

## Psychology and Psychiatry

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Simpson, S., Woods, R. and Britton, P., 'Depression and engagement in a residential home for the elderly', *Behaviour Research and Therapy*, 19, 1981, pp. 435–8.

The importance of this paper is that it prompts us to think more carefully about the nature of the engagement (overall level of constructive, positive activity), shown by old people in residential care. Also noteworthy, as being relatively rare with this population, is the authors' attempt to examine mood state and engagement simultaneously.

It is a pity that by data analysis time only 10 of the original 38 residents could be mustered, the remainder having been excluded or having opted out. We are looking here at an exclusive group – co-operative, cognitively well-preserved, performing to criterion on the CAPE Information–Orientation, willing and able to complete the Beck Depression Inventory twice, and able to make a forced choice selection of preferred activity.

In this select group, level of depression and that proportion of an individual's total behaviour categorized as engaged were unrelated. Some highly inactive residents were not depressed and, I assume, although this is not clearly stated, some relatively high engagers were depressed.

Those of us who still subscribe to the Protestant Ethic may be shocked by this finding, but to calm us the authors immediately speculate that the inactive non-depressed could be very busy *covertly*. Possibly they are reviewing happy memories 'difficult for the observer to elicit and quantify'. 'Difficult', indeed, or more correctly 'impossible', since the assessment method<sup>1</sup> used permits only measurement of overt behaviour.

One could speculate here that the inactive find physical inactivity itself reinforcing; perhaps they see the few activities offered as tedious and feel a glow of satisfaction for having avoided them: or are meditating; or enjoying a quiet doze. The authors mention that residents were interviewed but do not indicate that this yielded any self-report evidence on what was going on in the minds of the inactive non-depressed.

For high engagers who are nevertheless depressed, the authors again speculate that the depressed participant is likely to view his performance negatively and may remain depressed in consequence. Again, no evidence is quoted.

The authors' second main finding is that there is a significant negative correlation between level of depression and the proportion of time spent by an individual in his most preferred activity. It appeared that those residents who were more depressed were unwilling or unable to participate in the activity which in normal circumstances they would most enjoy.

It is reported that the more depressed residents tended to prefer 'internal' and self-generated activity such as reading, smoking, or 'thinking about things'. No clue is given as to whether or not the 'thinking' category was admitted as a preferred behaviour. If it was I cannot imagine how it could have been measured by the methods reported.

The principal conclusion of Simpson, Woods and Britton is that the concept 'engagement' is due for critical evaluation. Overt disengagement, they suggest, may be constructive, covert engagement needs to be investigated, and residents' perception of the activities available in residential care and their self-evaluation of their performance of these activities must also be considered.

These are indeed points which should be explored, in a more comprehensive investigation with a larger and more representative sample of residents, looking at both spontaneous and elicited overt behaviour and monitoring covert behaviour too. One would expect that the reformulated learned helplessness theory<sup>2</sup> which this paper fails to mention would be a foundation for such an investigation.

#### NOTES

- 1 Jenkins, J., Felce, Powell, E. and Lunt, B., *Measuring client engagement in residential settings for the elderly*, Wessex Health Care Evaluation Research Team, Research Report No. 120.
- 2 Abramson, L. Y., Seligman, M. E. P. and Teasdale, J. D., 'Learned helplessness in humans: critique and reformulation', *Journal of Abnormal Psychology*, 87, 1978, 49-74.

Sperbeck, D. J. and Whitbourne, S. K., 'Dependency in the Institutional Setting: A Behavioral Training Program for Geriatric Staff', *The Gerontologist*, 21, 1981, pp. 268-75.

With that wonderful faith in human engineering which is America, the authors recount how in a 650-bed HRF (health-related facility), they corralled eight excessively dependent 'target residents', and prompted staff to plan, develop, initiate and carry out behaviour management programmes.

These arose from a primary programme of staff training, based on the assumption that existing inadvertent fostering of residents' dependency stemmed from lack of information about the needs of old people, negative

stereotypes of the elderly, and failure to apply operant behaviour analysis and the principles of contingency management.

The training, in eight weekly meetings, is described in a pleasantly clear and logical summary. It is unusual to find this kind of work outlined in such an informative way, and this feature alone makes this a paper worth reading for those concerned with staff training.

Naturally one is left wanting to know more. For example, just one of the themes of session one was to share ideas about the reciprocal influence residents and staff have on each other. In my experience this topic by itself can evoke a session's worth of intense feelings and such provocative self-questioning as 'We do it to them and call it treatment – they do it to us and we call it manipulation.'

The phenomenon of 'reverse behaviour change'<sup>1</sup> should indeed be more widely discussed and it would be fascinating to know how the nurses here responded to that challenge. However, this one facet of the training programme could in itself be the subject of a worthwhile paper, and as we are in debt to these authors for awakening our curiosity it would be ungrateful indeed to demand that they satisfy it fully into the bargain.

The last three sessions of training were devoted to developing treatment programmes for four of the eight residents (a self-contained experimental group since they occupied the same floor in the HRF.) For two residents in another part of the building, staff were made aware of the excessive dependency and were instructed to reduce it (without behavioural training). For the remaining two, also apart from the experimental group, traditional care was the watchword (the authors imply that even awareness of excessive dependency was lacking).

Some of the residents were deficient in self-care, in that they were being shaved by staff although physically capable of shaving themselves. The remainder were deficient in mobility, being wheeled around by staff although physically capable of more independence of movement.

Following behavioural training by staff, three of the 'experimental' residents showed marked improvement, but the fourth remained as dependent as ever (the authors, with characteristic frankness, discuss in detail the woman who held out for her own dependent life style and who proved in this case to be a more effective behaviour modifier than the professionals!)

The remaining four residents showed no significant changes. The authors point out that this study lacks the rigour of an acceptable trial of the efficacy of behaviour modification with this kind of population. (Such evidence is already to hand.<sup>2</sup>)

However, the strength of this paper is that it is a convincingly-narrated real-world account which directly conveys to practitioners the flavour of

this kind of intervention. In the real world, unexpected staff shortages really do cause fluctuations in the progress of behavioural programmes, as they did here. In the real world one cannot rely on dedicated and highly-trained research staff to monitor all aspects of a treatment programme.

This paper, then, is a rarity. Scientifically speaking, should it be classified as a freak with deformities as its only novelty? Or is it, 'warts and all', an honest portrait which shows the present status, and foreseeable future, of behaviour and modification with the elderly in residential care?

Perhaps it is both, for psychology and psychiatry in this 'grey area' are indeed a mixture of science and art at present. One day we may reach our brave new world characterised by universal precision and control, but meanwhile Sperbeck and Whitbourne give us an honest glimpse of the fraught and striving present.

#### NOTES

- 1 Rebok, G. W. and Hoyer, W. J., 'The functional context of elderly behaviour', *The Gerontologist*, 17, 1977, pp. 27-34.
- 2 Hussian, R. A., 'Geriatric psychology. A behavioral perspective', Van Nostrand Reinhold, 1981.

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