The housing industry for the elderly has changed from being primarily the effort of charitable organizations to include a large number of for-profit businesses. Psychologists interested in dealing with this industry will have to be aggressive. Important considerations include the following: (1) managers make decisions about finances, products, and services which impact older persons; (2) these entrepreneurs create and manage capital which makes new living and health care options available; (3) psychologists should try to learn from those who have been in the business; (4) potential clients for psychologists include entrepreneurs trying to enter the industry; (5) many who want information do not want to pay for it; (6) large companies do not want consultants, but want to hire their own people; and (7) small companies are more interested in consultants' data than are large companies. Psychologists working with industrial clients should read industry journals and attend industry meetings; identify practitioners' information needs and supply that information; make recommendations based on data, experience, and current psychological and gerontological information; and accept a timetable. Industrial parties should be sure the psychologist knows what they want, anticipate questions, share insight, insist on understandable terminology, give a deadline, and insist on discussions of implications. By working with industry, psychologists can contribute to the creation of better long-term care settings. (ABL)
THE INDUSTRY, THE PSYCHOLOGIST AND WHAT WE CAN DO TO BUILD WORKING RELATIONSHIPS BETWEEN THEM

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INTRODUCTION
I WILL SPEAK TODAY PRIMARILY OUT OF MY EXPERIENCE IN RESEARCH AND ORGANIZATIONAL CONSULTATION BECAUSE THAT'S WHAT I'VE BEEN DOING FOR THE LAST NINE YEARS.

WHAT IS THE NATURE OF THE INDUSTRY
THE LONG TERM CARE INDUSTRY IS CHANGING DRAMATICALLY RIGHT NOW AND IS LIKELY TO CONTINUE TO DO SO.

UNTIL QUITE RECENTLY, LONG TERM CARE WAS LIMITED TO TRADITIONAL NURSING HOMES, NON-PROFIT HOMES FOR FRAIL AND FREQUENTLY LOW INCOME ELDERLY, A SMALL NUMBER OF NON-PROFIT LIFE CARE COMMUNITIES FOR MIDDLE AND UPPER INCOME PERSONS AND EVEN FEWER RESORT TYPE COMMUNITIES SUCH AS LEISURE WORLD AND SUN CITY CENTER.

NOW, A NUMBER OF NURSING HOMES ARE ENGAGED IN COMMUNITY OUTREACH PROGRAMS, SUCH AS DAY CARE AND RESPITE CARE. MORE OPTIONS FOR PRIVATE PAY HOME HEALTH CARE ARE AVAILABLE. SOME TRADITIONAL HOMES FOR THE AGED HAVE CLOSED WHILE OTHERS HAVE EXPANDED THEIR SERVICES TO INCLUDE MORE HEALTH CARE OR MORE INDEPENDENT LIVING OPPORTUNITIES. SOME LIFE CARE COMMUNITIES CONTINUE IN THE SAME PATTERN AS IN EARLIER YEARS BUT OTHERS HAVE CHANGED THEIR CONTRACTS AND SERVICES IN ORDER TO REACH A WIDER OR MORE TARGETED MARKET OR TO SURVIVE IN LIGHT OF NEW COMPETITION. NEW RENTAL RETIREMENT COMMUNITIES RANGE FROM OFFERING FEW SERVICES TO MANY SERVICES, SOME INCLUDING SKILLED NURSING CARE. SOME OF THE RETIREMENT RESORT COMMUNITIES HAVE ADDED MORE HEALTH CARE AND OTHER SUPPORT SERVICES. HOSPITALS HAVE ADDED LONG TERM CARE
units. Condominiums and co-ops are being built with integrated health and other support services. Retirement communities are being built which tie into insurance plans and financial services.

In earlier years, most everything that was built filled up, not because the developers knew much about the specific demand for that type of community, but because the need and interest for long term care so was wide and so deep, that they could hardly go wrong.

That situation no longer exists. Much speculation and rapid growth is going on within the industry. Much new money including major corporations and many new players are entering the field. Much maneuvering is going on in the attempt to capture part of the diverse senior market. A developer friend of mine who is also a scuba diver calls it a "feeding frenzy". Some new projects are failing before they get built because the developers didn't do adequate market research, i.e., they didn't find out what was needed and wanted. Some older projects are having trouble staying filled because of new competition. But, the bottom line is that the number of units which provide shelter and services is increasing by the hundreds each month.

Consumers are also becoming much more sophisticated. Most people who go looking for retirement housing have visited or at least received information from a number of other facilities. An increasing number of persons who return our community survey questionnaires write in their desire for services or features they would like if we have missed mentioning something they have seen elsewhere.
INVOLVEMENT IN THE INDUSTRY NO LONGER CARRIES WITH IT A RELATIVELY LOW OCCUPATIONAL IMAGE AND JOB STATUS. IT IS NO LONGER PRIMARILY AN EFFORT OF CHARITABLE ORGANIZATIONS. INSTEAD, IT INCLUDES A LARGE NUMBER OF FOR-PROFIT ENTREPRENEURS. IN FACT, THE ELDERLY ARE BIG BUSINESS!

THE ONLY NATIONAL VOLUNTARY MEMBERSHIP ORGANIZATION OF FACILITIES WHICH EXISTED FOR MANY YEARS WAS THE AMERICAN ASSOCIATION OF HOMES FOR THE AGING, KNOWN AS AAHA. THAT ORGANIZATION CONTINUES TO ADMIT TO MEMBERSHIP ONLY NON-PROFIT FACILITIES. THE LARGE MAJORITY OF THE NEWER FACILITIES ARE BEING DEVELOPED BY FOR-PROFIT COMPANIES. MANY OF THE DEVELOPING COMMUNITIES ALSO PREFER AN IMAGE WHICH CLEARLY SEPARATES THEM FROM MORE TRADITIONAL NON-PROFIT HOMES FOR THE AGED AND FREE STANDING NURSING HOMES. AS A RESULT, OVER THE LAST TWO YEARS, TWO NEW ORGANIZATIONS HAVE EMERGED. ONE, BASED IN FLORIDA, IS THE LIFE CARE COUNCIL. IT IS NOW CHANGING ITS NAME TO REFLECT ITS BROADER MEMBERSHIP AND CONCERNS. THE OTHER HAS OFFICES IN ANnapolis, Maryland AND HAS TAKEN THE NAME, THE NATIONAL ASSOCIATION OF SENIOR LIVING INDUSTRIES. IT HAS GROWN VERY RAPIDLY ON PURELY A SPONSORED MEMBERSHIP BASIS AND IS ALREADY DEMONSTRATING ITS ABILITY TO HAVE A MAJOR IMPACT ON THE INDUSTRY AND ON SOCIETY.

WHO ARE THE PSYCHOLOGISTS WHO ARE INTERESTED IN LONG TERM CARE?

OVER THE LAST TWO YEARS AN INFORMAL NETWORK OF PSYCHOLOGISTS INTERESTED IN LONG TERM CARE HAS BEEN GROWING. AT FIRST, IT WAS CALLED THE "NURSING HOME NETWORK". WE IMMEDIATELY RECOGNIZED THAT
NAME WAS TOO LIMITED. IT WAS NOT BROAD ENOUGH EVEN TO ENCOMPASS THE PERSONS WHO WERE INVOLVED AT THE OUTSET. THE GROUP HAS NOW VOTED TO BE KNOWN AS "Psychologists in Long Term Care". CLINICAL, APPLIED RESEARCH AND ORGANIZATIONAL BEHAVIOR ARE THE ORIENTATIONS REPRESENTED IN THE CURRENT MEMBERSHIP. WE ARE MAKING A SPECIFIC EFFORT TO ADDRESS ISSUES OF CONCERN TO THOSE THREE INTEREST GROUPS.

A NEWSLETTER HAS KEPT US IN TOUCH BETWEEN A.P.A. AND GERONTOLOGICAL SOCIETY MEETINGS. DIVISION 20 MADE A CONTRIBUTION TO HELP WITH THE INITIAL MAILING COSTS. THE NEWSLETTER HAS BEEN EDITED BY FRANCES WILCOX AND HAS BEEN OF HIGH QUALITY. NEARLY 200 PERSONS HAVE REQUESTED THE NEWSLETTER.

A PRE-CONVENTION WORKSHOP ON CONSULTING SKILLS WAS SPONSORED BY THE NETWORK AND ORGANIZED BY RITA GUGEL. THIRTY PEOPLE PARTICIPATED IN THOSE SESSIONS.

THE GROUP HAS NOW PUBLISHED A DIRECTORY EDITED BY FRAN WILCOX BASED ON VOLUNTARILY SUBMITTED INFORMATION. WE HAVE FELT THE NEED FOR MORE INFORMATION ABOUT EACH OTHER AND TO HAVE A DOCUMENT WHICH COULD BE SHARED WITHIN THE INDUSTRY. THE DIRECTORY DESCRIBES THE PURPOSE OF THE NETWORK AND INCLUDES THE SELF-DESCRIBED INTERESTS, EXPERIENCE AND PROFESSIONAL CREDENTIALS FOR EACH PERSON LISTED.

THE NETWORK OBVIOUSLY DOES NOT INCLUDE ALL THE PSYCHOLOGISTS WHO ARE WORKING IN OR WHO WOULD BE QUALIFIED TO PROVIDE SERVICES IN LONG TERM CARE SETTINGS. IT IS A BEGINNING, HOWEVER, AMONG PEOPLE WHO ARE
COMMITTED TO WORKING IN THE FIELD, TO IDENTIFY AND ADDRESS ISSUES OF COMMON INTEREST AND CONCERN.

**How Can Communication Between Psychologists and The Industry Be Fostered?**

I HAVE CONCLUDED THAT, PARTICULARLY AS APPLIED RESEARCH AND ORGANIZATIONAL PSYCHOLOGISTS, WE WILL HAVE TO STEP OUTSIDE OUR USUAL WAYS OF OPERATING IN ORDER TO DEVELOP OPPORTUNITIES WITHIN THE INDUSTRY.

THIS WILL REQUIRE SOME AGGRESSIVENESS ON OUR PART BECAUSE WE ARE DEALING WITH AGGRESSIVE PEOPLE AND ORGANIZATIONS. WE HAVE TO BE ABLE TO GET THEIR ATTENTION AND WE HAVE TO PRESENT A MESSAGE OR AN OFFERING THAT TOUCHES A NEED.

THE FIRST SEVERAL YEARS OF MY CONSULTING WORK IN LONG TERM CARE WAS DONE WITHIN THE FRAMEWORK OF A CONSULTING COMPANY WHERE I DID NOT HAVE TO GENERATE MOST OF THE CLIENTS. THIS PERMITTED ME TO GET EXPERIENCE IN A SUPPORTIVE ENVIRONMENT AND TO BUILD UP SOME DATA BASES.

DURING THE LAST YEAR WE HAVE BRANCHED OUT MORE IN THE ATTEMPT TO DEVELOP NEW CLIENTS AND BROADER THE DATA BASES. SEVERAL YEARS OF PRESENTING AT A.P.A. AND THE GERONTOLOGICAL SOCIETY HAD NOT GENERATED ANY NEW CONTRACTS. I HAD ATTENDED INDUSTRY MEETINGS BUT HAD NOT MADE PRESENTATIONS.
Over the last several months, I have made presentations to three industry groups and have another scheduled in September. I've had one article in an industry publication. We have hired an advertising consultant to prepare two ads which highlight aspects of our work which I think are unique in the industry. We'll have to wait and see if they are effective in locating clients whom we can help and who will contribute data to our ongoing body of knowledge.

This process of data gathering is foreign to my training as a psychologist but I've concluded it's essential if we are to continue to gain access to data important to the industry and to psychologists' understanding of the needs of older persons.

Now I'd like to tell you some things I think you should know about the people within the industry who need your skills and give you some advice on working with them.

Developers and managers are faced with making day to day decisions that determine whether a multimillion dollar project will get built or an existing facility go bankrupt. Decisions are made which will impact the products and services available to thousands of older persons. Decisions are made which affect the immediate health and well being of hundreds of persons.

These entrepreneurs are the ones that have created and managed the capital which have made and will make new living arrangements and
Health care options available. Sometimes they have had to move quickly to take advantage of an opportunity - to get into a window in the bond market or to tie down an option on a potentially desirable piece of land. They have made some mistakes but they have had some winners. If development had been left to us psychologists, we'd still be studying what to build.

People who have been in the industry for some time already know a great deal about their business and we must try to learn from them. Most have been flying by the seats of their pants, however, without benefit of data.

There are many others just now trying to enter the long term care field who know little about the aging population and what is involved in the industry. Your potential clients could come from either group. The kinds of questions each would ask might be different but both could use your skills.

I sometimes get the feeling that some developers, both experienced and inexperienced, don't want too much information. For some I think it would reduce the entrepreneurial fun. For others, they really don't want to know it if the needs and desires of the older people in the area do not support what they had already decided to build. But most are searching for information. Some gather it by visiting existing facilities in other locations and that is an important learning experience. It is important for you to do too. But, that information may or may not be relevant to what is needed or will work in a particular community.
Many want information who do not want to pay for it. It is difficult for some to see the value of spending several thousand before they risk $30 million.

I'm a little discouraged right now with the process of negotiating with large corporations who are entering the industry.

Most of the large companies that are bringing large amounts of capital into the industry don't want consultants. I've been told more than once that they would like to talk about buying our company or a database but they don't want to buy our expertise on an hourly basis. They want to hire their own people, even if those people don't have any background in the industry. They hire staff, give them the assignment of gathering information, little money to work with and few decision making powers.

When a small company or individual entrepreneur comes to talk to us, we know we are dealing with persons who make the decisions. With large corporations, the people who approach us have the responsibility to bring information to the decision-makers and they need help in getting it. They need the benefit of data we have been gathering over the last nine years. They get very excited when they hear what we have available and feel it's exactly what they need.

I'm not sure what goes on within such corporations at that point. It may be that those with the responsibility to get the information are
AFRAID TO ADMIT THEY NEED SOMEONE ELSE. IT MAY BE THEY CANNOT
CONVINCE THEIR SUPERIORS OF THE NEED FOR THE DATA. IN ANY CASE, SOME
OF THE COMPANIES NOW ENTERING THE FIELD WHICH COULD EASILY PAY FOR
CONSULTING SERVICES ARE CHOOSING NOT TO DO SO. I MENTION THIS BECAUSE
ITS RELEVANT TO THE QUESTION AS TO WHETHER PSYCHOLOGISTS CAN MAKE A
LIVING WITHIN THE LONG TERM CARE INDUSTRY.

I WILL NOW OUTLINE SOME PRINCIPLES THAT I THINK ARE IMPORTANT IN
WORKING WITH CLIENTS WITHIN THE INDUSTRY.

1. Read industry journals.

2. Participate in industry meetings.

3. Don't assume you know what practitioners need to know until
you've talked with them and learned what they know about
their situation.

4. Try to identify issues and questions that really will make a
difference to a practitioner, e.g. save him/her money, or
reduce current or potential headaches of one sort or another.

5. Do try to figure out whether existing gerontological
information would provide useful guidance to the decisions
practitioners have to make.
6. Work very hard at rephrasing research or other consultation questions until they capture the essence of the practitioner's real concerns.

7. Don't be afraid to make recommendations based on data. If you've done a study well, go ahead and make predictions or recommendations based on your findings. This is a little scary because decisions will be made as a result. I'm waiting right now to see whether a totally new restructuring of contractual offerings and advertising based on data we gathered will help sell enough units to save a project from going into bankruptcy.

8. Separate clearly what you know or recommend which is based on data and what is opinion or based on anecdotal experience.

9. Be willing to say what you don't know as well as what you do know.

10. The industry has so many opinions right now, it doesn't need any more uninformed opinions. What your client needs is information which he/she has not had before. Even more critically, the industry needs people who can interpret and apply existing and new psychological and gerontological information to the issues and concerns of those who develop and manage products and services for older persons.
11. Accept a time schedule for getting the work done and do everything in your power to stick to it.

12. We have to demonstrate our value to the industry. Many people in the industry know little about psychologists. Others have an image of us as being uninformed about the business world and unable to address practical issues. Some of us are those things and prefer to remain so. Others of us who want to have some influence in the long term care industry need to function differently.

Now I'd like to shift and focus briefly on what I think industry people should know about you, as psychologists, and what I would suggest to industry people that they could do to make the best use of your skills.

Psychologists are trained to gather information which is valid and reliable, that is, it is useful and consistent. They go beyond opinion to document the bases for their conclusions and recommendations. They can provide you with answers that you can use to significantly reduce the risks you have to take in developing or acquiring facilities. They can provide you with data which can help you design marketable products and services. They can provide you with data and insights which will help you solve management problems. They are able to analyze a whole range of things that can influence the behavior of older people. They are sensitive to the ways those variables interact as older people make decisions and they are skilled in measuring those variables.
I'VE LISTED SEVERAL PRINCIPLES THAT MIGHT BE USEFUL TO YOU IF YOU HAVE SOME INTEREST IN DOING BUSINESS WITH A PSYCHOLOGIST.

1) Be sure your questions are understood and that the psychologist knows how you want to use the data he/she would gather for you.

2) Try to anticipate questions so that time to gather the most useful data is available. Researchers need to be concerned about your time schedule and your budget but don't ask them to do sloppy research.

3) Share your ideas, hypotheses and insights into the problems. You have invaluable practical experience in the field. But, don't tell them how to approach a problem or conduct the research. Let them develop the methodology.

4) Insist they explain their work in terminology you can understand. Psychologists tend to use their own language. Don't let them get away with technical terms you do not know. The process of saying it in different words may help clarify aspects of the study for both of you.

5) Give them a deadline. Tell them you want the best information available within a given time frame. Ask them what they can accomplish within that time period. If they
SAY THEY CANNOT DO WHAT YOU NEED WITHIN THAT TIME, DON'T HIRE THEM.

6) DON'T TRY TO INFLUENCE THE OUTCOME OF THE STUDY. IT WON'T BE OF ANY REAL VALUE TO YOU IF YOU DO.

7) INSIST ON THE RESEARCHER DISCUSSING THE IMPLICATIONS OF THE FINDINGS WITH YOU. BOTH YOU AND THE RESEARCHER WILL LEARN FROM THE PROCESS.

While the style needed to work within this industry may be different from your usual model of functioning, it is worth developing. Working within the industry will give you a chance to apply your skills as a psychologist in new ways and hence will expand your expertise. You may be able to help prevent unnecessary agony for developers, managers and residents and contribute to the creation of better long term care settings.