Clinical Geropsychology News

Section 2 of the Society of Clinical Psychology

APA Division 12, Section II **Volume 12, Number 1**

INSIDE*

President's Column........................ 1
Public Policy Committee.............. 2
Committee On Aging.................. 3
Profile On: Peter Kanaris............ 4
Consider This: The EBT Paradigm Shift............................. 5
Eye on Education and Training: An Integrated Training Model.. 6
Student Voice............................ 7
Cyberspace Developments.......... 11
Call for Candidates: Student Research Award.............. 15
Section II 2004 Treasury Report.... 16
Section II 2005 Leadership.......... 17
New Member Application........... 19

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Please contact Merla Arnold at: ma159@columbia.edu if you wish to comment on the contents of this *Newsletter* or wish to share other ideas.

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*Published articles do not necessarily represent the official views of Section II, Division 12, or APA

President's Column

Barry Edelstein, Ph.D.

*Y*ikes!! I'm aging!! I am certain it was only a few years ago (1992) that George Niederehe and I discussed the formation of Section II of Division 12. I am convinced there are age-related changes in time estimation even if one is not having a good time. This discussion of a geropsychology section was not the first. In a history of Section II written by George Niederehe, discussions of creating such a section date back to at least the Older Boulder Conference of 1981. Cliff Swensen at Purdue University attempted to garner enough signatures to establish a geropsychology section during the 1981-82

Continues on page 8

Public Policy Committee: Update

Donna Rasin-Waters, Ph.D.
PPC Chair

Our committee has officially started the *Public Education Media Campaign* designed to increase awareness of geropsychology. Many thanks go to our members who have sent in media volunteer profiles which are now posted on the ProfNet website, our media intermediary. The committee is in the process of reaching out to members whose areas of expertise in geropsychology can be posted in the form of a media lead. Visit the 12/II website for a copy of the *Expert Profile*, examples of how to fill out a profile, and instructions on how to write media leads. Please join the effort to reach the public with our research findings and clinical expertise. Contact with the media is one way to underscore the importance and relevance of geropsychology to the public.

At the GSA conference last November, Rhea Farberman, Executive Director for Public and Member Communications, APA, provided 12/II members with invaluable insights in her Media Training Workshop: *Preparing for the Media Interview*. Feedback from participants was highly positive. Hopefully another workshop with Rhea will be arranged by our committee at APA this year.

The committee is also in the process of collecting information about Medicare regulations that will be posted in the members-only section of the website. The completion date for this project is the end of February. Please watch for announcements and check our website.

We are in the process of developing a *Science Advocacy* role for the committee. This project will be developed by Natalie Denburg, Ph.D. The goal is to track and communicate information about funding sources for research, education and training.

Vicki Passman, PhD, has started an initiative aimed at developing a professional education outreach strategy for the invisible gays and lesbians in assisted living settings. She has also established an excellent contact with SAGE headquarters in New York City, with the goal of possible collaboration on the project, as well as public policy issues for gay, lesbian and bisexual older adults. Any members who would like to join this effort are welcome. Please contact Vicki Passman, PhD at vpass@nyc.rr.com.

The Public Policy Committee welcomes your ideas and thoughts. In response to the suggestion from Forrest Scogin, Ph.D., the committee developed the science advocacy role. If you would like to volunteer on a project or develop one on your own, please contact me at DrRasinWaters@aol.com or by phone 718.623.6291.

Many Thanks to Section II Contributors!!

On behalf of the Board and members of the APA Clinical Geropsychology Section, we extend a huge round of applauds and thanks to the following colleagues who have generously made contributions to the Section!

Norm ***A***beles
Susan ***C***ooley
Deborah ***F***razer
Christopher ***H***ull
Peter ***K***anaris
Michele ***K***arel
Linda ***G***onzales
Steve ***R***app
Jon ***R***ose
Thomas ***R***eid
Daniel ***S***egal
Cheryl ***S***higaki
Catherine ***S***trong
Yvette ***T***azeau
Linda ***T***ravis

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APA's Committee on Aging and Office on Aging: Update

Deborah DiGilio
APA Aging Issues Officer

2004 was a very productive and busy year for CONA and we anticipate more of the same in 2005! CONA welcomes two new members in 2005. Rosemary Blieszner and Former APA President, Florence Denmark join CONA for three-year terms. Current CONA members include Greg Hinrichsen (Chair), Toni Antonucci, John Cavanaugh and Barry Edelstein. CONA's first of two 2005 meetings will be held March 18th–20th near Dulles Airport in Virginia.

We are pleased to announce that the APA Board of Directors has recently allocated a portion of its 2005 Discretionary Funds to CONA's newest project, ***The Roadmap to Aging***. The purpose of this project is to offer middle-aged and older adults guidance in planning for the challenges that often arise in late life, including those in the economic/financial, environmental, health, legal, psychological, social, spiritual, and work/retirement domains. The project will commence with a meeting at which experts from each of the above domains will translate the wealth of empirical evidence in the research literature into practical steps to guide people along the "road to aging."

CONA has decided that the project's first product will be a web-based brochure for psychologists. Psychologists' interest in this type of information was documented in the 2004 APA Retirement Survey, commissioned by APA President Diane Halpern as part of her Retiring Psychologists Presidential Initiative. In addition, it is relevant to one of CONA's missions, "to assure that the older members of APA receive the appropriate attention of the association." CONA member, Toni Antonucci will be heading up this Project.

The Office on Aging is exploring external funding sources to expand its reach to the general population of mid-life and older adults.

CONA and the Office on Aging have been actively advocating for the inclusion of mental health issues as part of the 2005 White House Conference on Aging (WHCoA). The WHCoA will be held on October 23-26th. Plans are underway for a Division 20 – CONA sponsored symposium to be held in conjunction with the 2005 APA Convention. In addition, CONA has developed an APA Resolution on the 2005 WHCoA to be considered for adoption as APA Policy. CONA believes that their Resolution will bring attention to this important forum and convey and affirm the sense of APA that research and practice issues, including contributions of psychology, are critical to the health and well-being of older people and therefore need to be a central part of the agenda. The proposed resolution will be on the Spring 2005 APA Consolidated Meeting Cross-Cutting agenda for review and comment by all APA boards and committees.

The Office on Aging has been working both independently and in collaboration with the National Coalition on Mental Health and Aging (NCMHA) on the WHCoA. The Director of APA Public Interest Policy and I met with the Executive Director of WHCoA and the Chair of its Policy Committee. We have also submitted revisions to the draft agenda, offered APA and its members as resources for the Committee's efforts, and nominated geropsychologists to serve on for the WHCoA Advisory Council. On behalf of NCMHA, I provided testimony to the WHCoA Policy Committee at the Leadership Council of Aging Organizations WHCoA Listening session and planned an all day September 2004 NCMHA meeting at which Mental Health and Substance Abuse

Continues on page 10

Profile On . . .
Peter Kanaris, Ph.D.
Co-Chair, Public Policy Committee

*I*n my youth I was naïve. I thought that my pursuit of a life in psychology was merely because I found it fascinating and I seemed to have a knack for it. While this is true, through time and experience I have come to discover that my interest has also been driven by a desire to better understand myself and how to live this life well. In reflecting upon my life to this point, I now know that the core values of family and service to community were present from the beginning.

As the only child of Greek-American parents I was bathed in the importance of extended family. A deep respect for elders, especially my grandparents, was essential to this culture. I had no idea at that time that this would lead to fulfillment in geropsychology.

My father was a deeply influential role model. He valued the love of family, hard work, education, and community service. The last point ranged from his service in the Pacific Theatre during World War II to coaching little league and volunteering to lead the Boy Scouts throughout my youth. His inspirational effect on my life was profound as was the unconditional love of my mother. Additionally, growing up in a liberal 60's culture encouraged the development of interest in social activism and a desire to help others, especially the underdog.

I discovered psychology as an undergraduate at Brooklyn College (where, I am told, more psychology majors went on to get their Ph.D.s in the early 70's than any other school in the country). While I loved each course and kept doing well, I really had no idea what a psychologist did. During my junior year, Dr. Murray Mednick, a professor I enjoyed for more than one class, happened by the mall flower shop where I worked part-time. He asked, "Why are you working here and not in psychology?" Taken aback, I responded that I would love to work in psychology, but did not know where to start. Through his influence as director of staff training at Brooklyn State Hospital, I got a full-time job as a mental health hygiene assistant therapy aide. I can still recall the surreal quality of standing in the dayroom of the locked ward watching a United States President give his resignation speech on August 9th, 1974. The experience at Brooklyn State confirmed my love of the field and helped me to later appreciate the hard work done by healthcare aides and caretakers.

Later, as a result of my interview with Dr. Marie Meyer, I was sold on Hofstra University's doctoral program in clinical and school psychology. She described the diversity of the experience provided in settings ranging from schools and schools for handicapped children to prisons and mental hospitals. This convinced me that Hofstra was a place where I would be able to follow my bliss and find my place in the field. Hofstra was one of the few APA approved combined professional psychology programs in the country.

I was then privileged to become Hofstra's first intern to the Albert Ellis Institute. This evolved into a 5-year experience that included post-doctoral training in Rational Emotive Behavior Therapy and specialty training in sex therapy. Dr. Ron Murphy was my primary supervisor and teacher resulting in my certification in sex therapy with eventual Diplomat Status as a sex therapist by the American Association of Sex Educators, Counselors, and Therapists. The opportunity to conduct a broad range of seminars and workshops in New York City in the late 70's and early 80's served as core

Continues on page 11, column 2

Consider This: The EBT Paradigm Shift

Stephen Long, Ph.D.

*I*t appears to me that having an empirical, evidence based approach to psychological treatment is a very good idea. My position on this might surprise some who know that I am a psychoanalyst and a past president of the Adelphi Society for Psychoanalysis and Psychotherapy. It is most likely to surprise those who are unaware that some psychoanalysts and psychoanalytically informed researchers have made important contributions to the empirical literature (e.g. Bachrach, H. M., Galatzer-Levy, R., Skolnikoff, A., & Waldron, S., 1991; Fisher, S. & Greenberg, R. P., 1996; Horgan, J. 1996; Klerman, G. L., Weissman, M. M., Rounsaville, B. J., & Cheveron, E., 1984; Luborsky, L. & Critis-Christoph, P., 1986) and those who do not know of the psychoanalytic backgrounds of such pioneers of cognitive-behavioral interventions as Albert Ellis and Aaron Beck (Wachtel, 1997).

My concern about current trends in evidence based, or empirically validated, treatment (EBT/EVT) is that there is a serious risk of allowing economic, political, or personal reasons (like a sense of affiliation with a particular person or group, or with a self-restricted way of viewing things) too much sway in defining what is considered empirical evidence.

Though randomized, placebo-control group, double-blind experiments are very important in contributing to the collective fund of human knowledge, they are not always the most appropriate benchmark against which to measure the validity of an approach to empiricism. The movement to make them such a benchmark is essentially a major - though not necessarily positive – paradigm shift in the philosophy of science.

An over-emphasis on using the most strictly controlled studies as the measure of what is supported by evidence or empiricism and therefore what is good, acceptable, or reimbursable psychological practice will help keep reimbursement rates of third party payors down. In many instances, this would maintain or increase their profits and allow financial resources to be channeled elsewhere. However, this does little for those in areas where resources are already scarce.

Nursing homes are examples of places in need of resources. About 50% of nursing home residents meet criteria for a diagnosable mental disorder (Belsky, 1999). Only about 7% of them receive any care from a mental health professional. The vast majority of those who do are treated with psychotropic medications, frequently with relatively little, if any, improvement (Snowden, 1993). Despite evidence supporting various psychological interventions, nursing home residents will not benefit from many of these while the evidence is discounted by the EBT paradigm shift in defining what good science is.

There is a long history of clinical and research literature that is disavowed by an insistence on the primacy of one rigorously defined approach to the accumulation of knowledge. The repercussions of this disavowal can be quite severe and widespread. In order to make my point more clear, I would like to ask you to imagine something. Imagine the state of things if, since strictly controlled studies have not been the base for much, most, or all of their practices and theorizing, it was decided that astronomy, geology, anthropology, sociology, epidemiology, history, and the theory of evolution were denied and relegated to the "not empirically, evidence based" dust bin.

There is a place in theorizing and clinical practice for scholarship.

Continues on page 13, column 2

Eye on Education and Training: An integrated training model.

Lee Hyer, Ed.D.,
Professor of Psychiatry, UMDNJ

When I first studied aging at the Center for Aging and Human Development at Duke many years ago, the challenge was "What does age tell us about the person?" Does the age of the patient matter in treatment, for example? Clearly now the answer is more a matter of the content of the problem than of age. At its core, the psychology of adult development is concerned about the changes that occur in normal aging; in clinical psychology the issue is too often "what remains," what are the "aberrant" processes. For many years this focus has preoccupied us in clinical psychology. It has also "suggested" how training should be conducted. Now, given our knowledge of the heterogeneity and complexity that exist at late life, a better answer lies in integration and in competence.

If we have learned anything, we are now certain that examining the role of age alone can be deceptive. Normal aging is a set of fuzzy boundaries that becomes redefined each year depending on findings of recent longitudinal data. While there are ineluctable and intrinsic changes and we can monitor these, physically and psychologically/cognitively, there are many more differences than similarities. We know that age takes on differing values, as both main effect and risk factor/moderator in just about any outcome considered. Only recently has clinical psychology caught up with the dynamics of the whole person, integrating better specific areas of mental health, behavioral functioning, and well being. We need to map this to aging.

In a recent in-press article, we (Hyer, Gartenberg, & Leventhal, in press) identified an integrated model for geropsychology training. In short, we argued for tiered categories of trainees with respect to endpoint competencies for work with the elderly, leading to specialists, who will often or exclusively work with the elderly. It is implied that competent work with the elderly requires a full time focus. Where possible, geropsychology programs should become part of the centers of excellence at medical and graduate schools so that training can be broad and complementary. Pre-doctoral fellowships would start this process. Graduate psychologists can foster interests in graduate school and commit to gero-training at internship sites with established records. This training would be capped with a postdoctoral fellowship in geropsychology. An increasingly important option for an internship training site is to have all levels of training available.

Biases and competencies. As implied, geropsychology involves a special understanding and expertise in the knowledge and techniques of psychology as this applies to aging. Here, I address two biases and several competencies required for this task.

Bias 1: A central theme regarding the training of clinical geropsychologists is that education should be sequentially organized across levels, from undergraduate, to graduate, internship, and postdoctoral, as well as continuing education for current practitioners. Each level in the training sequence builds upon the foundations laid by earlier levels. The geropsychology experience at the internship level especially sets the stage for further training and interest in work with older populations. This allows for an easy transition to necessary training at the postdoctoral level. Specialization within aging can occur at the postdoctoral level.

Bias 2: Even at the internship level, training for the practice of clinical geropsychology should be embedded in

Continues on page 14

The Student Voice: 12/II Student Listserv – Not Another Listserv?!

Anna MacKay
Student Representative

*N*ot another listserv?! I have had this thought, who hasn't? Over the past 10 years, email has become a key vehicle for communication among friends, family and colleagues. This technology has allowed us the opportunity to break down geographic and economic barriers. Friends stay in touch, professional collaborations are possible across greater distances and family usually send chain mail (oh well). All of these communications arrive, everyday, in your inbox.

We are still sorting out the nuances of this new mode of communication. I began using email in college. It was simple and only a few people I knew were using it, so I received a couple of messages per day. It was a cheap way to catch up with my cousin, who was at school several states away. As the medium has evolved we have adopted strategies to cope with the increases in volume from multiple sources (often after painfully tedious days of incessant deletions of uninteresting messages!). Today, many of us have multiple email addresses to attempt to sort different types of communication. We use systems that identify bulk mail and quarantine it for us. We have an informal email etiquette (I believe Margie Norris made some aspects of it explicit in an email to the 12/II listserv last fall). We learn to write catchy subject lines when we need quick responses. And we judiciously sign up for listservs.

So, how could I possibly suggest you sign up for another listserv? After careful consideration I was able to convince myself of the unique benefits of a student email forum within 12/II. I hope to share my reasoning and convince you as well.

First, I identified two key elements that make a listserv useful. 1) It delivers specific content appealing to a select group. In this way, it acts as a first pass filter so that I don't have to search and sort through information looking for what is interesting to me. 2) The membership is best served by a listserv as the most efficient means of communication. Sometimes it's better to simply meet in person, if it's possible, or to get information through a newsletter. Listservs work best when these other options are not ideal, either because of geographical distance or the timeliness of the information shared.

A student listserv designed as a forum for the distribution of information and opinion among graduate students, interns, and post doctoral fellows with a shared interest in clinical geropsychology appeals to a select group and filters information so that it has a clear and specific perspective of interest. Within that scope of interest our pursuits will likely cover a range of areas. I see this as an opportunity both to enrich the diversity of our knowledge and the diversity of our peer group. This can be accomplished simply. A listserv provides the venue for these interactions that would be difficult to accomplish by other means.

As the listserv moderator, I will be available to modify the format of your subscription. I am working on making logs available so that you have the option of simply posting to the list and returning to it for a response, rather than receiving emails. Keeping the two key elements of an effective listserv in mind, I will seek out and post information that is of interest to you with the hope that we are able to use this tool in the most efficient way possible.

Hopefully, at this point you are wiling to give it a try. Subscribing and unsubscribing to the list will be in your control, so there is no chance that you will

Continues on page 13, column 1, bottom

President's Address

Continued from page 1

period, but the attempt unfortunately failed.

George and I met at the APA/NIMH Training Conference entitled, *Clinical Training in Psychology: Improving Psychological Services for Older Adults*. Interestingly, George and I had independently talked with Margy Gatz about the establishment of a section. Margy put the two of us in touch, we drafted a set of bylaws based on those of other sections, and obtained a sufficient number of signatures to establish the section. An ad hoc steering committee was created in 1993 to direct the early development of the section. Members included Linda Teri, George Stricker, Mick Smyer, Al Kaszniak, Margy Gatz, Dolores Gallagher-Thompson, George and me. The Division 12 Board voted unanimously to support the establishment of Section II. This was facilitated in part by having three geropsychology advocates on the Division 12 Board of Directors at the time (Norm Abeles, George Stricker, and me), and a very supportive Board led by a very supportive Division 12 President and charter member of Section II (David Barlow). The planets were clearly aligned that year, yielding the numbers and momentum that unfortunately were not available to Cliff Swensen over a decade earlier.

The accomplishments and growth of Section II have been stunning, both in absolute terms and in comparison to other new sections. Our organization has rapidly matured into a vital and vibrant organization that has contributed to and been informed by the field and its developments. There is no way for me to fill the shoes of past presidents. Paula Hartman-Stein, our immediate past President, adroitly realigned the efforts of the Section this past year to establish a better balance among the purposes of section, as stated in our bylaws. I plan to support continued efforts with her initiatives and move in some additional directions with the support/ forbearance of the Section II Board and membership.

First, I hope to establish an initiative to infuse clinical geropsychology into the training of all clinical and counseling psychologists. Section II and Division 20, through their Interdivisional Task Force, very nicely articulated the skills and knowledge base for clinical geropsychology. All that remained was a discussion of training models. Bob Knight is currently chairing a planning committee for a geropsychology training conference whose goals include the development of an aspirational training model for geropsychology. I am comfortable that the future of specialized clinical geropsychology training is in good hands. It seems to me that the time has come to attend to the training and education of non-gero clinicians.

Clinical and counseling psychologists in training typically learn about the research and practice of clinical and counseling psychology with individuals across the lifespan, although this lifespan often ends at adulthood. Program faculty members are not entirely to blame for this limited view, as our textbooks and journal articles often ignore the upper end of the lifespan. I have been fortunate to be involved in two endeavors that I hope will, in some limited fashion, contribute to more age-balanced training and education in clinical/counseling psychology. I was a member of the Practice Analysis Task Force of the Association of State and Provincial Psychology Boards, which recently re-examined the practice of psychology and considered geropsychology and other knowledge areas (e.g., psychopharmacology, health psychology, imaging techniques, cultural diversity) that may have not been adequately addressed in

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President's Address

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previous versions of the EPPP (licensing examination) or which required updating. Additionally, I had the opportunity a couple of years ago to convene a group of geropsychologists (mostly Section II members) to write new test items for the EPPP that reflected the current state of our geropsychological knowledge. My hope was to increase the likelihood that all psychologists seeking licensure would encounter EPPP test items that were content valid/representative with regard to the knowledge base one would expect of a newly trained clinician whose education and training reflected a consideration of the entire lifespan. A second indirect objective was to increase the likelihood that contemporary geropsychology would be an element of preparation content for prospective EPPP examinees.

It seems to me that we should now be seeking ways for clinical and counseling training programs, including internships, to effortlessly incorporate geropsychology in the training and education of all clinicians. This could involve a survey of training programs followed by the creation of education and training materials that meet their needs. For example, CDs, DVDs and videotapes could be created with lectures to supplement the content of specific courses (e.g., assessment, psychopathology, human development). Demonstrations of geropsychologists "in action" could be provided on the same medium (e.g., interviewing of older adult clients, problem solving of diagnoses, interdisciplinary teamwork). Web pages with links to material relevant to specific topics could be provided for faculty/supervisors. In general, the goal will be to facilitate the incorporation of older-adult relevant material without requiring much time or expertise on the part of the instructors and supervisors.

Second, I hope to work with the Committee on Aging, Division 20, and our Public Policy Committee in the pursuit of funding for research training in clinical geropsychology.

Third, I hope to establish an ad hoc committee on cultural diversity. This committee might author special issues or sections of journals/newsletters on diversity issues in clinical geropsychology, attempt to increase the diversity of nominees for boards and committees, support the attendance of Section II minority members at leadership conferences, establish awards to recognize contributions of minority members, organize special events during national and regional meetings to address ethnic minority issues in geropsychology, establish a network of mentors for graduate students and early-career professionals, find ways to infuse the APA Multicultural Guidelines into clinical geropsychology training, and so on. Related efforts are already underway by some of our members. Sara Qualls, T. J. McCallum, and Martha Crowther are discussing the formation of a network for clinical geropsychologists who want to help them broaden the research, training, and services related to cultural diversity.

I will end here with the hope that you have a wonderful new year. Please share your ideas and opinions with me regarding the content of this column and the activities of the section over the course of the year. Your Board members and I are committed to ensuring that Section II will continue to thrive and participate in the evolution and development of clinical geropsychology. Happy Trails.

Share the experience!
Give the membership application on *p. 19* to a colleague! Or, encourage them to go to www.geropsych.org

CONA Update

Continued from page 3

Resolutions were developed. The resolutions draw heavily upon those developed at the 1995 Mini-Conference on Mental Health and Aging. On January 24th, I coordinated an official WHCoA Listening Session sponsored by NCMHA and held at APA headquarters. Three members of the WHCoA Policy Committee, including its chair, listened to the testimony of fifteen panelists representing providers and consumers, including APA representatives, Margaret Gatz and CEO Norman Anderson, focusing on the urgent need for attention to mental health and substance abuse issues in the deliberations and resulting resolutions of the 2005 WHCoA. The NCMHA Resolutions were also formally submitted to the WHCoA that day. The testimonies given at the January 24th listening session are posted at www.whcoa.gov.

Another ongoing effort is the APA/ABA *Assessment of Capacity in Older Adults Project*. The Office on Aging coordinates this collaborative effort between APA and the ABA Commission on Law and Aging. APA representatives to the Project are Barry Edelstein, Gregory Hinrichsen, Daniel Marson, Jennifer Moye, David Powers and Leonard Poon. ABA Commission on Law and Aging representatives are Nancy Coleman, Director, Charles Sabatino, Assistant Director, and Erica Wood, Associate Director. The Project's first product, *Assessment of Older Adults with Diminished Capacity: A Handbook for Lawyers* is currently being printed and will be available in early 2005. It will also be posted on the web pages of the ABA Commission and APA Office on Aging. A continuing education offering for psychologists at the 2005 APA Convention and a companion handbook for judges are currently being planned.

On the policy front, the APA Policy Office and the Office on Aging offered a *Psychology and Aging Advocacy Training Workshop* in November 2004. During the first day of the workshop, 18 participating psychologists learned to utilize a variety of strategies and techniques for influencing social policy. The two-day training culminated with Congressional visits focusing on two current legislative issues – the Positive Aging Act and the Graduate Psychology Education program. Plans are being made to offer the workshop again prior to the 2005 APA Convention in DC.

As part of its overriding mission to promote the application of psychological knowledge to issues affecting the health and well being of older adults, the Office on Aging continues its efforts to secure the representation of geropsychology in national efforts. Recent examples include a December meeting between Steve Zarit and Barry Liebowitz, Chief of the newly created Geriatric Treatment and Preventive Intervention Branch at NIMH, and Program Chiefs, George Niederehe and Jovier Evans, to discuss funding priorities and opportunities for psychologists given the new structure. Forrest Scogin represented APA at the Stakeholder Planning Conference on a National Evidence Based Practice Initiative for Older Adults sponsored by CMHS, SAMSHA, the National Association of State Mental Health Program Directors, and the NRI Center for Mental Health Quality and Accountability. He had the opportunity to share the results of the reviews conducted by the 12-II Task Force on Evidence-based Treatments. I believe participation in these types of efforts, along with the ongoing relationship between the Office on Aging and NCMHA, help insure that psychology has a place at the "mental health and aging table" nation-wide.

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CONA Update

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As always, I appreciate the opportunity to represent aging issues at APA and welcome your input. Additional information about *Aging at APA*, including past issues of the *APA Aging Issues Newsletter*, can be found on the Office on Aging web pages at www.apa.org/pi/aging. I can be reached at ddigilio@apa.org or at 202-336-6135.

Cyberspace Developments at Geropsych.org

Norm O'Rourke, Ph.D., R.Psych., Website Coordinator

The ***Section II Website*** is now fully functional, averaging more than 250 visits per week, a steady increase since last fall! Members and non-members regularly access http://www.geropsych.org . Recent visitors hail from government, educational settings, not-for-profit organizations, the military and abroad (i.e., Europe, Asia, Africa and Australia)!

Added features include the *Members Only Area,* with access to our most recent newsletter and the membership database. Those who provided their APA member numbers now have access to this section. In coming weeks, all members in good standing will have access.

A feature of note: the *Consultation Services* section (in *Announcements*). Members offering services to the public and/or other psychologists are invited to describe and promote their expertise.

These initiatives were a direct response to the 2004 member survey findings. If you would like to suggest initiatives to further enhance the utility of the website, or post to the *Consultation Services* section, feel free to send your ideas to: clingero@sfu.ca .

Profile On…Peter Kanaris

Continued from page 4

training for later public education and media work. My years of training and supervision from the brilliant and charismatic Dr. Albert Ellis remained a solid foundation of my future clinical work.

Now married to Lois, the love of my life, and faced with the birth of our first child, I made the difficult decision to take my first full-time job in psychology as a high school psychologist. I had to decline an offer to work as a sex therapist for Long Island Jewish Hospital's Human Sexuality Center. The decision was practical as the position was part-time and did not fit my life developmental needs at the time. I felt I was rejecting an opportunity to follow my true passion (sex therapy) out of the practical need to take care of my family and pay the bills. It turned out that my 3 years as a High School Psychologist were very rewarding.

Around this same time, two friends and colleagues of mine from graduate school and I pursued our vision to form a group psychotherapy practice. In 1981 Hewlett Consultation Center was born. In my role as Clinical Director we nurtured the development of this practice to have offices in two counties on Long Island, staffed by as many as 15 multidisciplinary professionals with full-office administrative staff. We trained many doctoral interns and offered a broad range of clinical services to the community. As a suburban community practice, a family systems model informed by my origins in cognitive behavior therapy was usefully employed.

By the mid 1990's the harmful effects of managed care had begun to affect our practice. It became impossible to get new staff as they were not yet on managed care panels.

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Profile On...Peter Kanaris

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Over time, the practice had to change as the model that worked so well for so long could not survive in the new HMO type environment. HCC closed its doors in 2000. After 20 years of running a large group practice I now faced going it alone for the first time.

In August of 1996 HCC got a call requesting a psychologist to appear on a local cable television show. As it was on a topic of sexuality, I decided to give it a try. After talking on "Sexuality and Seniors" I found the experience and response to be a good one. This opened the door to a new and invigorating chapter of my professional experience. I was called again numerous times to appear on cable shows that included live question and answer call-in discussions on various topics in psychology. I felt energized by a new way to reach the public as to the value of psychology. I then pursued media training through the Long Island Counsel for Fair Broadcasting. Over the years, I have done close to 100 media appearances and interviews.

Coincidental to these experiences came the development of APA's Public Education Campaign. Inspired by Dr. Bill Bennison's guidance and encouragement as a leader in Suffolk County's Psychological Association (SCPA), I became the Public Education Campaign Coordinator for the SCPA. I met a great group of colleagues and together, perhaps also motivated as a way to feel empowered despite the noxious effects of managed care, we accomplished some great things including, the development of the "*Psychology and You*" educational video series. This included a segment on the psychology of seniors. The series was distributed throughout much of the library system on Long Island. We developed AVID or *Anti-Violence Initiative Day*. A program distributed to Long Island schools that included the APA's Warning Signs of Violence Forums. Also developed was the *Voices of Our Children* CD, expressing thoughts and feelings of children in poetry, essay, and song inspired by the events of 9/11. The campaign facilitated 418 media appearances and interviews from 1998 - 2004 conducted by psychologist volunteers. It is important to note that these appearances were in all forms of major media including television, radio, print, and Internet. This included commentary on breaking news as well as feature stories. The program currently gets a psychologist in major media at an average of over two times per week.

I became convinced that for psychology to remain a viable profession, the public would have to see the benefit. I saw media involvement as a logical vehicle to accomplish this goal. This past year I also served as part of the New York State Psychological Association's Media Committee that developed four public service announcements for television highlighting the value of psychology, including geropsychology, to the public.

So where does geropsychology come in? Well, I met Dr. George Bouklas, author of Psychotherapy with the Elderly, during the taping of a "Psychology and You" segment. In 1999, he offered me the opportunity to consult in a nursing facility where he worked. It was timely for me as that was the point of transition from Hewlett Consultation Center to my solo practice. With George's help and training experiences such as those I received from Dr. Donna Raisin-Waters, I discovered a new love i.e., geropsychology. I now consult in two healthcare facilities that address the needs of both skilled nursing residents and people in sub-acute care.

Donna graciously invited me to join the Division 12, Section II Public Policy Committee. She has encouraged me to bring

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Profile On…Peter Kanaris

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the media model that we developed and refined at SCPA to 12/II. I am both honored and excited to begin co-chairing the Public Policy Committee with Donna in 2005. I believe that the vital role that geropsychology can play for our aging population must be brought to the public. Intelligent participation with the media can do this. In turn, our political leaders can be influenced to see the importance of considering the geropsychology needs of the public when making public policy. I am excited about the possibilities and encourage all interested members to join us in giving psychology away to the public. My journey in psychology continues, tempered perhaps by pragmatism, but always guided by the ideals and lessons learned years ago when the world was young. I believe that though things will change for me, my love of psychology and desire to serve the public will endure.

The Student Voice

Continued from page 7

be "stuck" if you change your mind. The instructions to join are below. Please do!

To subscribe to the 12/II Student Listserv. Send a message to listserv@artsci.wustl.edu . As the text of the message, you should enter: subscribe <D12_2_STUDENTS> <your name>

Or send me an email (anna.mackay@gmail.com) with the address that you would like added to the listserv and I will add you on.

I'm looking forward to hearing from you!

Consider This: EBT Paradigm Shift

Continued from page 5

There is a place in clinical practice for well-reasoned clinical judgment based on all evidence that can be brought to bear. This evidence is, of course, from the most rigorously conducted studies. But it is also more than that. It is the evidence that has been accumulated by those using innovative methods of investigation. It is the evidence presented by those to whom we offer our services and by the situations in which we are tasked with intervening. It is also the evidence compiled by those who have gone before us, our psychological forbearers, ancestors… and elders.

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Eye on Education and Training

Continued from page 6

at least, a rudimentary understanding of the larger system of care. There is a broad consensus that the problems of fragmentation and coordination must be addressed, integrating clinical geropsychology training into a broader program. This training links students to other health professions' training programs and to professionals from other disciplines who have multidisciplinary collaborative interests. This provides a view on the integration of services for older adults, involving primary care, specialty mental health, aging network services, home care, nursing homes, assisted living, and family caregivers.

Finally, I note that the essential tension between specialist and generalist training in geropsychology is not new. Arguing for the former, I highlight several competencies.

Build on core competencies. Trainees should recognize similarities between the elderly and younger age groups. On the one hand, many skills readily generalize to work with older persons. Most importantly, this allows for the generalist skills to become better informed by the complexity and nuance of later life. Competence in methods of assessment tailored for later life disorders and problems, the identification of modal problems in the elderly, an understanding, especially of the basics of neuropsychology and brain-behavior relationships, as well as experience with tests well-normed for older populations, are noted. Intervention skills tailored for later life disorders and problems, especially the use of empirically supported treatments, are also highlighted. This includes the integration of pharmacotherapy with psychotherapy.

Provide exposure to all types of aging and address issues related to the lifespan. This entails a working knowledge of biomedical factors related to aging as well as a familiarity with epidemiology of medical and mental illness in older populations. Older adults build on earlier developmental trajectories and at late life reflect these residuals as well as added features.

Foster social, psychological, interpersonal, and sociological developmental perspectives. This includes an understanding of social roles and changes in roles that occur with advancing age, knowledge of the social and physical environments that older persons typically encounter along with age-related changes in those environments, and an understanding of intergenerational dynamics, especially elderly persons' relationships with their adult children, and their children's children.

Prepare trainees to work comfortably in diverse practice settings. This involves a learning of the importance of outreach to the elderly, of attendance at locations where the elderly are found, an understanding of how those settings operate, and the elderly person's position in them.

Multidisciplinary focus. This provides exposure to diverse health professionals, especially physicians, as well as others who serve the elderly.

Multicultural Competency. This includes an exposure to diverse values, views, and behaviors related to aging across cultural and sub-cultural groups, as well as an understanding of cultural competency and diversity as multidimensional constructs and recognition of variation within as well as between groups.

Conclusion. To date, few psychologists have received formal training in clinical geropsychology. Now we are awash in data and information on older adults. In fact, geropsychology/geropsychiatry/geriatric medicine has developed almost as fast as the

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Eye on Education and Training

Continued from previous page

population itself. In the year 2004 conclusions about "the elderly" are almost assured to be inaccurate. Five years ago, for example, there were 126 chapters in Principles of Geriatric Medicine and Gerontology covering behavioral principles like never before. It now takes two volumes to provide a broad overview aging in the Encyclopedia of Aging. It is not possible to master "aging," only sections related to interest and need. It requires knowledge of the complete person from a broad perspective. And, we argue, it is not possible to be a part time geropsychologist and to practice competently. An integrated training model should reflect this.

Hyer, L., Leventhal. J., & Gartenberg. M. (in press). Geropsychology: Integrated training at the intern level. Gerontology and Geriatrics Education.

Member News!!!

A new book by Stephen Long, Caring for People with Challenging Behaviors: Essential Skills and Successful Strategies in Long-Term Care (Health Professions Press, Baltimore) is now available!

Initial reviews describe it as "an excellent resource" and as a "...very useful addition to the training literature in long-term care... [using] . . . rich and compelling case material."

For additional information go to: http://caringforpeoplewithchallengingbehaviors.com/

Division 12, Section II (Clinical Geropsychology) Student Research Award

Graduate and post-doctoral students are encouraged to submit a completed project relevant to clinical geropsychology for the Division 12, Section II *Student Research Award.*

The award ($250 and a plaque) will be presented at the 2005 APA meeting during the Section II business meeting. The award recipient will be invited to appear at the Division 12 awards ceremony and will have a summary of the award winning work published in the *Clinical Geropsychology News*.

Submissions will be accepted from student members of Section II and from students of members of Section II.

Manuscripts should be up to 30 pages of text, plus tables and references. The manuscript should include contact information for the student as an Author Note, including email, telephone, and mailing address.

Manuscripts that are being presented as posters or in symposia at the APA convention will be accepted and are encouraged; please let us know if the manuscript you submit is being presented.

Deadline for receipt of submission is APRIL 15, 2005.

Send the manuscript as an email attachment (preferred), or mail three copies, to: Victor Molinari, Ph.D., ABPP; Professor; Department of Aging and Mental Health; Louis de la Parte Florida Mental Health Institute; University of South Florida; 13301 Bruce B. Downs Blvd., Tampa, Florida 33612-3899; (813) 974-1960; FAX (813) 974-1968; Email: vmolinari@fmhi.usf.edu

APA Clinical Geropsychology Section (12/II) 2004
Income and Expense Report

	Totals		
Income			
Dues	$4,610.00		
Contributions	$805.00		
Ad in newsletter	$150.00		
Total Income	**$5,565.00**		
Expenses			
Grants	$0.00		
Salaries*	$1,849.00		
Employee benefits	$0.00		
Professional fund raising fees	$0.00		
Accounting fees	$0.00		
Legal fees	$0.00		
Supplies	$889.95		
Telephone	$613.60		
Postage	$545.99		
Occupancy (rent)	$0.00		
Equipment rental	$63.45		
Printing / Publications	$571.26		
Travel	$475.00		
Conferences	$903.21		
Other:			
Awards non-cash	$191.80		
Bank fees	$66.96		
Internet survey	$400.00		
Ad (The Nat Psych)	$363.75		
*Salaries included payment for data base entry and web page development			
Total Expenses	**$6,933.97**		
2004 year end balance	**$6,548.97**		
Net Loss	**$1,368.97**		

Year 2005: 12/II Officers, Representatives, Committee Chairs, Liaisons, and Coordinators

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Public Policy Committee: Chair, Donna Rasin-Waters, Ph.D. Gerontology Resources, Inc., 38 Eighth Avenue, Brooklyn, New York 11217. W: 718-623-6291; H: 718-284-7407; F: 718-284-4468; E: gerontologyres@rocketmail.com

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Treatment Guidelines Task Force: Chair, Forrest Scogin, Ph.D. (see above).

Interdivisional Geropsychology Practice Coalition: Co-Chairs, Steve Rapp, Ph.D. Department of Psychiatry and Behavioral Medicine, Wake Forest University School of Medicine, Winston-Salem, NC 27157. W: 336-716-6995; F: 336-716-6830; E: srapp@wfubmc.edu and **Paula Hartman-Stein, Ph.D.** (see above)

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American Bar Association Coalition on Aging: Liaison, David Powers, Ph.D. (see above)

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E-mail Network: Coordinator, Barry Edelstein, Ph.D. (see above)

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* Voting Members, Section II Board of Directors
** Technically the Chair of the Program Committee is linked to Board Offices that change on January 1st. Practice has been for the Program Committee Chair to serve from annual meeting to annual meeting of APA.

All Section II members are invited to write to Merla Arnold at ma159@columbia.edu with *Member News* (your own, or someone you know) which can be included in a subsequent *Clinical Geropsychology News*.

APA Division 12, Section II: *Clinical Geropsychology*
NEW MEMBER APPLICATION - 2005

Please complete the following information (print clearly or type):

Name: ____________________________________ **Degree:** ________________________
Address: ____
____
____
Phone: __________________________ **Fax:** ________________________________
E-mail: ____
(Note: The Section maintains an e-mail listserv that notifies members of policy updates, job opportunities, and is a resource for communicating with colleagues. New members are automatically added to the listserv. However, if YOU DO NOT WISH TO BE ON THIS E-MAIL GROUP, PLEASE CHECK HERE _____).

How did you hear about D12/Section II?
___ Through a Colleague or Member
___ Through an add in the National Psychologist
___ Through my graduate, internship, or postdoctoral training program
___ Through the Divisional web site

APA Membership Status: (You must be a member of APA to join Section II. Section II membership may be Divisional – for Division 12 members – or Affiliate – for non-Division 12 members. Applicants for Student Member status must have their application endorsed by a faculty advisor who is an APA member)

What is your APA membership status? Please check one:
___Fellow ___Member ___Associate ___Emeritus (retired member of APA)
___ Student Member (at graduate, internship, or postdoctoral level)
___ Student, not a Member of APA

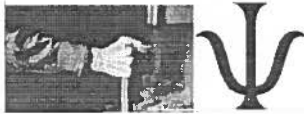
Are you a member of Division 12 (The Society of Clinical Psychology)?
___ Yes ___ Yes, as a student ___ No

Special Interests within Geropsychology: ____
____
(We update our membership directory every few years and we include members' primary areas of interest within geropsychology, as a resource for networking and mentoring.)

PAYMENT OF DUES: Divisional and Affiliate Member Dues are $15.00 (U.S.); Student Dues are $5.00 (U.S.). Emeritus Members are dues exempt. 2005 Membership Dues enclosed $_________
(Please make your check – in U.S. dollars - **payable to APA Division 12, Section II**)

Signature:____ **Date:** ______________
If student, Faculty name (print):____
Faculty signature:__________________________________ **Date:** ______________

Mail this form, along with your check, to: Jon Rose, PhD; VA Palo Alto Health Care System; 3801 Miranda Avenue, #128; Palo Alto, CA 94304. **Email**: Jonathon.Rose@med.va.gov; **Phone**: (650) 493-5000 ext. 64334



Clinical Geropsychology News
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*E*ditor, Danny Wedding and Associate Editors Larry Beutler, Kenneth E. Freedland, Linda C. Sobell, and David A. Wolfe are very pleased to announce a new book series: *Psychotherapy – Evidence-Based Practice*, developed and edited in consultation with the Society for Clinical Psychology (APA Division 12).

This series provides therapists with practical, evidence-based guidance on the diagnosis and treatment of the most common disorders seen in clinical practice – and does so in a uniquely "reader-friendly" manner. Each book is both a compact "how-to" reference on a particular disorder, for use by professional clinicians in their daily work, as well as an ideal educational resource for students and for practice-oriented continuing education. The Society for Clinical Psychology (APA Division 12) plans a system of home study continuing education courses based on the series that an individual can complete on the web.

The most important feature of the books - they are practical and "reader-friendly." All have a similar structure. Each is a compact and easy-to-follow guide covering all aspects of practice that are relevant in real-life. Tables, boxed clinical "pearls," and marginal notes assist orientation, while checklists for copying and summary boxes provide tools for use in daily practice.

Publication plans include approximately 4 volumes per year, each approximately 80-100 pages. Volumes may be purchased individually or by subscription/standing order (minimum: 4 successive volumes). When ordering by subscription, you will receive each volume at the special subscription price of $19.95, saving around 20%. For additional infomation please contact Danny Wedding at: Danny.Wedding@mimh.edu .