

Ireland situations and it is a pity that planning is now being hindered by a system of cash limited budgets which discourage inter-agency innovation and the development of a satisfactory set of services for the care of the elderly.

Centre for Health Economics,
University of York

Social Work and Social Services

David Challis

Pinkston, E. M. and Linsk, N. L., 'Behavioural family intervention with the impaired elderly'. *Gerontologist*, **24** (1984), 576–83.

There is at present a poorly developed literature in the social work field based upon approaches to help families cope with the variety of behavioural problems encountered in seriously impaired elderly relatives. The authors sought to investigate whether behavioural training procedures could be an effective means of enabling families to most effectively manage these problems at home.

Twenty-one people and their families participated in the study. These cases were selected on criteria of being over 60, suffering physical or mental disability and exhibiting one of a range of behavioural difficulties. The intervention techniques used were concerned to increase the desired positive behaviours in both elderly person and caregiver whilst reducing non-satisfying behaviours. Care was taken where necessary to redefine problems into positive behaviours requiring development or commencement rather than negative behaviours requiring extinction. The most frequently adopted approaches were reinforcement such as differential attention or praise for specific behaviours and prompts or stimulus commands such as relating behaviour to specific prompts, cues or circumstances. A contract based technique was used to implement the agreed programmes with clients and caregivers.

The effectiveness of the interventions was evident in the improvements observed in a high proportion of behaviours in self care, social activities, negative activities, negative verbal behaviour and positive behaviour. This was retained at six months follow-up for all aspects of positive behaviour. Negative behaviour, especially verbal behaviour, was less improved. Consumer surveys suggested that behavioural approaches were felt to be helpful by caregivers, increasing their understanding of elderly people's problems.

The authors argue that there is a clear role for teaching behavioural approaches to informal caregivers to improve their patterns of coping. However, they note that expansion of the use of these techniques would require additional staff training in home-based behavioural interventions.

COMMENT

There are obvious difficulties in generalising or judging effectiveness from the small sample size in this study. In particular, larger studies are needed to identify the kind of circumstances in which families caring for an elderly person can benefit from a behavioural approach, and of which type, and when factors such as certain patterns of relationship mean that the approach is contra-indicated. Nonetheless, the approach is worthy of further consideration because it has obvious strengths of precise definition of problems, patterns of solving them and agreed success criteria.

Bergmann, K., Manchee, V. and Woods, R., Effect of family relationships on psychogeriatric patients. *Journal of the Royal Society of Medicine*, 77 (1984), 840-844.

Families and informal carers experience great stress in caring for mentally infirm elderly people. This study attempted to systematically investigate a set of clinical hypotheses, formulated by one of the authors, that there are relatively enduring patterns of relationships between carer and cared-for which have their genesis in the pre-morbid relationship between parent and child. It was suggested that three dimensions were important in explaining the family relationships of psychogeriatric patients. These were the degree of physical dependence, the degree to which the elderly person was dominant over the relative and the extent to which the pattern of interaction was warm and positive.¹

Using material documented in the case notes of patients assessed at a specialist hospital unit a retrospective investigation was undertaken of sixty randomly selected patients with supporting relatives. A detailed home assessment of each case had been undertaken by the team social worker. Ratings were derived of the quality of the caring relationship in three dimensions: autonomy-physical dependence, submissiveness-dominance, and negative-positive communication. Outcomes after a three month period following assessment were rated on a four point scale from multi-disciplinary case-review notes.

It was found that cases with poor outcomes tended to exhibit patterns of poor communication, and that cases with an organic psycho-syndrome who were more highly dependent had better outcomes. A disproportionate number of sons as carers were found in the poor outcome group.

The authors suggest that communication patterns and levels of dominance reflect longstanding patterns of interaction, but that the nature of the relationship between patient and key relative are crucial in relation to short term outcomes. They suggest that more emphasis needs to be placed upon the dynamic nature of relationships and how established patterns of equilibrium adapt to the changes accompanying psychiatric disorder.

COMMENT

Numerous studies have focused upon delineating aspects of stress experienced by carers of frail elderly people. Despite the inherent dangers of the reliability of information obtained in a retrospective study, this is a valuable addition to the literature. There is a need for prospective studies to further tease out the nature of caring relationships and the ways in which health and social services may be able to assist carers through helping to modify maladaptive patterns of interaction.

NOTE

- 1 Bergmann, K. How to keep the family supportive. *Geriatric Medicine* (1979), August, 53-57.

Gilleard, C. J., Gilleard, E. and Whittick, J. E., Impact of psycho-geriatric day hospital care upon the patients family. *British Journal of Psychiatry*, **145** (1984), 487-492.

This study was concerned with the effect upon the carers of psycho-geriatric patients of utilisation of day hospital services. The sample consisted of 129 psychogeriatric patients attending four different day hospitals in Scotland. The vast majority of patients, 96, had a diagnosis of dementia. These cases were initially assessed and followed up over three and six months. Each carer was interviewed at home using a set of indicators of minor psychiatric disorder, stress, strain and care problems.

Carers perceived the day hospitals as providing greatest benefit to themselves, benefits which tended to increase through time. Conversely, their perceptions of benefit to elderly people were less and did not increase through time. However, the perceived benefit of the day

hospital did not seem to be related to the probability of maintaining the elderly person at home. Unsurprisingly, perceived benefit was related to continued attendance of the patient. Those carers who derived most benefit appeared to be those who were clearest about their desired benefits at the outset of receiving the service and where patients were most likely to adjust.

The authors conclude that making the best use of day hospital services for families involves a need for clarity about carers expectations and judgements regarding the suitability of day care. This therefore requires closer co-operation between families and professional caregivers in making decisions about services.

COMMENT

Many of these issues are of equal relevance to day centres run by Social Services Departments some of whose features may not be dissimilar to Day Hospitals.¹ Day care facilities are scarce resources and yet little is known of factors which are associated with successful utilisation. It is usually assumed, as in this study, that day care should be beneficial to both carer and cared-for, the former experiencing reduction in strain. The value of this study is that it begins to identify characteristics of both elderly person and carer which may be associated with successful use of the day hospital. It again underlines the observation that a professional approach which combines clarity of explanation, consultation and shared problem-definition with informal carers is more likely to be effective.

NOTE

- 1 Brocklehurst, J. C. and Tucker, A. Progress in geriatric day hospitals. King Edward's Hospital Fund, London, 1979.

Personal Social Services Research Unit,
University of Kent

Demography and Migration

Tony Warnes

J. F. Ermisch and Elizabeth Overton, Minimal household units: a new approach to the analysis of household formation. *Population Studies*, 39 (1985), 33-54.

Among the rapidly changing and fundamental facets of elderly people's social situation are their own living arrangements and the composition