substantial evidence of positive effects of regular physical activity on physical and mental health of older adults, there is a paucity of research into understanding physical activity behaviour and potential influences on physical activity performance among this cohort. This presentation will outline progressive outcomes of a qualitative study that is currently underway. The aim of the study is to understand the perspectives of older adults on their physical activity behaviour and on the Australian guidelines on physical activity for older adults. This study will involve older Australians, aged 65+ years, residing independently in various living arrangements in the community. The participants will engage in focus group discussions which will give them the opportunity to voice their perspectives on physical activity. Based on the social ecological model, the themes arising from the focus groups will be discussed in light of implications for facilitating active ageing, which is imperative in sustaining the quality of life and health of older adults.
Symposium paper. Introduction of a university based counselling service for older adults living in residential care settings

Authors: Sunil S. Bhar, Swinburne University of Technology, & Mark Silver, Commonwealth Respite and Carelink Centre Southern Region, Alfred Health.

By 2031, about a quarter of Australia’s population will be over 65. Yet, there remains a paucity of psychological services for older adults. Psychologists are poorly trained in geropsychology, and older adults, particularly those living in residential aged care settings, and have difficulty accessing counselling. This paper describes an innovative program to address both gaps. An outreach wellbeing clinic was established in 2011 across several aged care facilities to provide counselling to aged care residents. Postgraduate psychology students from Swinburne University travelled to these facilities to provide counselling. This paper presents an overview of the implementation, structure and model of this clinic. It presents the frameworks used to guide clinical care and supervision, as well as the successes and challenges of the clinic as perceived by clients, nursing staff and students. It provides an overview of the lessons learned for ensuring the sustainability of the model. Over the last three years, the clinic has been successful in providing older adults access to counselling services, and in providing training to postgraduate psychology students. This model may serve as a blueprint for other education or residential services for implementing a counselling service in residential aged care settings.

Paper: Reminiscence therapy: Neurophysiological mechanisms of change.

Authors: Sunil S Bhar, Joseph Ciorciari, Ligia Yap, Lee Lawrence, Swinburne University of Technology

Reminiscing has been found to improve mood. However, treatment mechanisms for such outcomes have not been widely examined. This study examined the neurophysiological mediators of change associated with reminiscence. Participants (n = 30 non clinical adults over the age of 60) were randomly allocated to either a reminiscence or control condition. Participants randomised to the control condition were asked to solve memory tasks, while those randomised to the reminiscence condition were asked to recollect memories of problem solving successes. Participants completed a battery of pre and post self-report measures of mood, self-efficacy and hopelessness, and underwent continuous EEG assessment. Improvements were observed in mood, self-efficacy and hopelessness, regardless of condition. However, participants in the control condition used neurocognitive systems involving memory and decision making, while those in the reminiscence condition used brain regions involving somatosensory function. Thus, distinct neurophysiological activity may have accounted for such improvements in each condition. This is the first study to implicate the activation of visualisation as a specific mechanism of change in reminiscence therapy.

Paper: Narrative and the ‘Top 5’. The story continues – An evolving model of transition to residential aged care
The Transition to Care Model (Carroll, 2011) was developed by Mercy Aged Care, in conjunction with Elder Matters, to ease the experience of transition to residential aged care for individuals and families, using the time immediately prior to admission to visit the resident and family in their home/hospital/care setting to gather psychosocial information about the resident, and invite residents and their carers/family to contribute knowledge and expertise about the care needs of loved ones. This model has continued to evolve to respond to the ongoing experiences of transition for residents, and their family caregivers who visit regularly to preserve their relationship, partner in their care and provide practical care through ‘keeping’ activities (Sandberg, Lundh and Nolan, 2001). The expanded model incorporates the “Top 5” information into care planning and family conferences, develops empathic awareness of aged care staff through person-centred training and provides ongoing support to caregivers through family support groups. Resident feedback has demonstrated the value of adopting and continuing a systemic approach to supporting this profound experience of transition for residents and caregivers.

Poster: Exploring the feasibility of advanced care planning in persons with early cognitive impairment.

Authors: Kenny Cheong, James Cook University, Singapore, P Fisher, James Cook University, Singapore, J Goh, Department of Medical Social Service, KTPH, L Ng, Department of Medical Social Service, KTPH, HM Koh, Geriatric Centre, KTPH, & P Yap, HM Koh, Geriatric Centre, KTPH.

Persons with early cognitive impairment (ECI), comprising mild cognitive impairment and early dementia, face the risk of diminished mental capacity with progressive dementia. Advance Care Planning (ACP) is advocated as a means to respect the autonomy of individuals and enable them to express their wishes for the future while they still possess mental capacity. This study aims to explore the feasibility of ACP in persons with ECI in Singapore. Consecutive patients undergoing a counselling service for persons with ECI who fulfilled inclusion criteria (Mini Mental State Examination score >=18, Clinical Dementia Rating = 0.5 or 1) were recruited. Demographic and clinical data were collected and the proceedings of the counselling sessions were subjected to a thematic analysis. Ninety-three patients (mean age 76.0, 60.2% female) were recruited of which 38.7% chose to engage further in ACP discussions. Of those who declined ACP, four main themes emerged from the analysis. Most of the participants perceived ACP to be irrelevant and were passive in planning for their future. Many of the participants also avoided talking about ACP. The findings suggest that the reasons for declining ACP are much influenced by personal values and socio-cultural norms, and this has important implications for practice.


Authors: Robyn Cody, Hunter Medicare Local, and Karen Drysdale, University of Newcastle
Published and unpublished randomized controlled trials (RCTs) of psychotherapeutic treatments for depression in residential aged care were systematically reviewed. A medium effect size was found in favour of psychotherapy for reducing symptoms of depression in residents (average age 79.8) based on 17 trials. A sensitivity analysis revealed that the Geriatric Depression Scale-15 item version produced a larger effect size than the GDS-30 and an integrated care approach was more effective than providing psychological interventions independent of aged care staff. The challenges encountered when providing psychotherapeutic treatments in aged care will also be addressed.

Poster: Using spaced based retrieval training to promote people with dementia to independently use their walking frames: A pilot study.

Authors: Alexandra Creighton, Tanya Davison, Eva Van Der Ploeg, & Daniel O'Connor, Aged Mental Health Research Unit, Monash University.

While the steady decline of memory is the first and most invalidating symptom of dementia, a memory intervention called Spaced-Retrieval (SR) training has been shown to promote the acquisition and retention of new information and behavioural strategies. Due to the high risk of falls among aged care populations, the aim of this pilot study was to determine the efficacy of SR to prompt residents with dementia to independently use their walking frames. Utilising a cross-over methodology and case study approach, four residential aged care residents with a diagnosis of dementia received five individually-administered, one-hour sessions of SR and five sessions of a social-interaction control condition. Results provided modest evidence for the use of SR in teaching participants to independently use their walkers, with the findings also suggesting possible secondary noncognitive benefits. In terms of the clinical implications, the findings suggested that staff behaviour, dementia severity, the individual's attitude towards their walker, and ability to maintain attention during sessions, all influenced the efficacy of SR and whether the strategy was learned and generalised into daily life.

Symposium paper. Training psychology students in an evaluation of acceptance and commitment therapy: An alternative model for placements in aged care facilities

Authors: Tanya E Davison, Barbara Eppingstall, Susannah Runci, Daniel W O’Connor, Aged Mental Health Research Unit, Monash University.

Very few aged care residents have access to psychological services, despite the high prevalence of mental health concerns and low psychological wellbeing in aged care settings. This project aimed to (i) provide access to psychological interventions to a group of older adults residing across four aged care facilities, and (ii) provide an opportunity for postgraduate clinical psychology students to develop their skills in providing psychological interventions in aged care settings. We met these aims by providing the interventions in the context of a clinical trial of Acceptance and Commitment Therapy, which to date has not been piloted with aged care residents. This paper will present findings of the intervention, in terms of quality of life and symptoms of depression and anxiety, as well as resident and staff reports of treatment satisfaction. This group of aged care residents reported high
satisfaction with this approach and both staff and residents welcomed the psychology program. The strengths and limitations of this model will be discussed.

Symposium paper: Research, quality improvement and evaluation: expanding the role of psychologists in aged care.

Author: Colleen Doyle, National Ageing Research Institute, Australian Catholic University, Catholic Homes

With a majority of residents in residential aged care living with cognitive impairment or mental illness1, and higher rates of depression and anxiety than older adults living in the community2, clinical psychologists have great potential to improve the quality of life of people living in such settings. However, another role for psychologists working in aged care that is less recognized is that of the research psychologist. The author is a research psychologist coordinating a research program for Catholic Homes, which provides care for approximately 1200 older adults in Victoria. Some of the enablers and challenges to the development of a research program in aged care settings will be raised. Enablers include support from senior management, early development and profiling of a strategic plan, canvassing research priorities with clinical staff, and embedding research in the quality improvement and learning and development activities. Challenges include insufficient resources to cover all residential facilities, limited understanding of the relevance of research to clinical practice, and balancing the needs of university partners and practice partners.

References


Paper: Grandparenting with low vision or blindness: Experiencing valuable relationships across the generations.

Authors: Tiffany M. Elliott, Macquarie University, & Paul Rhodes, University of Sydney.

This study investigated the process by which grandparents with low-vision or blindness define, develop and maintain meaningful relationships with grandchildren within their multigenerational family system. Approximately 800,000 Australian adults, including grandparents, are expected to be classified as persons with low-vision by 2024. Despite significant evidence that active grandparenting benefits members across the family system, almost no research investigates the contribution blind grandparents make to their families. Thus, a grounded theory qualitative methodology was employed to explore the lived experience of grandparents with low-vision. Nineteen vision-impaired grandparents
participated in semi-structured interviews, providing insight into this neglected phenomenon. This study found that blind and vision-impaired adults actively engage in grandparenting through a process identified as the Planning for Success model. Grandparents who reported enjoying meaningful relationships with grandchildren shared common foundational beliefs, were able to articulate qualities of meaningful relationships, engaged in proactive planning to overcome real and perceived limitations to engagement, and employed adaptive strategies to overcome these limitations. The implications of this study are significant and call on researchers, practitioners, and service providers to reconsider the criteria by which vision impaired adults are assessed when addressing issues of life satisfaction and engagement in family roles.

**Poster: Evaluation of the “Healthy minds” group therapy intervention for older adults with mood and anxiety disorders**

Authors: Gaye Foster & Dr Sandy Sacre, Belmont Private Hospital

Ageing can pose a number of difficulties that may result in mental health issues for older people. This study examined the effectiveness of Belmont Private Hospital’s “Healthy Minds” group program on older adults with mood and anxiety disorders. The program was based on the latest research evidence into the treatment and prevention of age-related cognitive disorders. A sample of 38 (M = 9, F = 29) adults over 50 years of age attending the weekly hospital day-program was used. The program was conducted over 12 weeks – run consecutively for 18 months. The program consisted of activities including brain training exercises, physical exercises, education, and relaxation. Participants completed three self-report questionnaires pre- and post-program. Aspects of patient functioning were measured: depression (Geriatric Depression Scale), anxiety (Geriatric Anxiety Inventory), and Quality of Life (QOL-AD). An analysis of the data revealed that there was a non-significant trend for depression and anxiety levels to reduce and quality of life to be increased. The results support the effectiveness of the program in treating depression and anxiety in older adults and also in improving their general life quality.

**Symposium paper. Why do anxiety and depression decrease with age? An examination of emotional and physiological reactivity across the lifespan.**

Authors: Jacqueline Frei, Wuthrich, V., Grant, K.A., & Rapee, R., Centre for Emotional Health, Department of Psychology, Macquarie University.

This study tested hypotheses derived from Jorm’s model that suggested that age-related reductions in symptomatology may be attributable to decreased emotional responsiveness and increased emotional control (Jorm, 2000). Adults from the local community, from two age-groups (18-35 years old; 60 years and over), were recruited. Participants completed an experimental session that included tasks to induce a negative and a positive emotional state, and completed self-report measures of anxiety, depression, temperament and coping. Participants’ heart rate was also measured. It is hypothesised that 1) there will be an increase in positive emotion and a reduction in heart rate after the positive induction task, and 2) an increase in negative emotion and increase in heart rate after the negative
emotion inducing task. Further, it is hypothesised there will be a significant difference between age groups on measures of emotional reactivity, heart rate and subjective reports of stress experienced during the experiment with older participants reporting less reactivity, lower heart rate and less subjective reports of stress. Finally, it is hypothesised that coping skills and temperament style are expected to be related to the level of distress experienced during the tasks. The results of this study will be discussed.

Paper: Who abstains from drinking and why?

Authors: Kim-Michelle Gilson, Turning Point Alcohol and Drug Centre, Christina Bryant, Psychological Sciences, University of Melbourne and Centre for Women’s Mental Health, Royal Women’s Hospital, Victoria, & Fiona Judd, Centre for Women’s Mental Health, Royal Women’s Hospital, Victoria and Department of Psychiatry, University of Melbourne.

Background: Older adults’ reasons for abstaining have not previously been explored in Australia. Investigating these reasons is important given that knowledge in this area could further inform work that promotes safer drinking among risky drinkers.

Aim: This study intends to explore the reasons for abstention or limiting drinking among different groups of alcohol drinkers and non-drinkers.

Method: A random sample of 422 older adults (aged >60 years) completed a survey on physical and mental health, alcohol consumption and various alcohol cognition measures, including the reasons for not drinking.

Results: The reason ‘I have no interest in drinking’ was most common in both abstainers (96.5%) and former drinkers (96%), and former drinkers were more likely to report not drinking because of poor health (66.7%). Compared to high-risk drinkers, both groups of non-drinkers strongly believed that alcohol was bad for their health, has a bad effect on their activities, and is a waste of money. Despite engaging in high-risk drinking, 46.2% were brought up not to drink. High risk and former drinkers showed similar poor health profiles, which contrasted with low-risk drinkers and abstainers.


Author: Ilonka Guse, Charles Sturt University

In 2002 the World Health Organisation proclaimed that it is a human right of all older people to age free from abuse, neglect and exploitation. Recent research publications indicate that this issue has become an increasing global concern due to the rise of an ageing population in developed as well as in developing countries. An investigation as to how Australia is addressing the social problem of Elder Abuse reveals a number of concerns including lack of statistical evidence reflecting the true prevalence partially caused by lack of valid measurement tools and lack of public awareness. In addition, the absence of a national framework, difficulties with the conceptualisation of elder abuse as well as the lack of reporting policies and intervention strategies cause problems. At present, various stakeholders in all States and Territories are working towards a unified approach. The
Primary Health Care service providers including GPs, psychologists, ER teams, hospital staff, nurses and carers constitute the primary contacts with older persons and are therefore in the position to detect and intervene. It is now a question of education and awareness-raising of these groups to push this issue into the public health arena encouraging the Australian Government to formulate policy.

**Paper:** Working with families in an aged care psychiatry services: some case examples.

**Author:** Catherine Hudgson, Aged Persons Mental Health Service, Eastern Health

As mentioned in the previous paper, Department of Health policy has reflected an expectation for some years now that families of older people with a mental illness are involved in their treatment. This expectation of aged psychiatry services is being further reinforced by the recent increased focus on the Recovery Model and related changes expected in the new Mental Health Act. Certainly, from a theoretical perspective, this increased legislative focus on family work is to be welcomed. However, from a ground level workers’ perspective, this will be a challenge. This is due in part to the difficulty in implementing practice change, as discussed in the previous paper, organisational issues and the often challenging nature of the work in itself. This paper will present a number of cases highlighting the variety of difficulties clinicians experience when working with families. The paper will discuss some strategies that have been utilised in a Victorian aged psychiatry service, the role of psychology in this important area of work and some potential future directions.

**Paper:** Reminiscence therapy improves mood and hopelessness in non-clinical individuals

**Authors:** Kelly James & Sunil Bhar, Swinburne University of Technology

Objective: High rates of suicide continue, requiring the need for effective suicide prevention treatments. While treatments that focus on reducing the risk factors of suicide, such as depression and hopelessness, are effective for reducing suicide attempts, the duration of such treatments remain long, and thus do not provide rapid relief from depression and hopelessness. This study examined the efficacy of a single session of reminiscence intervention for reducing depression and hopelessness. The study also explored the relationship between negative self-attitudes and improvement in wellbeing.

Method: An open trial of the intervention was conducted with 26 non-clinical participants. Participants were engaged through a one-to-one interview to talk about their past problem solving successes. Questionnaires to measure mood, hopelessness and self-mastery were given to participants before and after the interview.

Results: Levels of depressed mood, mastery and hopelessness significantly improved following the interview, compared to baseline levels. Further analyses revealed that negative self-attitudes do not moderate such improvements.

Conclusions: These findings suggest that a one-session reminiscence based intervention may significantly contribute to the improvement of depression and hopelessness.
Symposium paper: Understanding how cognitive flexibility affects cognitive restructuring skill acquisition and treatment outcome in older adults with anxiety and depression

Authors: Carly Johnco, Wuthrich, V. M., & Rapee, R. M., Centre for Emotional Health, Department of Psychology, Macquarie University.

While some suggest the cognitive therapy needs to be adapted or eliminated with older clients, there is little evidence to suggest what pre-treatment characteristics would predict difficulties in learning these techniques. Cognitive flexibility is one aspect of executive functioning that includes the ability to consider multiple ideas, flexibly switch cognitive sets and modify responses. There is preliminary evidence that these processes are important for implementing cognitive restructuring, one of the main treatment components used in cognitive behaviour therapy for anxiety and depression. This study assessed the impact of cognitive flexibility on older adults’ ability to learn cognitive restructuring, and on overall treatment outcome. A clinical sample of 44 older participants with anxiety and depression were compared with 53 non-clinical control participants on a range of neuropsychological measures of cognitive flexibility, and on the quality of their cognitive restructuring skill acquisition. Treatment outcome was assessed for the clinical participants following completion of a group CBT intervention. Results suggest that poorer cognitive flexibility at pre-treatment negatively impacts cognitive restructuring skill acquisition with brief training, but not over longer term treatment. Poorer cognitive flexibility does not limit treatment outcome. Issues related to using cognitive therapy with older adults will be discussed.

Poster: A cross cultural study of residential aged care facilities in Australia and Korea and their significance on culturally and linguistically diverse society.

Authors: Hyo-Jung Kim, Gail Robinson, Nancy A. Pachana, School of Psychology, The University of Queensland, Australia

Australia’s ageing population means that a growing number of frail older people, including people of diverse ethnic backgrounds, must be accommodated in aged care facilities (RACFs). In the number of permanent additions to the resident Australian population, eastern countries accounted for 35%, and South Korea is located at top nine, and its number has been increasing (Australian population and immigration statistics 2013). These culturally and linguistically diverse (CALD) older people have different mental health problems compared to non-CALD in the community (LoGiudice et al., 2001), which leads to the need for ethno-specific nursing care in a culturally familiar environment. However, there are no cross-cultural RACF studies in Australia and Korea. In this regards, the aim of my research is explore the comparison of structure, government policy, and older people’s attitudes about RACFs between these two countries. In focus group discussions, Korean Australian older adults will be asked about their attitudes and preferences towards RACFs. This cross-cultural research will advance our knowledge about Korean persons that encounter strong traditional changes within western society. In addition, this research will assist Australia to prepare better for ethno-specific nursing care.
Paper: Systematic assessment for managing changes in behaviours of concern for people with severe dementia.

Author: Catriona Lorang, HammondCare

People with severe dementia may exhibit what appear to be inexplicable changes in behaviour. In many instances triggers for behaviour change can be identified and linked with changes in the circumstances surrounding the person. This presentation aims to explore problem solving approaches to negative changes in behaviour, which may give opportunities to investigate factors which can create a positive change in behaviour or maximise quality of life. Discussion will focus on topics such as pain management, medical history, environmental factors and the individual's personal experiences and emotions. The use of observational assessments will also be reviewed; these are successfully utilised in residential care and may also be used for clients still living at home. Learning outcomes of the presentation are designed to meet the needs of professionals and carers at home, drawing on practical, evidence-based approaches to assist in monitoring and managing changes in behaviour.

Symposium paper: Trial of an in-house psychologist in residential aged care

Authors: Sarah MacPherson, Aged Care Evaluation Unit, Southern NSW Local Health District & Ms Iris Carter, Australian National University.

Research indicates high rates of psychopathology and BPSD in Residential Aged Care Facilities (RACF) and that the psychosocial, behavioural and mood difficulties of residents can be alleviated by the provision of psychological services. Yet access to psychological services for older people living in Australian RACF remains limited. This project is a 2 year trial of an in-house clinical psychologist at Goodwin Aged Care and aims to 1) define the role of a psychologist in RACF, 2) evaluate the outcomes of psychological services for residents and staff, and 3) train the future psychology workforce in working with older people. Clinical Psychologists are employed 1 day per week in 2 facilities to provide psychological services to residents, support for families and support and education for staff, as well as supervising post-graduate clinical psychology students on placement. Pre- and post-therapy measures on resident outcomes, health service utilisation, medication use, staff stress, and student attitudes and competency pre- and post-placement. Data collection is ongoing, but early indicators show the value of this service for everyone involved. The models developed in this project would be transferrable to other RACF and teaching institutions.

Paper: To what extent do somatic symptoms in community dwelling citizens in Tasmania compromise the Depression Anxiety Stress Scale?

Authors: Adam Micallef & Ed Helmes, James Cook University-Townsville, Older Persons' Mental Health Service-North West Tasmania: Department of Health and Human Services
In the context of limited resources dedicated to the identification of anxiety and depression in senior citizens, it is crucial that the most effective measures are applied. This study compares the effects of somatic symptoms, as measured by the Patient Health Questionnaire (PHQ), on the Depression Anxiety Stress Scales (DASS-21) with two widely accepted instruments. We predict the Geriatric Depression Scale (GDS) and Geriatric Anxiety Inventory (GAI) designed specifically for senior citizens, will be less affected by somatic symptoms. Senior citizens clubs in north-western Tasmania were chosen as they were representative of a cross-section of individuals 50 years or older. Ninety-seven (42%) members, of two clubs, participated in the study by means of interview or survey questionnaire. Spearman’s correlations with the somatic scale were statistically significant with all instruments; however, were highest for DASS-Anxiety (0.57, p < .01), GAI (0.50, p < .01), and GDS (0.52, p < .01). Regression analyses revealed medications are the most significant predictors of scale variance accounting for 6.5% of DASS-21, (p < .01), GDS 17% (p < .001) and GAI 24.9% (p < .001). Our results suggest the DASS-21 can be an effective screening instrument, not just in general adult populations but also for senior citizens residing in their own homes in the community.

Paper: Age related changes in social phobia symptoms

Authors: Beyon Miloyan, School of Psychology, University of Queensland, Adam Bulley, School of Psychology, University of Queensland, Nancy A. Pachana, School of Psychology, University Of Queensland, Gerard J. Byrne, School of Medicine, University of Queensland & Royal Brisbane & Women's Hospital

The purpose of this study was to investigate age-related symptom patterns that distinguish between individuals with and without a diagnosis of Social Phobia (SP). 5,411 self-reported social worriers were derived from Wave 1 of the National Epidemiological Survey of Alcohol and Related Conditions (NESARC), an epidemiological survey of mental health conducted in the U.S. in 2001-2002. Participants were stratified into four age groups (18-29 years, 30-44 years, 45-64 years, and 65-98 years) and two diagnostic groups (SP and control). Binary logistic regression analyses revealed that a core set of symptoms was associated with SP across the lifespan. There were also progressive reductions in the number of symptoms associated with SP in each successive age group, such that numerically fewer symptoms were associated with SP in older adults. A core set of SP symptoms appears to be resilient across the lifespan. However, age-related reductions in the number of symptoms associated with SP might contribute to challenges in the detection of late-life anxiety.

Paper: Respecting autonomy: A collaborative approach to decision making

Authors: Leander K Mitchell (University of Queensland, Brisbane, Australia), Hertogh, C. M. P. M. (Department of General Practice & Elderly Care Medicine, EMGO Institute for Health and Care Research, VU University Medical Center Amsterdam, The Netherlands), Sorinmade, O. A. (Older Adult Psychiatry Directorate, Oxleas NHS Foundation Trust, London, England), & Peisah, C. (University of New South Wales and Australian Centre for
Capacity, Ethics and the Prevention of Abuse of People with a Disability (ACEPPD), Sydney, Australia).

The capacity of an individual to make their own decisions has primarily relied on a dichotomous framework; the person either can or cannot make their own decisions. Unfortunately this approach focused on deficits rather than strengths; on control rather than collaboration. With this issue in mind, a workgroup within the International Psychogeriatric Association’s Taskforce on Capacity has developed a practical framework to help foster a collaborative approach to decision making. With a focus on what the individual can contribute, rather than on what they cannot, ASK ME (Assess; Simplify; Know; Maximise; Enable) provides – at its most fundamental level – for the promotion of individualized care and self-determination. At a clinical level, it draws on comprehensive biopsychosocial assessment, to guide the clinician – and often the multidisciplinary team – in how best to promote independence in decision making. At a theoretical level, it draws from the cognitive rehabilitation area, incorporating strategies that have proven successful in terms of compensating for deficits, including utilizing the strengths of the individual. This presentation will outline, in more detail, the ASK ME framework, including theoretical underpinnings and will include illustrations as to how such a framework can be implemented within a clinical setting.


Authors: **Leander K Mitchell** & **Nancy A Pachana** (School of Psychology, University of Queensland)

One of the key considerations in wisdom research is defining and operationalising the construct of wisdom itself. At its broadest level, explicit and implicit definitions of wisdom have been proposed. Catering to depth, wisdom has also been characterised within Western (or independent) cultures and Eastern (or interdependent) cultures. Research in this particular area is, however, sparse. This study therefore looked to determine whether or not differences exist in how Australians (aged 50 years and over) would define wisdom, distinguishing between those who identified most with independent cultural values and those who identified most with interdependent cultural values. An online questionnaire was used and included demographic information, the Self Construal Scale, and a list of wisdom descriptors to be rated according to how descriptive they were of a wise person. The results indicated that participants higher in levels of independence rated such descriptors as formally educated, well-read, and intelligent as most descriptive of a wise person. Those scoring higher in levels of interdependence described a wise person as not necessarily formally educated, understands people, provides good advice, and is worth listening to. This presentation will explore these results in the context of the results of other research in this area.

**Paper**: Cognitive behaviour therapy conducted over the phone: barriers and enablers.

Authors: **Selma Music** (Swinburne University), Sunil Bhar (Swinburne University), Jan-Louise Godfrey (Swinburne University), Christina Bell (Swinburne University), Claire Ahern
When cognitive behavior therapy (CBT) is delivered by phone instead of face-to-face, it allows people to receive counseling therapy who may otherwise have difficulty accessing treatment. It has lower attrition rates compared to face-to-face CBT and has been found to be as effective in reducing depression and anxiety as face-to-face CBT in selected samples [1,2]. We have been conducting a randomized controlled trial of telephone-administered CBT for older adults with chronic obstructive pulmonary disease (COPD). COPD is a respiratory disease that causes breathlessness, coughing, weight change, mobility problems, reduced quality of life and frequent hospitalization to manage exacerbations. The aim of this trial is to evaluate the effect of telephone-administered CBT on clients with COPD and at least mild levels of depression and/or anxiety. Over 180 participants have been screened and 95 randomised into CBT intervention or active social control groups. Therapists are Swinburne University postgraduate psychology students who have been trained to competency standards to deliver the intervention. This paper outlines the experience of the therapists delivering the intervention, and discusses the barriers and enablers to successful delivery of CBT in this format.

1 Mohr DC, Ho J, Duffecy J, Reifler D, Sokol L, Burns M, Jin L, Siddique L. Effect of telephone administered vs face to face cognitive behavior therapy on adherence to therapy and depression outcomes among primary care patients: a randomized trial. JAMA 2012, Jun 6, 307(21) 2278-2285.


Symposium paper: Older adults’ use of positive reappraisal in response to ageing-related challenges

Authors: Jamie S. Nowlan, Wuthrich, V. M., & Rapee, R. M., Centre for Emotional Health, Department of Psychology, Macquarie University.

Positive reappraisal is a meaning-based cognitive emotion regulation strategy that is relevant to older adults as they cope with ageing. This research aims to investigate the use and benefit of positive reappraisal coping for ageing-related challenges. A sample of older adults completed self-report measures of positive and negative emotion, life satisfaction, and anxiety and depression, as well as completing two cognitive emotion regulation questionnaires for how they coped at the time of their most stressful ageing-related challenge and how they are coping currently. In addition to this retrospective data, prospective data was also obtained, as a second sample of older adults completed similar measures in reference to a recent ageing-related challenge and were followed up with the same measures three months and six months later. Results from these studies will be
presented. The results will contribute to our understanding of the challenges older adults experience with ageing and the cognitive emotion regulation strategies (with a particular focus on positive reappraisal) that they use to cope.

**Keynote address:** Psychology, technology and tomorrow: how innovation is changing research, teaching and clinical practice.

**Author:** Norm O'Rourke, Department of Gerontology, Simon Fraser University

Opportunities for psychologists in all domains of our discipline are today more varied than ever. Often, however, the sheer pace of innovation is daunting as is the speed of technology obsolescence. In other words, today’s iPad will be tomorrow’s Palm Pilot (and the cost of today’s tools will decrease by 50% within 2 years). The risk is that we become stymied by choice. But we must be fearless when facing the future. Be it in the classroom, the lab or private practice, today’s technology offers a range of opportunities to disseminate information, study phenomena and delivery psycho-education and interventions. Infographics can be used to teach abstract concepts and convey research findings (knowledge translation); online recruitment and data collection has dramatically improved the efficiency and cost effectiveness of questionnaire research; and GPS tracking is being used to keep dementia patients safe. In other words, technology can help us become more effective teachers, academics and practitioners while saving both time and money. This address will describe examples of how technology today is improving the working life of psychologists. Suggestions will be made how to avoid feeling overwhelmed, how to distinguish fads from trends, and how to select among available technology options.

**Workshop:** Idealization of one's spouse and relationship: Clinical implications for conjugal bereavement, informal dementia care and family therapy

**Author:** Norm O'Rourke, Department of Gerontology, Simon Fraser University

Idealization of one’s spouse and marriage at one time was thought to be a 'dangerous affliction'. During courtship and as newlyweds, it was thought that spouses present themselves in an exclusively positive ways setting up their partners for inevitable disappointment. Implicit here is the assumption that idealization cannot be sustained over the long-term, and that married men and women eventually come to appraise their spouses and relationships objectively. Contemporary research supports neither assertion; in fact, marital idealization appears relatively stable over time and has been reported in couples who have been married for decades. Far from ‘an affliction’ marital idealization appears to be highly adaptive in certain circumstances. More precisely, this phenomenon emerged as a predictor of marital satisfaction among spouses undergoing addiction treatment, as a significant buffer to distress among caregivers of persons with Alzheimer disease, and idealization of deceased husbands is associated with adaptation to widowhood. This workshop will include clinical vignettes and practical discussion of marital idealization in various geropsychology contexts.
**Paper**: Developing driving cessation programs for older adults with and without dementia.

**Author**: Nancy Pachana, School of Psychology, University of Queensland.

Older adults with and without cognitive impairment often must consider stopping driving. Driving cessation may be contemplated because of physical impairments such as arthritis, cognitive impairments such as dementia, for reasons of impairment such as epilepsy or taking medications which make one unsafe to drive. But driving cessation may have negative emotional and social consequences for the older adult and their families and friends. The development of empirically derived models of driving cessation for older adults with dementia, and the ability of current driving cessation programs to serve this populations needs, is the focus of the presentation. Qualitative data from a study of older adults with dementia, carers and health care professionals will be presented.

**Symposium**: Promoting Psychologists in Residential Aged Care Settings: Illustrative Programs and Panel Discussion.

**Chair**: Nancy Pachana, School of Psychology, University of Queensland

While there is growing evidence that psychological interventions are effective in aged care settings, Australian residents have limited access to psychologists. This symposium explores ways to promote the role of psychologists in residential facilities. Three programs that integrate psychologists and train postgraduate students will be presented, with discussion from other psychologists with considerable expertise in the field. Dr MacPherson will present a two-year trial of an in-house clinical psychologist who provides psychological services and trains students, providing a model that can be rolled out across other facilities. Dr Bhar will describe a university-based counselling service that has provided psychological support to aged care residents and specialist training to psychologists over three years. Dr Davison will present findings from a research project evaluating psychotherapy with aged care residents, with therapy delivered by clinical psychology students under supervision. Prof Doyle will provide insights on the role of psychologists in aged care from the perspective of an aged care service provider. These presentations will be followed by a panel discussion that aims to address barriers to psychologist involvement and develop a strategy to promote their contribution in aged care facilities.

**Poster**: Emotion suppression in older adults: Effective regulation without increased cognitive costs.

**Authors**: David J. Pedder (Australian Catholic University), Prof Peter G. Rendell (ACU), Dr Gill Terrett (ACU) and Assoc Prof Julie D. Henry (University of Queensland).

Emotion regulation involves managing our emotional experience and expression. Recent evidence indicates that while both young and old are equally capable of suppressing their emotional expression, only younger adults’ efforts incur cognitive costs. The mechanisms behind this age effect remains unclear, but it has been suggested that older adults may achieve emotional suppression either via use of more efficient regulatory strategies or through differences in memory consolidation. To better understand these mechanisms, in
the present study younger and older adults were instructed to suppress their responses to emotionally-eliciting pictures. Strategy selection was tested by comparing memory performance after engaging in cognitive reappraisal and expressive suppression strategies. Memory consolidation was tested by varying the delay between encoding and time of recall. Both age groups were effectively, and equivalently, able to suppress their emotional expression, and to suppress their positive, but not their negative, emotional experience. Results confirmed that older adults do not incur increased cognitive costs when regulating emotion. Findings support the memory consolidation explanation, not strategy selection, with recall performance maintained over time for older, but not for younger adults. Further research is required that examines physiological arousal during encoding to better understand how consolidation maintains older adults’ cognitive abilities during emotion regulation.

**Poster: Fractured NOF vs Fractures spirit**

Author: **Deidre Pye**, Alzheimer's Australia Qld, DBMAS

A fractured neck of femur (#NOF) is a common injury in older adults. The risk of dying from a #NOF one year post incident is a very real occurrence. Research has defined pathways for physical care for the injury, but what about that part inside of us that is our spark, our energy, the drive to continue living? We hear the stories of older adults dying from ‘broken hearts’ and questionable quality of life in the later stages of ageing whether it be healthy ageing or that associated with an illness or dementia. As a psychologist, a fundamental aim is to support life and promote wellbeing. Such little focus is placed on the importance of the spirit in relation to wellbeing and the role it can play on physical recovery and extension of a life worth living. This topic represents the author's subjective experience in working with older adults with dementia and their reduced quality of life in their final years. This poster will present a psychologically driven thought process to support fostering the spirit, to improve the quality of life for the older adult in Australia.

**Paper: Improving older adult’s prospective memory with the implementation intentions strategy**

Authors: **Peter G Rendell**, Australian Catholic University1, Julie D Henry2, Phoebe Bailey3, Louise H Phillips4, Mareike Altgassen5, Melisa Bugge1, Clare Ryrie1, Matthias Kliegel6

1 Australian Catholic University, Melbourne, Australia • 2 University of Queensland, Brisbane Australia, 3 University of Western Sydney, Australia, 4Aberdeen University, UK, 5Radboud University, Nijmegen Netherlands, 6University of Geneva, Switzerland

Prospective memory (PM) refers remembering to carry out future intentions. Many studies have shown age-related deficits on most PM tasks but few have focused on strategies to improve PM. Implementation-intentions is one strategy that appears to be effective. This strategy involves forming and repeating a specific statement, “when situation x arises, I will perform response y”. This usually also involves a future thinking aspect of instructions to imagine carrying out the task. This is the first study to disentangle the statement and future
Thinking features in an aging study of PM. There were 100 young and 100 older adults who completed the PM measure Virtual Week; a computerized board game simulating a week of activities and PM tasks from daily life. There were four between-groups encoding conditions: statement alone; statement plus imagining; imagining alone; and control. The implementation-intention statement with or without imagining task eliminated the substantial age-related deficits on event-based tasks but did not reduce age differences on time-based tasks. Imagining task alone did not reduce age differences. Thus finding that imagining component is not as critical as the intention statement and that simply repeating a specific intention statement can substantially improve older adult’s PM performance.

**Paper:** Increasing family involvement in an aged psychiatry services: an ongoing project.

**Author:** Pam Rycroft, The Bouverie Centre

Various studies have demonstrated positive effects of family involvement in treatment of clients of adult and aged mental health services. Consequently, Department of Health policy has reflected an expectation that mental health professionals include families in their patient treatment for some years now. The extent to which this actually happens, however, varies greatly. What is more, attempts to provide training in family intervention to staff have not shown encouraging results in terms of implementation. This project aimed to: (i) Investigate staff members’ attitudes about and experience of working with carers and family members, including perceived constraints to family work, and (ii) To design and evaluate an intervention aimed at increasing staff members’ involvement with families. This presentation will discuss the findings of the project to date and the ongoing struggle in implementing training into practice change.

**Paper:** Can people with dementia undertake tasks in a virtual environment

**Authors:** Mandy Salomon, Swinburne University of Technology

AVED is a computer-built 3D simulation prototype featuring software-enabled activities that people can enjoy, either by themselves or with family and friends. Interactions are designed around activities of daily living, in a domestic setting. Theories of personhood, engagement and reminiscence from geriatric psychiatry and psychology fields provided the foundation for design considerations. This was followed by the researcher's placement at a residential aged-care facility, where recreational activities catering to clients in low and high care were observed, and focus groups with the dementia community were undertaken. In this presentation, the researcher will discuss findings from focus groups, including the need for wider recreational choices; PWD’s need to be useful and helpful to others in their community; the importance of music and humour, the preference for familiar objects and activities over unfamiliar ones; the desire for more intergenerational activities; the need to provide activities that relate to persons’ working lives; PWD’s need to make their own choices and to be able to express these choices. The presentation concludes with the production path that was undertaken in order to contextualise the findings within a functioning 3D prototype.
Paper: Younger onset dementia: Perspectives from persons diagnosed with YOD and caregivers, symptoms, diagnosis and support services.

Authors: Annie Smith & Beryl Buckby, School of Arts and Social Sciences, James Cook University.

There is evidence that people with younger-onset dementia (YOD) have difficulties obtaining a diagnosis and accessing support services but little research has investigated these difficulties from the perspective of persons diagnosed with YOD and their caregivers. This study explored the diagnostic experiences from the perspective of persons diagnosed with YOD and their caregivers. This study also assessed neuropsychological functioning to determine if a good fit exists between sufferer’s impairments and available support. A case study was conducted with three people diagnosed with YOD and two of their caregivers. This consisted of archival reviews of participant's health reports, open ended interviews exploring the experiences of YOD with diagnosed participants and caregivers, and neuropsychological testing. It was found that the participants diagnosed with YOD and caregivers experienced diagnostic difficulties, namely, health professional’s poor symptom recognition, misdiagnosis and a poorly defined referral pathway. Neuropsychological results found each person has unique needs that are not met by available YOD support services in a regional area. In conclusion this study found persons diagnosed with YOD have encountered diagnostic difficulties and there is a gap between needs and available YOD support.

Paper: Human doings: Man’s search for meaning in later life.

Author: David Spektor, Melbourne Health

One of the most neglected areas in geropsychology is thinking about the impact of losses on men’s masculine identity in later life. Men maintain a sense of identity in our society in ways that are different from women and which are also changing as the result of wider social changes. Traditionally masculinity has been strongly associated with employment, being a breadwinner/provider, being strong and protective for others and with being physically potent and powerful. Aging impacts on all these vital sources of masculine identity. When these are taken away or reduced in older adulthood how do men sustain their identity and what impact does this have on their mental health as a whole? Men over the age of 65 are 10 times more likely to commit suicide than women of the same age and one identified risk for suicide is simply “being male.” Thus far there have been very few therapeutic interventions that have focussed on issues to do with masculinity in later life, and therefore the idea of a group for men in later life has been borne. This presentation will explain the idea for the group and the interesting findings since its inception over 2 years ago.

Paper: Group Cognitive Behavioural Therapy for anxiety within a residential age care facility: Experiences from a clinical psychology placement
Symptoms of anxiety are frequently observed among elderly residents in Residential Aged Care Facilities (RACF’s). The present study aimed to explore process issues and effects of group cognitive behavioural therapy (CBT) for three elderly residents (aged between 75-90 years). Symptoms of anxiety were assessed pre and post intervention. CBT techniques were adapted to work with older adults including a slowed delivery pace, a practical focus, incorporation of written material and continued revision of key concepts. The outcomes demonstrated mild decreases in assessed symptoms of anxiety after six CBT sessions, as well as anecdotal improvements in the management of anxiety by residents and care staff. The group format also facilitated social interaction, an increased sense of belonging and positive adjustment to living within the RACF. These findings may lead to the introduction of an adjustment group to the already established orientation process received by new residents. Process issues experienced by the psychology intern provided an invaluable learning experience with regards to building rapport, adapting psychological interventions, and working within a multi-system environment. Given our aging population, training and experience working with older adults is extremely important for fledging clinicians, to reduce the apprehension and stereotypical thinking about psychotherapy and the elderly.

Poster: Staff attitudes and resident behaviour in a dementia specific unit.

Authors: Jane Turner (The University of Sydney), R McDonald (South Western Sydney Local Health District), R Menzies (The University of Sydney), & Tanya E Davison (Monash University).

Dementia is frequently associated with behaviours that cause distress to the person with dementia and others in their environment; and frequently precipitate referral to specialist mental health services. Care staff experience high levels of stress; and research suggests that negative staff attitudes can adversely impact on resident behaviour. The aims of this study were to a) investigate staff attitudes toward caring for people with challenging behaviours, and the use of behavioural modification procedures; b) describe the behaviours demonstrated by residents, and staff management; and c) identify staff learning needs. A cross-sectional survey design using self-report questionnaires and a behaviour audit was used with 31 care staff in a Dementia Specific Unit in Sydney. The results indicated a high prevalence of aggressive and non-aggressive behaviour problems, which were seen as clinically significant by 86% of staff. The majority of staff reported current use of behaviour modification procedures with their residents, with 87% indicating support for additional training in these techniques. This study indicates great scope for behavioural and educational initiatives in residential care facilities.

Paper: Neuropsychological correlates of white matter lesions: a neuroimaging study and cognitive profiling approach.
Authors: Syarifah A Wan Ahmadul Badwi (University of Newcastle), Jolly, T. A. D. (University of Newcastle), Drysdale, K. (University of Newcastle), & Karayanidis, F. (University of Newcastle)

White matter lesion (WML) were previously found to mediate cognitive deterioration in elderly, however the complexity of the relations between the two were emphasised, and the need for new approach to better clarify its significance was urged. This study examined the cognitive profile of individuals affected by WMLs, ranging from low to high lesion load. The microstructural integrity of WML-affected and WML-unaffected areas was examined using the Diffusion Tensor Imaging protocol. While the Z-score profiling approach analysed subjects’ cognitive performance in comparison to other subjects within the cohort, the ZZ-score analysis further examined relative cognitive weakness(s) of the subject indicative of cognitive decline experienced within the individual on a particular cognitive domain(s) associated with white matter damage. Our findings revealed promising support for this approach, showing significant correlations between the mean on neuropsychological test battery performance with the level of periventricular white matter fractional anisotropy and periventricular white matter radial diffusivity. The Z-Score/ZZ-score approach thus; serve as an alternative to investigate the subtle relation between cognition and WML. WML therefore, provide a clinical prompt for a more detail investigation on future risks of cognitive deterioration, with other studies documenting its association with future risks for stroke and dementia.


Authors: Bradley Ward (Richmond Specialist Mental Health Service for Older People)

Anxiety in older people is under diagnosed and poorly treated despite significant functional and psychological sequelae. Mindfulness-based cognitive therapy (MBCT) has been shown to be a promising treatment for anxiety. The aim of this study was to determine the effect of a MBCT programme on anxiety symptoms in older people. Fifty-two participants were randomly allocated into therapy and control groups for either a 7 week MBCT programme or a structured activities group. Measures were administered at programme commencement, completion and one month follow up. The therapy group showed significant improvements (p < .001) on all measures at the end of the MBCT programme. Improvements continued at one month follow up (p < .001) except for the GAI and MAAS, where initial gains were maintained but did not improve significantly. The control group did not show significant changes at any point. Significant changes were observed between groups on the GAI at the completion of the MBCT programme and at one month follow up. This study represents one of the first to study the impact of MBCT on anxiety symptoms for older people utilising both a randomised control trial paradigm, follow up measures and specialised instruments.

Models of housing and services for older people are needed that provide security and support without undermining autonomy and independence. With population ageing, the question of which housing and supports will best promote health and wellbeing for future generations is critical. The My Place for Life project, a panel study funded by an ARC Linkages grant, seeks to explore the impacts of housing and services on the wellbeing of older people with a view to informing the development of future models. In 2012, over 400 participants in Victoria and Tasmania living in their own homes, in congregate housing settings, or in low-level residential care were interviewed. The analyses reported here explore the impacts of participants’ current accommodation on their quality of life and social participation. Results showed systematic differences in these outcomes across settings, in favour of retirement villages. While participants generally reported high levels of belonging, they less often felt that they had an active and valued social role. Providers need to be aware of a need to encourage older residents to have a say in the social structures that support their lives.

Symposium: Understanding differences in cognitive, emotional and physiological reactions to stress in older adults, and how older adults can benefit from psychological strategies for emotional distress.

Chair: Viviana Wuthrich, Centre for Emotional Health, Department of Psychology, Macquarie University.

Research indicates that emotional reactivity and distress change with age, with some research suggesting that older adults are more positive and cope better with stress. This symposium will include four papers that together provide a clearer understanding of differences in stress reactivity and coping in older adults, and how older adults benefit from cognitive strategies for dealing with emotional distress, anxiety and depression. Firstly, differences between younger and older adults in emotional and physiological reactivity, and coping skills used to manage stress during a laboratory stress task will be discussed (paper 1). The second study will focus on the use and benefit of positive reappraisal as a cognitive emotion regulation strategy for older adults who have had a recent major stressor, and the implications for treatment with older adults. The third paper will discuss the role of cognitive flexibility in the effectiveness of cognitive restructuring for older adults with current anxiety and depression, and discuss the implications for treatment. Finally, the fourth paper will discuss the preliminary results of a randomised controlled trial of cognitive behavioural therapy versus a group program focused on mental stimulation and social support for dealing with comorbid anxiety and depression.

Symposium paper: Randomized Controlled Trial of Cognitive Behavioural Therapy Compared to a Discussion Group for Older Adults with Comorbid Anxiety and Depression: Preliminary Findings

Authors: Viviana Wuthrich, Rapee, R.M., Kangas, M., & Perini, S. Centre for Emotional Health, Macquarie University.
Despite the ageing of the population, research on the best psychological treatment for comorbid anxiety and depression in older adults is still under developed. Some research suggests that older adults with anxiety or depression can benefit from cognitive behaviour therapy (CBT); however, CBT has not always been shown to be superior in older adults with anxiety disorders, and generally the effect sizes for therapy are smaller than in younger adults. Current gaps in the literature include a lack of knowledge about the effectiveness of psychological treatments for older adults with comorbid anxiety and depression, and the impact of pre-treatment cognitive ability on treatment outcomes in large scale trials. In this study we compared group CBT to a discussion group for older adults with comorbid anxiety and depression in a large randomized controlled trial. Participants were assessed on a structured interview, and were randomly allocated to group treatment. Participants also completed symptom measures of anxiety, depression, general functioning, and cognitive ability at pre-treatment, post-treatment and 6 months post-treatment. Preliminary findings regarding the effectiveness of the two treatment conditions, as well as the impact of cognitive ability on treatment outcome will be discussed.