

CLINICAL GEROPSYCHOLOGY NEWS

NEWSLETTER OF THE SECTION ON CLINICAL GEROPSYCHOLOGY
SECTION II OF DIVISION 12, AMERICAN PSYCHOLOGICAL ASSOCIATION

Volume 1, Number 2

November, 1994

■President's Column

Michael A. Smyer, Ph.D.

I want to use this presidential column to reflect on where clinical geropsychology has been and where it is going. To start, consider Lewin's (1935) famous dictum: behavior is a function of the person and the environment. Similarly, the practice of clinical geropsychologists is a function of several elements: our understanding of adult development and aging, and the skills and knowledge base necessary to work with older adults; our conceptualizations of the profession of psychology; and the national contexts of mental health and illness and the structure of mental health care. Section 2 has been involved in the transformations of each of these elements in its initial year.

Understanding Adult Development & Aging: The most recent national conference on improving psychological services to older adults (Teri et al., 1992) highlighted three levels of training for psychologists who work with older adults: exposure, experience, and expertise. Section 2 is actively involved in assuring that each level of training is available to psychologists across the nation. For example, in collaboration with Division 20 (Adult Development & Aging), Section 2 is sponsoring two workshops on Psychotherapy and Aging: Foundations, Issues, and Applications. Bob Knight and Steve Zarit organized the workshops. The first was held in October in Pittsburgh, and was attended by more than 100 clinicians. The second is scheduled for February in San Francisco (see page 5 this newsletter). Nanette Kramer has agreed to serve as the section's CE liaison with her Division 20 counterpart, Peter Lichtenberg, to develop additional offerings. George Niederehe is chairing an ad hoc task force on the definition of qualifications in clinical geropsychology. One element of the task force's work is to clarify the experience needed to label oneself a clinical geropsychologist. At the expertise level,

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WELCOME AND CONGRATULATIONS!

We welcome the following members who have joined our ranks since January.

Divisional Members: Robert L. Baird; David H. Barlow; Colleen K. Benson; Charles F. Emery; Robert B. Fields; Jon S. Freda; Michel Hersen; John R. Hogg; Robert L. Kane; Mara E. Karpel; Dano A. Leli; Victor J. Malatesta; Jose Marcano-Romero; Rhett McCarty; James Rau; Carole Rayburn.

Affiliate Members: Cameron J. Camp; Henry Gates; Ann E. Gerike; Sally Haimo; Alan J. Lieberman; Rocco A. Marino; Gary A. Martin; Larry Meyers; Leonard R. Narus, Jr.; Judith A. Rubin; Frederick A. Schmitt; Judith B. Steller.

Student Members: Natalie L. Denburg; Elaine Menter Katzman; Fred Kornfeind; Norm O'Rourke; Jennifer Reedy; William Shaw; Lynn Snow-Turek.

Reclassifications: Congratulations and many thanks to the following affiliate members who have become divisional members by joining Division 12: Mark Edinberg; Virginia Olga Beattie Emery; Charles Fogelman; Eva Forman; Deborah Frazer; David Geiser; Nanette Kramer; Joyce Parr; Catherine Strong.

APA Fellows: Congratulations to the following Section 2 members who were elected Division 12 Fellows this year: James Blumenthal; Jiska Cohen-Mansfield; Dolores Gallagher-Thompson; William Haley; Alfred Kaszniak; George Niederehe; Forrest Scogin; Milton Strauss; Linda Teri. ■

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Norman Abeles is chairing a work group (modestly underwritten by the section) on clinical geropsychology as an ABPP specialty.

The Profession of Psychology: Section 2 is also active in ongoing dialogues regarding the profession of psychology and our role within it. For example, George Niederehe is preparing a special issue of *The Clinical Psychologist* focused on clinical geropsychology. The issue will serve several purposes, including alerting our colleagues to the range of challenges facing those working with older adults. In addition, Deborah King is serving on a Human Resources Development Task Force, chaired by Paul Wohlford of SAMHSA, to implement recommendations emerging from the national conference on implementing public/academic linkages. Finally, George Niederehe, Section 2's representative to Division 12, has been involved in the internal debate over who can use the title "clinical psychologist" for reimbursement under Medicare.

The National Context: Section 2 members have also been involved in helping to shape the national discussions regarding the nature of mental health and illness, and health care provision. Nancy Bliwise represented the section at a recent invited conference on Psychopathology and Mental Health, the most recent element of the Human Capital Initiative (HCI). The HCI is designed to link behavioral science research to issues of national concern, and to guide Congress and government research agencies in setting priorities for funding of behavioral science research. The success of this effort is reflected in earlier HCI reports: for example, the Senate Appropriations Committee this year recommended that an additional \$5 million be appropriated to NSF for HCI priorities. Another national development is the upcoming mini-conference on Mental Health and Aging, as part of the White House Conference on Aging. The purpose of the conference is to develop recommendations concerning priority research and service areas of mental health and aging. Section 2 members Margy Gatz, Bob Knight, and Mick Smyer are preparing background papers for the mini-conference. Finally, Paula Hartman-Stein is serving as the section's liaison to the APA Practice Directorate. In this role she actively advocates clinical geropsychologists' views regarding regulatory and legislative developments.

Continuity and Change: As the inaugural year of Section 2 draws to a close, we are fortunate to have both continuity and change in the Section. There will continue to be active Section leadership, with some change in roles as a function of the recent election results. George Niederehe has been

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chosen as President-Elect. He will be working with Al Kaszniak, incoming president in 1995, to assure that Section 2 continues its momentum as an important voice for clinical geropsychology. Barry Edelstein will assume the responsibilities of Divisional Representative. I am grateful for the opportunity of serving as President of Section 2, and I am especially grateful to the Section 2 Board Members, Al Kaszniak, Norman Abeles, Sara Qualls, and George Niederehe for their hard work in assuring the success of our first year. ■

■ Editor's Comment

Alexander I. Tröster, Ph.D.

This newsletter summarizes the secretary's and treasurer's reports presented at the APA meeting in Los Angeles. George Niederehe, outgoing representative to Division 12 and new President-Elect, provides Divisional news of relevance to Section 2 members, and a description of our membership. In this newsletter we also introduce what we hope will become a regular feature of interest to Student Members and student advisors: a listing of pre- and post-doctoral programs in clinical geropsychology, along with a description of a featured program (Michigan State University in this issue). If you would like to list your program, or have it described, please send information to the editor by April 30 for the June newsletter, and by September 30 for the November issue. It is our hope to begin a new feature, Point-Counterpoint in the next issue. Contributions for "Point-Counterpoint" (approximately one page, double-spaced) raising a controversial issue in clinical geropsychology are solicited. One contribution will be selected for publication in the newsletter, and members will be invited to submit brief (up to 400 words) reactions for possible publication in the subsequent issue. ■

NORMAN ABELES SEEKS APA PRESIDENTIAL NOMINATION

Norman Abeles, Secretary of Section 2, plans to seek the nomination for President-Elect of APA. He is Past President of Division 12, and currently a Council Representative to APA from that division. If elected, he promises to provide greater visibility to clinical geropsychology and the concerns of older adults. He would be the first Section member ever to be elected APA President. APA members will receive nomination forms in December, and Norm hopes you will nominate him as your first choice for President of APA.

George Niederehe, Ph.D.

A major function of Section 2 is to give geropsychology "a place at the table" in the Division of Clinical Psychology. As a section, we have a vote in Division 12 decisions, and can raise considerations of aging and the elderly when appropriate. The following are recent developments in Division 12 that may be of interest.

Recent Board Decisions: Last January the Division 12 Board endorsed the recommendations from the 1992 NIMH/APA National Conference on Clinical Training in Psychology: Improving Psychological Services for Older Adults. The Division is also co-sponsoring two conferences with Division 20 (see this newsletter for the February conference). The Board authorized Section III (Society for a Science of Clinical Psychology) to survey psychology licensing board practices and requirements across the country to clarify the extent of reported problems, and will be further discussing what stance to take regarding them. Concerns have been expressed that licensing boards in various states have been requiring additional forms of training that are not part of standard requirements for the doctoral degree in clinical psychology, and that some no longer recognize university-based clinical faculty work as supervised clinical experience. Such practices make it difficult for recent graduates, particularly young clinical faculty members, to qualify for licensure.

A divided Board approved a policy under which the Division may accept outside financial sponsorship to cover the costs of various divisional events or activities, as was done for the Division 12 Social Hour in Los Angeles.

The Board wrote to APA expressing concern about the way Division 12 has been prevented from promulgating its own definition of clinical psychology, whereas the Practice Directorate has actively promoted a broadening of the term, given that it is the catch-phrase under which the Health Care Financing Administration will define which psychologists are qualified for Medicare reimbursement.

Division 12 Presidential Initiatives: A task force appointed in 1993 by now Past President David Barlow (chair: Dianne Chambless) issued a report on the Promotion and Dissemination of Psychological Procedures and continues pursuing implementation of its recommendations (e.g., what training in empirically validated treatments be required). Current Division President Martin Seligman has initiated two task forces. One will report on "Psychological Assessment for the 21st Century" (chair: Will Grove); Bertram Cohler and

Deborah Frazer are geropsychologists on this panel. A task force on "Treatments that Work" (chair: Peter Nathan) is charged with conducting a balanced review of the efficacy of both psychotherapeutic and psychopharmacological interventions for psychological disorders. During 1995, a task force commissioned by President-Elect Gerald Koocher will supplement this latter effort by focusing on prevention and developmental/family themes in intervention across the lifespan (chair: Suzanne Bennet Johnson). Division 12 is planning a high profile meeting in Philadelphia in December, 1996, to celebrate the Centennial of Clinical Psychology. Division Secretary Don Routh heads the planning committee; Clifford Swenson is our Section's representative on it.

Division 12 Election Results: President (1996): Nathan Perry. APA Council Representatives: Karen Calhoun and Jerome Resnick. Other Council Representatives with terms continuing into 1995: Charles Spielberger and Norman Abeles.

Divisional Membership: If you are an Affiliate Section Member qualified for Division 12 membership, but are put off by the cumbersome application process, take heart. You no longer need to obtain certifications from past internship directors or supervisors; you can now simply provide the needed information and attest to its accuracy yourself. Divisional membership entails many benefits (e.g., subscriptions to the Division newsletter and journal); you become a Divisional Member of Section 2, able to vote for/serve as the Section Representative. In addition, Section 2 benefits in several ways: we must maintain a majority of Divisional Members, and only these are counted in the allocation of APA convention hours, and Division financial incentives for section growth. The Division is also mounting an initiative to offer free trial memberships to new graduates.

E-Mail Network: A benefit soon to be available through Division 12 membership will be an e-mail network open to all members on the Internet. This follows on the success of similar, smaller networks fostering communication among members of the Division Board and within Sections 2 and 3 (see previous issue of this newsletter).

New Division Journal: Division members received the first issue of Clinical Psychology: Science and Practice (Editor: Alan Kazdin) this summer, with another to follow by year's end. The high quality of this scholarly, review-type journal is readily apparent. Inasmuch as the number of issues will increase next year, you are encouraged to submit suitable manuscripts to Dr. Kazdin. Also watch for

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the special issue of The Clinical Psychologist devoted to clinical geropsychology. George Stricker chairs the Division's Publication Committee.

This past year I have had the privilege to serve you as your Representative on the Division 12 Board of Directors where, I am pleased to report, our fledgling Section is perceived to already be running in an effective manner that is a model for older sections. Starting in January, Barry Edelstein will take over as Representative, so communicate future concerns about Divisional matters to him. He has capably filled this role previously for Section 3 and knows his way around Division 12. We are fortunate to have such an articulate and experienced spokesperson for our interests and concerns. ■

(Section 2 members' names are in bold)

Listing of Training Programs

Institution: Washington University, St. Louis
Department: Dept. of Psychology; Aging and Development Program

Type of Program: Doctoral and Postdoctoral
PhD APA Accredited: Yes

Specialty Tracks: 3 tracks within Clinical Ph.D.:
Aging; Health Psychology; Neuropsychology

Contact: Martha Storandt, Ph.D.

Dept. of Psychology, Box 1125
Washington University
St. Louis, MO 63130-4899
Phone: (314) 935-7588

Institution: Michigan State University

Department: Dept. of Psychology

Type of Program: Doctoral

PhD APA Accredited: Yes

Specialty Tracks: Clinical Geropsychology within
Clinical Ph.D.

Contact: Norman Abeles, Ph.D.

Dept. of Psychology
Michigan State University
129 Psychology Research
East Lansing, MI 48824-1117
Phone: (517) 355-9564

Institution: University of Kansas Medical Center

Department: Dept. of Neurology

Type of Program: Postdoctoral

PhD APA Accredited: N/A

Specialty Tracks: Geriatric Neuropsychology

Contact: Alexander Tröster, Ph.D.

Dept. of Neurology
University of Kansas Medical Center
3901 Rainbow Blvd.
Kansas City, KS 66160-7314
Phone: (913) 588-6970

Featured Training Program

Michigan State University

Norman Abeles, Ph.D.

Clinical geropsychology is a specialization within the APA accredited clinical psychology program at Michigan State University. Upon application for admission to the clinical program, prospective students can indicate interest in the "older adult" track of the clinical program. Students currently enrolled in the program can also specialize in work with older adults.

In addition to specialized courses in developmental psychology and aging, students in the clinical geropsychology program are expected to take a cognate in clinical neuropsychology which includes courses in neuroanatomy, neuropsychology, clinical neuropsychological assessment, and physiological psychology. Practicum work includes assessment, intervention, and consultation with older adults in a geropsychiatric unit at a local hospital. In addition, students also receive experience in working with nursing home patients and older adult outpatients.

Students in the clinical neuropsychology track participate in funded research with older adults. Currently, work is ongoing in an AARP Andrus Foundation research effort entitled "The Effects of Targeted Memory Training on Everyday Memory and Memory Complaints". Prior projects included work on mood and memory assessment in area nursing homes (funded by the State of Michigan) using the Severe Impairment Battery (SIB). The Michigan health Care Foundation has also supported student research on medical compliance and memory impairment in the elderly, age associated memory impairment, and differences in short- and long-term memory among mildly depressed and nondepressed older adults. These grants to students were facilitated by training students received within our program on how to apply for outside grant support. Currently, there are about 8 students in our clinical geropsychology program at various year levels. Two of our recent graduates are currently on postdoctoral fellowship sites. Another two students are working on dissertation proposals in the area of clinical geropsychology.

Our program began in 1986. We believe we have made good progress and it is our hope that we can further strengthen our clinical geropsychology track in years to come. ■

PLENUM ANNOUNCES NEW JOURNAL! Plenum Publishing has announced its intent to begin publication of the Journal of Clinical Geropsychology in 1995. The journal, with a distinguished editorial board, will be co-edited by Michel Hersen and Vincent B. Van Hasselt.

CALL FOR SUGGESTIONS/PROPOSALS/REVIEWERS

Section II Program at 1995 APA Convention

At the 1995 APA Convention to be held next August in New York City, Section II will again have a few hours as part of the Division 12 program. Our program at the 1994 meeting in Los Angeles included a Presidential address, business meeting, symposium on research and applications in clinical geropsychology, and a co-sponsored symposium on the psychology of the older woman. If you have suggestions or proposals regarding these program hours for 1995, contact next year's Program Committee Chair at one of the addresses or phone numbers below, no later than December 15, 1994.

George Niederehe, Ph.D.

Mental Disorders of the Aging Branch
NIMH, Room 18-105
5600 Fishers Lane
Rockville, MD 20857

Phone: (301) 443-1185

Fax: (301) 594-6784

Internet: gniedere@aoamh4.ssw.dhhs.gov

Please Note: Arrangements for the Section II program hours (including the suggestions requested above) represent a process separate from the general APA/Division 12 procedures whereby individuals submit papers or symposia for inclusion in the convention program. If you want your proposal to be considered under the latter, general review process, submit it to APA, by December 2, in the format specified in the Call for Programs published in the September 1994 APA Monitor.

Reviewers: Section 2 must designate a number of reviewers to participate in Division 12's general review of proposals. Each reviewer will be asked to review only a limited number of proposals/abstracts. If you are willing to help out with these reviews (probably during January), please notify George Niederehe.

PSYCHOTHERAPY AND AGING: FOUNDATIONS, ISSUES AND APPLICATIONS

Sponsored By APA Divisions 12 and 20,
and the Andrus Gerontology Center, University of Southern California
in cooperation with
The Mental Health and Aging Network of the American Society on Aging

San Francisco, February 4-5, 1995 (Registration deadline: January 4, 1995)

This conference will provide a solid orientation to the theory and practice of psychotherapy with older adults. Its goal is to provide practicing psychologists who wish to enhance their expertise in treating older adults with the broad foundation of knowledge and skills necessary for the competent delivery of psychotherapy services to the elderly. The conference will cover general issues in adapting psychotherapy to work with older adults, and the use of assessments, cognitive-behavioral, and family therapy with older clients. Results of evaluation research and issues involved in the provision of psychological interventions in nursing homes will also be addressed. The list of topics and faculty includes:

- Introduction to the Conference - Steven H. Zarit, Ph.D.
- Preparing for Treatment of the Elderly: Assessment - Al Kaszniak, Ph.D.
- Overview of Psychotherapy with the Elderly - Bob G. Knight, Ph.D.
- The Medical Context of Psychotherapy with the Elderly - William Haley, Ph.D.
- Evaluation - Larry Thompson, Ph.D. & Dolores Gallagher-Thompson, Ph.D.
- Family Therapy - Sara Honn Qualls, Ph.D.
- Interventions In Nursing Homes - Michael A. Smyer, Ph.D. & Catherine Selth Spayd, Ph.D.
- Behavioral and Cognitive-Behavioral Treatments - Antonette Zeiss, Ph.D.

10 units of CE credit are available through APA Division 20, an APA-accredited provider of continuing education. For registration materials and more information contact Wayne Friedlander, Andrus Gerontology Center, USC, University Park MC 0191, Los Angeles, CA 90089, or call (213) 740-8711.

* Note that a reduced student registration fee is available

■ The Way We Are: Membership Facts and Figures

George Niederehe, Ph.D.

The Section 2 membership has grown to 260, up 33 members since January. We now have 139 Divisional, 98 Affiliate, 1 Associate, and 22 Student members. The following summary is meant to enhance our sense of collective identity by roughly sketching some of our group characteristics. Information is based mainly on that which we provided on application/dues forms (with varying amounts of missing data from item to item).

Overall, we number 147 men, 113 women. We include 48 APA Fellows, and 34 ABPP diplomates (28 Clinical, 6 in other specialties). Nonstudent members are mostly PhDs (222) or PsyDs (8), but include 8 individuals with EdD, MD, DMin, or masters-level degrees. About half of our Student Members have masters or doctoral degrees.

We tend to be a mid-career group. Our average nonstudent member received his/her degree around 1976. About 13% of us graduated during the 1940s or 50s, 13% in the 60s, 29% in the 70s, 37% in the 80s, and 9% in the 1990s. Ages within this group range from 29 to 84, with a median of 48 years (and few of us beyond our 60s). Student Members' ages range from 24 to 57.

We hail from 39 states, the District of Columbia, Puerto Rico, and 3 other countries (Brazil, Canada, Germany; $n=6$). As you might expect, a large portion of us come from populous states, with 8 states accounting for 60% of the members: California (35), New York (33), Florida and Pennsylvania (each 18), Texas (15), Maryland (14), Illinois (12), and Massachusetts (11). By regions, 19% of members reside in New York/New England, 17% in the Mid-Atlantic region, 23% across the South, 18% in the Midwest, and 21% in the Western region (Mountain/West Coast States, plus Hawaii).

We received our degrees from 110 different universities (on average, 2 members per school). By number of graduates, members' top 9 Alma Maters are: U. of Southern California (13); U of Chicago and NYU (8 each); Columbia, Duke, and Northwestern (6 each); Harvard, U of Washington, and West Virginia U (5 each). Six schools produced 4 members each (Case Western, Florida, Indiana, Nebraska, Pittsburgh, UCLA).

About 64% of us graduated from clinical psychology, 10% from developmental psychology/human development, 10% from counseling psychology, 6% from educational or school psychology, 3% from experimental psychology, 4% from miscellaneous other subdisciplines (social, personality, professional) and 4% from general psychology or psychology (unspecified) programs. Five percent mentioned

graduating from a program with an aging or lifespan emphasis.

By comparison, the **major fields in which we currently function professionally** (as specified in the APA Membership Directory) are as follows: clinical psychology (for 70% of us); geropsychology (7%); medical/health psychology or behavioral medicine (5%); developmental psychology (5%); counseling psychology (4%); clinical neuropsychology (3%); psychotherapy (1%); community psychology (1%); experimental or applied experimental psychology (1%); and six other subfield designations (3%).

Eighty-nine percent of us are employed full-time; 10% part-time; and only 1% not employed. The primary site of employment was characterized as private practice for 28%, university academic departments for 24%, university medical schools for 16%, other hospital settings for 20%, mental health centers for 4%, and "other" for 8%. We also reported **what percentages of our professional time are spent in various types of activities.** On average, across all nonstudent members, 48% of our time went into clinical work, 17% into research, 11% into clinical training/supervision, 11% into administration, 10% into teaching, and 2% into "other" functions. These time distributions varied markedly by job context, however. For example, time in clinical work ranged from 78% for those in private practice to 12% for those in university academic departments; the averages for all categories except the latter were at least 33%. Only those of us who are university employees (whether in academic departments or in medical schools) average one-third or more of our time in research. Only if employed in academic departments (where the average is 31%) do we spend more than the overall group mean of 10% time in teaching; in all other employment settings we average 7% or less in this activity.

As already mentioned, **139 (53%) of us are members of Division 12.** In addition, **we tend to participate in many other units within APA,** with at least one of us holding membership in 44 of the 47 other APA Divisions. The most common of these affiliations is with Division 20 (Adult development and Aging), in which 62% of us are members. Sizeable portions of us belong also to Division 40 (Clinical Neuropsychology, 17%), Division 38 (Health Psychology, 14%), Division 42 (Independent Practice, 14%), Division 29 (Psychotherapy, 13%), Division 18 (Public Service, 6%), Division 35 (Psychology of Women, 6%), Division 22 (Rehabilitation Psychology, 5%), Division 17 (Counseling Psychology, 5%), and Divisions 1 (General), 13 (Consulting), and 27 (Community Psychology), each 4%.

We also belong to a broad array of other gerontological and psychological organizations

outside APA. Among nonstudent members, the most commonly mentioned aging-related affiliations are with the Gerontological Society of America (43%), American Society on Aging (11%), Psychologists in Long Term Care (7%), International Psychogeriatric Association (3%), and sundry state and local gerontological societies. In addition to state psychological associations (31%), the most commonly mentioned psychological organizations include the International Neuropsychological Society (10%), Association for the Advancement of Behavior Therapy (9%), American Psychological Society (8%), National Academy of Neuropsychology (7%), and Society for Behavioral Medicine (5%). Because of missing data, these rates of organizational affiliation are almost certainly underestimates.

We manifest a plethora of specific interest areas within geropsychology. Far and away, our greatest expressed interest is in psychological intervention(s), including various psychotherapies and other techniques (mentioned by 38%); this rate expands to 47% if certain related but broader themes in clinical care are included (e.g., rehabilitation, and dementia care). Next most commonly mentioned (by about 20% each) were generic interest such as assessment/diagnosis, neuropsychology, dementia(s), and affective disorders/depression. We also frequently mentioned as interests additional aspects of psychopathology (14%), cognition/memory (12%), services organization/delivery (9%), Caregiving/family support (9%), families/marital relationships (8%), long-term care/nursing homes (8%), training issues (8%), health maintenance/promotion (7%), personality and social/interpersonal processes (6%), stress and coping (6%), and medical issues (5%). Interests repeatedly reported but at lower rates (2-4%) included consultation, gender/women's issues, positive mental health/wellness, work and retirement, death and dying, minorities and other special populations, adaptation and phases or patterns of developmental change, loss and grief, psychopharmacology, and additional specific topics.

When asked to recommend **major goals or priorities for Section 2**, only about half of us made specific suggestions. Among those responding, about 30% suggested that the Section assume a public advocacy/public education role as regards aging and related public policy and professional issues; included were numerous mentions of attempting to influence Medicare reimbursement or health care reform, and increasing elders' access to services. Next most frequent (at about 25%

each) were three themes, suggesting that Section 2 should: a) facilitate and help promote research generally (e.g., through lobbying for funding) or particular data collection efforts; b) maintain a focus on clinical practice and service delivery issues; and c) be involved in continuing education for its members. Also frequent were responses recommending a focus on professional issues (e.g., standards, credentialing, specialization; ca. 20%), or concentrating on the Section's role in networking and developing ways to facilitate communication among members (also 20%). Training issues at the graduate school level or phrased generically (i.e., not specified as CE) constituted another common theme (13%), including mentoring and attention to student needs. In fact, if pooled together with the comments on CE, training overall might constitute a modal category among suggestions. Also recommended were the development of interorganizational and intra-APA linkages (11%), facilitation of more program time at the APA convention or more publication space devoted to members' interests (9%), and miscellaneous other themes.

As a section we obviously have many things to do and many common interests to draw us into greater communication with each other. We're also poised to handle our communications with increasing technological sophistication: according to the membership listings, 57% of us can be reached through a fax number, and 21% through an e-mail address.■

■ SUMMARY OF BUSINESS MEETING DISCUSSIONS HELD AT THE APA CONVENTION, LOS ANGELES, AUGUST 1994

Section President Mick Smyer, introduced officers of the Section and thanked them for their work in making the inaugural year of the Section a highly successful one. Presentations were made by Al Kaszniak concerning the APA program and student organization; by Mick Smyer about the Section's activities in the past year; by George Niederehe regarding Division 12 matters, and credentialing and training issues; and by Alex Tröster about the newsletter. Much of the content of these discussions (and more) can be found in the "President's Column" and the "Representative's Corner" in this newsletter (see pages 1 and 3).
Treasurer's Report: Sara Honn Qualls presented the 1994 budget. To date, with a projected additional income of approximately \$700 for the year, the total projected assets for Section 2 are \$5491. Total projected expenses for the year are \$4384, which includes placement of \$2350 into a Reserve Fund and other projected expenses: meeting costs (\$275), mailings (\$280), clerical

support of secretary (\$500), newsletter (\$445), telephone (\$200), stationary (\$40), student activities (\$75), and a contingency fund (\$200). **Secretary's Report:** Norman Abeles reported that his office was busy for the first seven months with setting up files and a list of Members. The list was also used to store on computer a master set of mailing labels. The office also developed membership forms and nomination and election ballots in consultation with Board Members. A membership committee was appointed, which consists of: Ron Eskew, Dolores Gallagher-Thompson, William MacInnes, Suzanne Meeks, and Antonette Zeiss. Members of this committee will serve staggered terms. Dr. Abeles also reported that he had received about 25 membership inquiries in the prior 5 months, and that a formal membership drive will be launched in the Fall. In addition, membership forms and newsletters were sent to APA so as to be made available to interested individuals at the APA convention. Board Members were also provided with minutes recorded by Dr. Abeles during the Board's conference calls.

Election Results: Prior to the convention, an election was held for two officer positions with terms beginning in 1995. Member participation rate in balloting exceeded 60 percent. George Niederehe was chosen President-Elect designate, and will consequently be responsible for the Section's program at the 1995 APA convention. Barry Edelstein was chosen to succeed George Niederehe as Representative to Division 12. ■

DUES REMINDER!!!

Please watch your mail for the Section 2 Dues Statement. Also, please recall that Section dues are not included in your APA and APA Division dues or assessments. Your prompt payment, and any donations, will be greatly appreciated, and allow the Section to continue to prosper. If you have not received a dues statement by December, please contact the Section treasurer, Sara Honn Qualls.

Report on a CE Workshop in Geropsychology

Drs. Nanette Kramer, Michael Smith, Richard Zweig, Eileen Rosendahl, Amy Raphael, Gregory Hinrichsen, and Kathleen Byrne

*For each of the past two years we have organized and led a continuing education workshop entitled "Assessment and Treatment of Older Persons" at APA's annual meeting. We would like to share our experience of the workshops, and participants' reactions to them, in hope that these observations might generate new ideas for offering continuing education training in geropsychology in the future. First, to put our efforts into context, we want to give a little **background to the workshops** we offered. We are a group of seven psychologists, all practicing in the New York City area, all with strong professional interests in aging, all with considerable experience working with older people, as well as doing research and teaching in the field. Taking all of our various work places into account, we probably represent most of the settings older persons tend to be seen in, including nursing homes, inpatient hospital units, outpatient clinics, day care programs, and patients' own homes. In planning the first workshop, the question of **content selection emerged as our greatest challenge**. Taking into account our varied backgrounds and perspectives, it became apparent, first, that there is a wealth of information on the topic of geropsychology, and, second, that much of this information is vital to training. Having a seven-hour constraint on our time forced us to think about what we believed to be truly the most essential. We found this to be a challenging and time consuming process, and it helped tremendously to have a group with which to work this through. Basically, **our approach was to start with the larger picture**, to compile all relevant information and then pare it down, until we could squeeze what we had left into a seven-hour slot. We feel an appropriate subtitle for our workshop might have been "Essence of Geropsychology". Substantively, we decided to divide the workshop into three content areas: overview and general guidelines for practice with older adults, diagnosis and assessment, and treatment for a variety of common age-related problems. To supplement the compactness of the information we presented, and to give direction to participants on how to pursue specific topics of interest in greater depth, we also provided handouts, references, tables, guidelines, etc. This material was updated for the second workshop. We asked participants from both years' workshops to fill out a brief "Pre-Workshop Questionnaire" we had developed so that we could have a clearer*

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sense of whom this type of workshop had attracted (we had 36 enrollees each year).

Responses to the questionnaire were strikingly consistent across the two years. First, we learned that both audiences were, on the whole, **highly experienced as general psychology practitioners** (median experience for the Year 1 group was 20 years; median for the Year 2 group was 16 years; the range of experience for the Year 1 group was 0-40 years, for the Year 2 group 0-45 years). Given that fact, it was not surprising to learn that they were also relatively mature in age (median age for the Year 1 group was 46 years; median age for the Year 2 group was 45 years; the age range for the Year 1 group was 34-67 years; age range for the Year 2 group was 32-73 years). The majority of participants was comprised of Ph.D.-level psychologists (77% for Year 1, and 86% for Year 2). Most of the other participants were master's-level psychologists and Ph.D. candidates. It was surprising to us that the workshops did not draw a greater number of younger psychologists or graduate students. We are interested in learning whether others who have offered similar workshops have had similar turnouts, and we welcome suggestions for attracting younger persons to workshops such as ours.

We also asked participants about their work experience specifically with older persons. We had designed and advertised the workshop as suitable to already-practicing psychologists who had interest in, but little or no exposure to working with older persons (designated, using APA's terminology, as "introductory level"). As it turned out, many of the participants had had **greater experience working with older adults than we had expected** (median for the Year 1 group was 2 years; median experience for the Year 2 group was 3 years; range for the Year 1 group was 0-25 years, whereas the range for the Year 2 group was 0-20 years). Only a small minority of the participants in either workshop had never worked with older people (22% of the Year 1 group, and 17% of the Year 2 group).

Reactions of participants to the workshops, based both on the results of written evaluations as well as on personal comments, were **largely positive**. Several specific themes were reiterated in participants' feedback about what they liked. First, many of the participants mentioned appreciating the wealth of material we provided them. Rather than their being overwhelmed, which we had feared, participants seemed to relish taking whatever was given; our impression was that both groups were serious and committed to learning the material. Second, participants shared that they

liked hearing about actual clinical cases, and also liked hearing about our feelings and reactions to our older clients.

A small number of participants reacted negatively to the workshop. Of this group, the primary complaint was that the information was too introductory for them. They seem to have wanted and expected more in-depth coverage of particular topics. This may reflect the fact that these participants were already relatively knowledgeable about basic issues in clinical geropsychology. Even with all our planning, it seemed that we could not cover the interests of all the participants. Even among those persons giving the workshop high marks, a number of respondents suggested a **follow-up workshop devoted to more advanced training**. It is striking to us that even at our workshop, which was designed for, and clearly advertised as appropriate for professionals new to geropsychology, there was a sizeable contingent of psychologists interested in obtaining higher levels of training. To us, this suggests that there is a demand for workshops which focus on more advanced topics than did ours.

Overall, the workshop experience has been very rewarding for us. It reinforced our sense that there is interest among professionals both in acquiring further training across a variety of levels of expertise, and in developing peer support among practicing clinical geropsychologists. We would be very interested to hear from others who have given or who are considering offering workshops in geropsychology, as well as from persons with interest in attending such workshops. ■

Editor's note: Readers who wish to correspond with Dr. Kramer about some of the issues which she and her co-authors have raised in their article on CE workshops can contact her at the following address:

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Reminder: Contributions for the newsletter must be received in the editorial office by April 30 for the June issue, and by September 30 for the November issue.

Clinical Geropsychology News
Newsletter of Section II, Div.12, APA
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