

Research Highlights

AN UPDATE FROM THE EDWARD AND ESTHER POLISHER RESEARCH INSTITUTE OF PHILADELPHIA GERIATRIC CENTER



M. Powell Lawton—longtime PGC researcher and pioneer in gerontology

M. Powell Lawton, Ph.D., one of the most innovative and prolific figures in modern gerontology, died earlier this year as the result of a brain tumor. He was 77. Dr. Lawton joined PGC in 1963 and served as director and then director emeritus of the agency's Polisher Research Institute for 38 years, achieving an international reputation for his advances in the study of aging.

A behavioral psychologist, Dr. Lawton first gained national attention in the 1960s for his pioneering investigations into the psychological and social aspects of aging. He was the first to recognize the importance of designing living environments for the elderly, particularly those with Alzheimer's disease. Largely as an outgrowth of his work, PGC in the 1970s opened the nation's first residential nursing units designed specifically for Alzheimer's patients. Even today, his ideas influence the design of residences for older adults, including PGC's upcoming state-of-the-art campus in Horsham, Pa.

"Dr. Lawton provided a beacon that has guided and influenced public policy to enhance the quality of life of seniors," said PGC president and CEO Frank Podietz. "We remain grateful for his extraordinary contributions, and we will strive to perpetuate his legacy as a mentor, innovator, pioneer and visionary."

Other areas of Dr. Lawton's research included community housing for seniors, quality of life, and the psychological, emotional and cognitive assessment of older adults. He spearheaded the development of geriatric assessment tools that are used by clinicians and researchers worldwide. One example is the Observed

Emotion Rating Scale, which enables researchers and care providers to interpret the non-verbal communication of Alzheimer's patients.

Dr. Lawton was widely published in scientific journals. He wrote three books—his 1980 book *Environment and Aging* has become a classic in the field—and edited scores of book chapters. He was the recipient of numerous grants from the National Institutes of Health, the Alzheimer's Association and many other leading agencies and foundations, and received research and humanitarian awards from organizations in the Philadelphia area and around the world.

Dr. Lawton was a fellow and past president of the Gerontological Society of America, and a founding member of the National Caucus for the Black Aged. A fellow of the American Psychological Association, he was the founding editor of the association's journal *Psychology and Aging*. At his death, he was editor-in-chief of *The Annual Review of Gerontology and Geriatrics*.

He also served as a professor of psychiatry at the Medical College of Pennsylvania and Temple University School of Medicine.

"Powell's legacy will continue to generate research ideas for a long time to come," said Joel Leon, Ph.D., director of the Polisher Research Institute. "Many of the ideas he worked on, such as environmental design and quality of life, will continue to be major areas of research for PGC. His loss was not just a loss for each of us personally at PGC, but for everyone in the field, and indeed for everyone in the world who is concerned about issues of aging."

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Remembering Powell Lawton: knowledge, generosity, integrity

By Elaine M. Brody, M.S.W.

Elaine Brody joined PGC in 1957 as director of social services and went on to conduct research at PGC—often in collaboration with Dr. Lawton—for more than three decades, becoming one of the nation’s leading experts on caregiving for the elderly. The excerpt below was adapted, with permission of the publisher, from her preface to the book “The Many Dimensions of Aging,” a tribute to Dr. Lawton published in 2000 by Springer Publishing Inc., New York 10012.

I was privileged to be at Philadelphia Geriatric Center when Powell arrived [in 1963], having preceded him by half a dozen years.

To put Powell—the man and the researcher—in perspective, one does well to remember the context of his courageous and creative venture into research in aging. In 1963, no home for the aged included a research unit, and very few (if any) organizations of any kind had a research program focused on older people. The elderly and their families in the main were neglected, ignored, and in many ways oppressed by society. Old people in general were poor and more than half were dependent economically on their children. Social Security was just beginning to take hold. Medicare and Medicaid would not come into being until 1965. In those early 1960s, there was virtually no specialized housing for older people, nor were there long-term-care services. The number and proportion of old people, particularly very old people (then over 75 years old) in the population was increasing rapidly, with a concomitant rise in those suffering from chronic ailments such as cardiovascular disease, arthritis, and Alzheimer’s disease.

The latter ailment—Alzheimer’s disease—became the focus of one of Powell’s most concentrated and strenuous research efforts. In the early 1960s, those who suffered from that ailment (successively called “senility,” “mental impairment,” “organic brain



Elaine Brody and Powell Lawton share a toast with Polisher Research Institute Director of Psychometrics Morton H. Kleban (right) during a PGC celebratory event, circa 1975.

syndrome,” “chronic brain syndrome,” etc.) were warehoused in state mental hospitals, denied admission to homes for the aged and nursing homes, or lived with severely overburdened families. PGC was not only the pioneer among voluntary homes in admitting Alzheimer’s patients, but was led by Powell into an organized, systematic effort to research appropriate environments and social treatment programs for them. Concurrently, he carried out related streams of research concerning all older people in, for example, functional assessment, housing and community planning, morale, services for caregiving families, determinants of well-being, and so on. All could be placed under the rubric of what several decades ago he called “the good life,” a phrase that he later modified to “quality of life.”

My first sight of Powell, soon after his arrival, was of him sitting in his “office,” which until the preceding day had been a windowless storage room for wheelchairs and other equipment. Himself a Quaker, he was laboriously copying large letters in Yiddish onto poster-board: A Yiddish translation of the Kahn-Goldfarb

mental status questionnaire in order to use it with the Yiddish-speaking older people. When we reminisced about this recently, he laughed and said that the English-to-Yiddish translation was not a great problem; the main problem was translating the Yiddish responses into English.

As a researcher, Powell was a class act. Always his own man, his independence of thinking, soaring intelligence, pristine conceptualizations, meticulous insistence on accuracy, prodigious capacity for work, encyclopedic knowledge, astonishing output, adventurous explorations—one could go on and on without exhausting the inventory of good things that characterized his work. With all that, he always remained unassuming and unpretentious.

I am among the hundreds of scientists and practioners whose lives Powell changed and enhanced, whose quality of life he improved. I experienced unbelievable good luck in being the friend of this remarkable man and in benefiting from his knowledge, generosity and integrity for more than three decades.

Boosting the long-term-care work force: PGC makes recommendations to Commonwealth

With more than 70 percent of home-care agencies and private nursing homes in Pennsylvania reporting shortages in “frontline” workers—those who provide the bulk of hands-on care, such as nursing assistants and home health aides—the Commonwealth is attempting to address the problem.

A recent report by PGC researchers, commissioned by the Pennsylvania Intra-Governmental Council on Long-Term Care under the auspices of the Pennsylvania Department of Aging, suggests ways to reverse the trend. The study was based on an extensive literature review and a survey of more than 900 long-term-care administrators. It was part of a larger effort by the state that included focus groups with workers themselves.

According to lead investigator Joel Leon, Ph.D., PGC’s director of research, the solution requires a multi-pronged approach. Raising starting wages and allowing for regular increases is a good start, he says. Providers who raised wages reported fewer problems with recruitment and retention. But this is only part of the equation. His report recommends several other steps, including the following:

CHANGE PUBLIC PERCEPTIONS OF LONG-TERM-CARE WORKERS.

Dr. Leon says public-information campaigns may help improve the image of long-term-care workers and make the field more attractive to potential employees. The job is tough but often quite rewarding, and this needs to be communicated to the public, he says.

CHANGE THE ORGANIZATIONAL CULTURE AT NURSING HOME AND HOME-CARE AGENCIES.

The report urges the state to promote “culture change” within long-term-care facilities and home health agencies. This means empowering staff, giving them opportunities for growth and development. Dr. Leon: “Several studies suggest that involving frontline workers more in decision-making and care-planning is a way to achieve better retention.” Other efforts that can be undertaken by individual providers include offering more positive feedback to workers; providing better training for supervisors; providing more thorough

and effective new-hire orientation programs; and finding ways to lessen the physical strain of the job.

INCREASE THE LEVEL OF TRAINING.

Nursing homes offering high amounts of training had fewer problems with staff retention, and, to a lesser extent, fewer problems with recruitment. With home health and home care agencies, more training was clearly associated with fewer recruitment problems, according to the report.

The PGC report strongly urges the Commonwealth to develop innovative public-private partnerships. One possibility, says Dr. Leon, is the “wage pass-through,” now implemented in 23 states. This program ensures that a portion of the public Medicaid-reimbursement dollars paid to private nursing homes and home health agencies goes toward the salaries of frontline workers.

Says Dr. Leon: “Not surprisingly, the number one recommendation we heard from providers in the surveys was that the state increase their reimbursements, so that they could, in turn, increase salaries.”

Older Americans experience fewer memory problems

Aging baby boomers often complain of having forgetful “senior moments.” But new evidence suggests that the memories of older Americans as a group may have improved during the last decade.

Memory problems still increase with age, but a PGC study published in the March 2001 issue of *The Journal of Gerontology* showed that seniors scored better on memory tests in 1998 than in 1993. Only four percent of community-based Americans age 70 and older showed signs of severe memory loss in 1998, down from six percent in 1993.

“Our study suggests being old and being of sound mind may be more compatible than ever,” said PGC’s Vicki A. Freedman, Ph. D., who co-authored the study with Hakan Aykan, Ph.D., of PGC and Linda Martin, Ph.D., of the Population Council. Their work was supported by the National Institute on Aging.

The PGC team used data from interviews conducted by University of Michigan researchers in 1993 and 1998, in which seniors were asked to repeat a list of 10 words, name the president and vice president, and perform other memory tasks. When the

subjects were too impaired to respond, their caregivers reported on their memory status. In all, more than 14,000 elderly Americans were profiled.

Improvements were experienced by both men and women and were especially large for those in their 80s and those without a high school education. The reason for the gains in memory are unclear, says Dr. Freedman, but may have to do with better medical care or healthier lifestyles. She said further research is needed to explain the phenomenon. But in any event, she says, “the results are good news for aging Americans.”

Learning what works in Alzheimer's care

Researcher surveys methods of observing residents' behavior

Often in a long-term care setting, researchers seek to determine the effect of a change in care or environment upon residents with Alzheimer's disease. For instance, a nursing home might redesign the dining room to be more homelike. Activities staff in the home might experiment with a new type of music therapy.

But how can researchers measure the effectiveness of such changes? In other areas of health care, the relationship between change and result is simple. Researchers testing a new antibiotic, for example, might look at the frequency and duration of infections.

But how can they evaluate whether a change produces a better quality of life for Alzheimer's patients? People with dementia are often unable to answer questions, and their caregivers

can't always be relied on to provide accurate, unbiased reports.

The answer, according to many Alzheimer's experts, is to directly observe and record the behavior and emotions of residents, and to interpret the results. Researchers at PGC and elsewhere have developed a number of methods to do just that. One example is the Observed Emotion Rating Scale (see sidebar).

Still, a problem remains: With so many methods available—at least 40 or so, each with a different approach and emphasis—which should researchers choose? And with researchers worldwide using so many different methods, how can they compare their results?

Kimberly Curyto, Ph.D., a fellow at PGC's Polisher Research Institute, is working to streamline the options for

"Our aim is to eventually refine a set of cost-effective, practical, reliable tools that can be used on an everyday basis by facilities for quality improvement and assurance"

—Dr. Curyto

investigators. With funding from PGC's Harry Stern Family Center for Innovations in Alzheimer's Care, she is preparing an extensive review of the pros and cons of each method. She and her research mentor, Stern Center director Kimberly Van Haitsma, Ph.D., hope this will be the first step in forging a new, integrated model of observing residents—one that incorporates the best elements of existing techniques.

"Our aim is to eventually refine a set of cost-effective, practical, reliable tools that can be used on an everyday basis by facilities for quality improvement and assurance," says Dr. Curyto.

The most promising methods, she says, are those that focus on the context of a resident's behaviors, not just on the behaviors themselves. These methods would record not only a resident's episode of aggression, for example, but the factors surrounding it: interactions with others, concurrent activities, overall setting.

"If you're looking to improve quality, you really can't separate the behaviors from the context in which they occur," says Dr. Curyto. She says the most useful tools for quality improvement may ultimately be those that combine an overall "milieu" assessment with a tool for measuring residents' emotions, such as PGC's Observed Emotion Rating Scale.

The Observed Emotion Rating Scale: What is it?

Developed by a PGC team led by M. Powell Lawton, Ph.D., this scale measures the full range of emotions in residents with dementia. Researchers stand unobtrusively in the distance, watching a resident, as they enter data in a handheld computer or simple checklist. The researchers look for facial expressions—a knitting of the brow or pursing of the lips; a smile, or movement of the eyes—that signal certain emotions. They also watch and listen for body language and "nonword vocalizations," such as screams or moans.

The researchers rate the frequency and duration of six emotions: pleasure, interest, contentment, sadness, anxiety, anger. The method can be reliably used by other nursing home staff, and even family members, provided they receive about two

hours of training. The technique is illustrated in a 25-minute training video, developed by PGC titled "Recognizing and Responding to Emotion in Persons with Dementia," marketed by Terra Nova Films.

Kimberly Van Haitsma, Ph.D., who pioneered the work along with Dr. Lawton, explains how the scale can be used to evaluate the impact of an activity on a resident: "You can track a resident's emotional response over time. If you're seeing that negative emotions are predominating, it's a sign that maybe something isn't working, that the activity should be discontinued or modified. If staff document, however, that the resident is consistently showing pleasure and interest with a certain activity, it means it's the right activity for that person."

The many faces of forgiveness



Helen K. Black, Ph.D.

PGC researcher Helen K. Black, Ph.D., recalls seeing an article about forgiveness in a mainstream women's magazine. The message was simple: Learn to forgive others and you'll be happy.

But after speaking with 40 seniors about forgiveness, she's convinced the issue is more complex than that. Her study, funded by the Nathan Cummings Foundation, revealed a montage of feelings and attitudes. No two stories were alike. She says the individuals she interviewed—Jewish, African American, and white Christian elders—were “universes of one”—each person with a unique set of beliefs about the significance of forgiveness.

“I didn't get one story that was the same,” said Dr. Black. “It was very person-specific.” While certain themes appeared more than once—for example, women talking about unfaithful husbands, or men talking about bosses at work—each person's view on forgiveness was different.

Dr. Black presented her findings at a recent meeting of the Gerontological Society of America. The goal of the study was to learn what role forgiveness plays in the personal and spiritual development of older adults.

She found that many of her respondents, especially Christian women, felt obliged to forgive because of their religious beliefs—but often “fully admitted that they could not forgive.” This sometimes led to feelings of guilt and spiritual shortcoming, and was a barrier to self-acceptance.

“That's where the greatest difficulty was—thinking it was the right thing to do, but not being able to do it,” notes the researcher, who holds a doctorate in the psychology of religion. “It is hard to forgive, and we cannot help our feelings. Just by saying you ‘should’ won't make it happen. People may have to accept the conclusion—‘No, I can't forgive that person’—and still accept themselves.”

Dr. Black found a particularly strong role for forgiveness in the lives

of African Americans. “It is very important to their relationship with God,” she says. She cites as an example a woman who had been interviewed in an earlier project about suffering: “She said that ‘joy went out of my life’ until she forgave the man who killed her son. Once she forgave him, joy returned.”

Overall, Dr. Black found that forgiveness was a difficult topic of conversation for seniors. In fact, several past study participants who had spoken freely to her about other topics declined to be interviewed on forgiveness.

“The whole topic presupposes that the elder did something wrong—or that someone else did something wrong to them, which they're still holding on to. They're loath to say either one of those things. It calls into question whether they're a ‘good’ person. And I don't think anybody at that stage of life—or maybe at any stage of life—likes to consider themselves not a good person.”

For Dr. Black, the study confirmed the value of qualitative, versus quantitative, research. In quantitative research, participants respond to a fixed set of questions and are usually limited to pre-defined answers. In qualitative studies, researchers conduct open-ended, in-depth interviews.

Only qualitative interviews, she asserts, could reveal the intricate role of forgiveness in seniors' lives. Professionals who dole out advice on forgiveness without doing this type of research may be missing the point, she says.

“If people would actually talk with seniors about forgiveness, they would realize how complex it is. There's so much going on with people's attitudes and emotions that I don't think can be addressed in an article that simply tells people, ‘Forgive and you'll be happy.’ And there's an additional pain for people when they feel they should forgive, but can't.”

Polisher Research Institute launches new website

If you want the latest updates on PGC's dynamic research program, set your Internet browser to www.pgc.org/PRI. You'll find descriptions of current studies, notes on recent publications and presentations, staff biographies, and news about upcoming events. You'll also find the text of the current issue of Research Highlights.

The attractive, easy-to-navigate site—part of PGC's main website—was designed by PGC's own John Marcotte, Ph.D., director of research computing and senior research scientist at the Polisher Research Institute. He says the goal was to create a site that would be useful and informative to professionals and interested lay persons alike.

The Edward and Esther Polisher Research Institute of Philadelphia Geriatric Center (PGC) serves as an umbrella under which psychologists, anthropologists, nurses, social workers, sociologists and physicians work to understand the process of aging. Established in 1959, it was the first gerontological research center in the nation to be sponsored by a geriatric facility.

The Institute is supported by major grants from the National Institutes of Health, the Alzheimer's Association, private foundations, and contributions from individuals interested in fostering research on aging. PGC is a nationally recognized leader in geriatric care, education and research.

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A message from Fay Lawton

To Powell's colleagues and friends:

I always knew that Powell was a remarkable man, but it became even more obvious during the time of his illness and death, when so many of you flocked around, bringing yourselves and your outpourings of love and support for him and for me, not to mention cookies, cakes, books, tapes, bouquets, and suggestions for alternative care. One colleague even brought her newborn baby, and late though it was in his illness, I know that Powell, on some level, responded and loved having him there.

The support network extended, as you all must know, to numbers of PGC research alums, some of whom traveled halfway or all the way across the country and spent hours at his side. I can't tell you how much all this help meant to me (and I'm sure to him) but you have my heartfelt thanks.

I love you all.

Fay Lawton