

Clinical Geropsychology News

Section 2 of the Society of Clinical Psychology

APA Division 12, Section II

Volume 13, Number 1

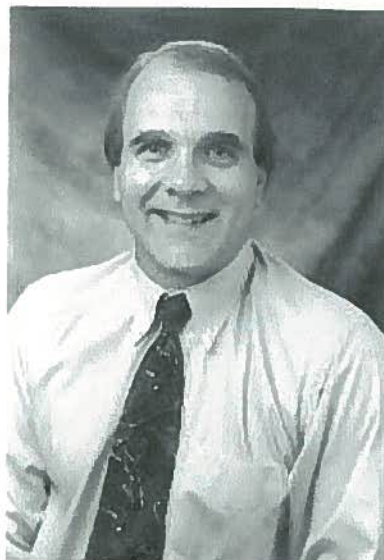
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Please contact Karyn Skultety at:
karynskul@yahoo.com if you wish to comment
on the contents of this Newsletter or wish to
share ideas.

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

President's Column Bob Intineri, Ph.D.



Reflections on a Year

I write this column as I sit at my kitchen table. The view is of a pond in west central Illinois. On a blustery winter day, the pond has iced over and the area is eerily quiet. I have been thinking

about the past eighteen months, which has brought chronic infections, health problems, and two surgeries (approximately twelve months apart). Given the quantity of antibiotics I've taken, it is nothing short of a miracle that any microbe can exist within ten feet of me. Post-surgical complications have slowed my recovery. Positive improvement has been slow to come by, but my physician and I are hopeful that we've seen the last of each other (at least for a while).



**THANK YOU FOR PAYING YOUR 2006 DUES!!
OVER 50% OF OUR MEMBERS HAVE ALREADY RENEWED!
JOIN THEM AND RENEW YOUR MEMBERSHIP NOW!!**

Read all about membership on page 10 and fill out the renewal application on the last page!

Factor in a near fatal car accident involving my wife and myself, and you can begin to understand that as I sit here pondering the coming year, I am both thankful and appreciative for the ability to continue the life that I have. I provide you with this personal information for a couple of reasons. First, my health problems of the past eighteen months are not unlike the chronic disease processes that many older adults struggle with daily. Today, I have a better understanding of the disabilities we work so hard to address in our clients. If there is a benefit, it is that my experiences enable me to become more effective with, and sensitive to, the people I serve. Second, it occurs to me that amidst all the chronicity in our daily lives, there are still experiences that have the potential to traumatize. Sudden loss of functioning, death of a spouse or beloved friend, are risks we face daily. I hope that I remain humbled by the experiences of the past eighteen months and remain tempered by their effects.

On Direction

Our organization remains vital and vibrant thanks to its membership but we *must continue to grow*. My hat goes off to *Martha Crowther*, who has done an absolutely marvelous job with membership. If you know Martha, extend your thanks to her. As previous membership chair, I know of what I speak. Having said this, I believe we need to refocus our organizational efforts, allocating greater resources to membership database management, recruitment, and retention. I believe an achievable goal is a ten percent increase in Section 2 membership over 2006 membership (in other words, an increase of about 35 people). While I know we are fighting against declining membership trends across a variety of organizations, I think we can do this. However, Martha and the Section 2 Board cannot do this alone. **WE NEED YOUR HELP!** I have personally spent an enormous amount of time studying the membership list, trying to determine how we can encourage people to continue their membership as well as trying to recapture a long list of people who have dropped their sectional membership. We would like to encourage every person who reads this column to take it upon

themselves to tell psychologists who are APA members about Section 2.

I would also like to take a moment to sing the praises of Donna Raisin-Waters and Peter Kanaris, who have done a tremendous job with the Public Policy committee and the Section 2 Public Media campaign. It is of vital importance that we work to secure additional resources to support the continued work and development of the Public Policy committee and Section 2 Public Media campaign. I recently applied for a CODAPAR Interdivisional grant in collaboration with Liz Stein-Morrow of Division 20, in which we proposed the development of an advocacy web site for scientists and practitioners specific to aging. Unfortunately, the proposal was denied and we are back to the drawing board. One alternative path for encouraging advocacy is a ten percent increase in Section 2 enrollment of professionals willing to speak with journalist about aging and age-related issues. Since I have yet to do this, I want to publicly tell Donna and Peter to count me in. I hope others will follow suit.

Over the past year we have been working diligently to get our financial house in order. We have for the first time developed a budget and adhered to it. We owe much to the efforts of Jon Rose. Thanks you once more Jon for all that you have done to keep us on the straight and narrow financially. However, I think the Section has expanded its programming and needs to the point that we have to consider other mechanisms to finance our agendas. As a result, I am proposing that we establish an Adhoc Finance/Fundraising Committee. This committee will be involved in identifying and securing funds for Section 2 activities. This may involve determining how to encourage contributions from foundations, government agencies, corporations, and individuals. We need to develop a mechanism such as this to ease the burden of increasing membership dues regularly. So I am asking for interested members to contact me directly at mfrci@wiu.edu to offer your help in this endeavor.

I have observed over my time in section 2 that we have a number of awards. I would like to

propose yet one more: *Outstanding Article of the Year*. This award would honor the best article first authored by a Section 2 full-member published in a peer-reviewed journal during the previous calendar year. The award will recognize the significant intellectual contributions that promise to advance our field. The first author of the winning paper will receive a plaque recognizing their outstanding research publication while additional authors will receive a certificate. In addition, four one-year memberships in Section 2 will be awarded and divided among the authors. Any empirically-driven article that was initially published for the first time during the previous calendar year in a peer-reviewed journal will be eligible if nominated by an active Section 2 member. Any section 2 member may nominate an article by submitting a letter of nomination that should include why the article represents an outstanding contribution and how it advances research in our area. In addition, nominations will identify the author(s) and provide the full citation for the article. A complete copy of the article must accompany the nominations. Self-nomination is permitted and multiple nominations of the same article will require that a lead nominator be assigned. Review and selection will be done by committee with membership appointed conjointly by the current President of Section 2 and the chair of the Awards Committee. I will personally fund the award for the next three years until we can establish an adequate external funding mechanism. Of course, I welcome your input and financial contributions towards supporting this award.

Ending on a High Note

Recently, a colleague (another clinical psychologist) mentioned to me that he had the occasion to interact with a number of aging psychologists. I pointed out to him that while I am aging, I really considered myself a Geropsychologist (someone who works with older adults). He suggested to me that in his limited experience interacting with about ten people who claimed to hold training in aging, there appeared to be one dominant and universal trait. I inquired what that trait might be. He answered, "Well, you people are so serious that

you appear to not have a collective sense of humor." I offered, rather dumbfounded, that of course this was not the case. He continued, "Well, Bob, I know you are a scientist-practitioner and so am I. Would you care to make a friendly wager?" Unfortunately, I took the bait. So, here's what I'd like you to do....please send me your funniest anecdote, story, joke, anything that relates to aging, older adults, or aging and clinical practice. The more the better. I will pick the one that I think is the most humorous and for your efforts I will pay your membership in 12-2 for the next year. You can send these to me by e-mail (mfrci@wiu.edu), fax (309-298-2179), or by snail mail to Bob Intrieri, 1 University Circle, Department of Psychology, Western Illinois University, Macomb, IL 61455-1390. Please don't e-mail or call to ask for the identity of the above person – I am sworn to secrecy. Please make today and every day a great day!

Call for Clinical Mentorship and Student Paper Nominations **Paula Hartman-Stein, Ph.D.** **Awards and Recognition Chair**

Division 12, Section 2 is seeking nominations for the Distinguished Clinical Mentorship award. The purpose of this award is to recognize clinical geropsychologists who have played important roles in the clinical supervision of psychology graduate students, interns, and/or post doctoral fellows who provide services to older adults. It also recognizes individuals who have played mentoring roles. Nominations can be made by members and student members of Section Two. Nominations should be accompanied by letters from at least three current or former supervisees. *Please submit all letters to the Committee Chair by May 5th.*

Geropsychology Student Paper award competitors are also sought. *Please send an original paper to the Committee Chair for consideration by May 5th.* \$250 will be awarded to the winner.

All nominations should be sent to:

Paula Hartman-Stein, Ph.D.
Center for Healthy Aging
265 W. Main Street, suite 102
Kent, Ohio 44240
email: cha@en.com

Executive Board Meeting: 8/19/05

Forest Scogin, Ph.D.

Secretary

The meeting was called to order by Barry Edelstein at 8:15. In attendance were Molinari, Arnold, Edelstein, Intrieri, Hartman-Stein, Kanaris, Raisin-Waters, Rose, Scogin, King, Crowther, Lau, Phillips, Skultety, and Hinrichsen.

Introductions – Barry Edelstein

Barry began the meeting with introductions.

Secretary Report – Forrest Scogin

Minutes from the 2005 Spring Executive Board Conference call and 2004 Executive Board APA meeting were submitted and approved pending two changes. Angela Lau pointed out that she was not a participant in the conference call and Donna Raisin-Waters requested that a more detailed description of the 2004 Public Policy committee report be presented.

Treasurer Report – Jon Rose

Jon submitted a written budget report. We currently have a balance of \$8900.53. Donna indicated that Profnet will need about \$500 to continue the service. Deborah King indicated that \$400 will come from D12 to the section. A letter should be submitted to the Treasurer of D12 to request the funds. Donna has a copy of a request letter used previously. Expenses for section committee conference calls will need to be included in the next year's budget. It was agreed that current committees could request funds to support call expenses. Presidential Initiatives as a new budget line item was also discussed and the consensus was that it would be desirable to have some funds reserved for the President to use as needed. Jon believes that we will be in reasonably good financial shape at the end of the year. The pre-convention workshop generated some much needed funds for the section. Barry read from Norm O'Rourke's report a request for support of website operations: "In addition to the \$85 annual cost to operate as geropsych.org, next year we will again have to pay the biennial fee of approximately \$40 to maintain ownership of our URL. In addition, it is estimated that \$540 should be budgeted for website maintenance (i.e.,

structural changes beyond my capabilities). This assumes no generated revenue."

Div. 12 Board Rep. Report – Deborah King: Deborah submitted a written report. D12 President Sobell wants to develop a section for students. D12 finances are still in the red but are improving. A new award named in honor of Samuel Turner has been established. A Committee on Diversity was established in D12. Deborah reported that the special section on Late Life Depression was published in *Clinical Psychology: Science and Practice*. The Divisional Public Policy Committee was discussed; there has been some difficulty in getting other sections to contribute to efforts, Section 2 has continued to be in the vanguard and Donna is heading this effort. The thinking is to start small with the D12 committee using those who are on the Section 2 committee largely. Danny Wedding is editing a book on evidence-based practices and seeks a geropsychology contributor.

Elections – Paula Hartman-Stein

Forrest Scogin is President-elect and Brad Karlin is Secretary-elect. Balloting was conducted almost entirely via the web and seemed to be well-received. Sixty-seven voted this year, a substantial increase from last year. The procedure followed by Norm O'Rourke and Paula allowed for blinded vote tally.

Membership Committee – Martha

Crowther: Martha provided written membership report. We have 416 current members, 314 active paid/emeritus. The membership database will be updated this fall via email inquiries to members. Should we put our dues statement date in line with APA dues? Martha will send out first notice in fall (consistent with APA notices) and will follow-up with a reminder in spring to be consistent within our regular time. Web-based payment will be encouraged but regular mail will be available for those who prefer. Some folks would like to be in Section 2 but not in APA or in D12. As a Section we voted on this several years ago and the membership said no to this proposal. Should we revisit this? There was some sentiment to do so. Can students renew on online without having mentor sign form? This would streamline procedure for students. Martha will

research this issue. She thanked folks for their help with her work.

Program Chair – Bob Intrieri

Bob reviewed the Section 2 contributions to the APA 2005 program. Bob thanked Greg H. for stepping in as a discussant for the presentation on clinical geropsychology in conjunction with the Lawton Award. He reviewed the plans for the D20/D12-2 Social Event; about 94 people (Division 20 and Section 2) have reservations and Bob was congratulated on the great interest shown and the hard work put in to organize the program and the social event.

Newsletter – Merla Arnold

Karyn Skultety is taking over editorship of the newsletter with the next issue. Merla will send out requests for newsletter contributions and solicited columns. Advertising costs should perhaps be reduced because few advertise. Is price the issue? Merla will send proposal to decrease advertising costs. Next issue is in October 2005. Merla was thanked for her outstanding work as editor.

Continuing Education – Laura Phillips

The question was posed if it would be possible to have CE opportunities available through modules on website? For example, could the Capacity Assessment workshop just conducted at APA be made available through this technology? Would this be through APA or independent? This could possibly generate some funds for the section. A new CE chair will need to be appointed to lead the efforts of this committee.

CONA Report – Deborah DiGilio

Deborah submitted a written report. She asked for nominations for membership on CONA. Margy Gatz was announced as the CONA award winner for the advancement of the psychology of aging. Diane Elmore has been hired as a Public Policy advocate and will focus on aging issues at least half time. This is a first for APA. CONA's Roadmap to Aging initiative was overviewed. The White House Conference on Aging is upcoming and several geropsychologists will be representatives. The APA/ABA Capacity Assessment brochure has been well-received. There are many companion projects that could spin off from this including primary care, social work, etc. Debbie was just appointed as chair of

the National Coalition on Mental Health and Aging; APA and the Office on Aging have been hosting this coalition recently.

Webpage – Norm O'Rourke

Norm submitted a report in which he requested that website maintenance be a line item in future budgets. The Board agreed this was an important function of the section.

Awards Committee – Victor Molinari

Bob Knight will receive the Mentorship Award at the D12 awards ceremony. Steve Balsis won the student research award. Nominations are being solicited for the Lawton Award; John Santos was last year's awardee.

Public Policy Committee – Donna Raisin-

Waters: Donna introduced Peter Kanaris as co-chair of the Committee. Profnet, the service to link aging experts with the media, is up and running, profiles have been posted, and journalists are making contacts. Donna encouraged folks to get their profiles out to help us spread the word. The media workshop presented by Rhea Faberman was overviewed; the workshop included many helpful tips on working effectively with the media. Paula noted that media efforts are very important for advocacy across science and practice. Norm and Donna have been discussing a mechanism on the website that would permit prepared advocacy letters to be accessed by 12-2 and easily sent to policy makers. Donna has ideas about how to secure funds to support this effort.

Interdivisional Health Committee – Paula

Hartman-Stein: Paula has attended two meetings thus far and the H & B reimbursement codes have been a focus of the committee. This is very relevant to clinical geropsychology. Paula drafted a letter to Practice Directorate to encourage use and reimbursement for this activity. Emphasis in the Committee has been on psychology as a primary care discipline. A symposium for APA 2006 will be focused on this issue. Paula believes the 12-2 presence on this Committee is important for geropsychology.

Student Report – Anna McKay

There will be letters sent to clinical programs encouraging for student membership. Efforts to create a student listserv are also underway. A template for easily recording clinical hours was

requested by the student members; Barry has a colleague creating a PDA program that will enable students to track clinical experiences.

Mentoring Committee – Amy Fiske

A written report submitted by Amy Fiske was summarized by Barry. The Committee has met via email and telephone and has established priorities. The initial task is to collect information on what mentoring programs exist and do a needs assessment survey. Deborah noted that D12 has a similar committee and Vic noted that GSA does also. Vic and Deborah will get in touch with Amy to share contact info.

Diversity Committee – Angela Lau

The Committee has had one telephone conference during which goals were established. A conference on curriculum diversity is in the planning stages. Jon noted that the Stanford GEC has a site that many members lauded as having excellent material on diversity.

Education Committee - Erin Emery

The Education Committee was established with the goal to provide educational materials on aging that can be inserted in pre-doctoral clinical, counseling and internship education and training.

National Training Conference on

Geropsychology – Barry Edelstein

Can 12-2 provide some support for this effort? Other organizations, including D20 and the Retirement Research Foundation, are contributing. Barry proposed that we contribute no more than what would leave us with enough funds to run the budget for one year. Proposals of \$3,000 and \$2,500 were offered. A proposal for \$5,000 was also offered given 12-2's crucial interest in the issue of training in professional geropsychology. A detailed discussion of what we could afford ensued with the overwhelming sentiment to contribute as much as possible. A motion was made to contribute \$3,000 towards the training conference and was approved.

Name change for 12-2 – Barry Edelstein

Describing what 12-2 is and how it fits into APA can be confusing to the uninitiated. Would a change to Society for Clinical Geropsychology help? Time did not permit a thorough discussion but will be taken up via email.

Meeting adjourned at 10:56 a.m.

**Society of Clinical Psychology,
Division 12 - Board Meeting,
San Antonio, Texas, 2/2-4/06
Deborah King, Ph.D., Section II's
Representative to Division 12**

The following is an abbreviated summary of selected topics from the mid-winter meeting.

Finance Committee Report: Bob Klepac, Treasurer, reported that Division finances have improved substantially due to multiple factors including increased revenue from Postdoctoral Institutes, decreased costs of Board of Directors meetings, and renegotiated overhead fees for the Division journal. The 2005 budget will be closed with a modest surplus and a surplus is also projected for 2006. Bob also reported that the amount allocated for section contingency funds has been increased from \$400 to \$500 per year for each section. Funding is contingent on receipt of the section's annual tax report and a note from the Section President or Treasurer outlining how the money will support a special project. Finally, there is a new protocol for submitting requests for Division financing of special projects or initiatives. Requests must be received by the Treasurer at least one month prior to a D12 Board meeting and will be capped at \$500.

Awards Committee: Linda Sobell, Past President, announced the following award winners:

- ❖ Philip C. Kendall, Ph.D., ABPP for Distinguished Scientific Contributions to Clinical Psychology
- ❖ Beverly Greene, Ph.D., ABPP for the Florence Halpern Award for Distinguished Professional Contributions to Clinical Psychology
- ❖ Julie Loebach Wetherell, Ph.D. for the David Shakow Early Career Award for Outstanding Contributions to the Science and Practice of Clinical Psychology
- ❖ W. Dean Klinkenberg, Ph.D. for the Theodore H. Blau Early Career Award for Outstanding Contributions to the Profession of Clinical Psychology

- ❖ Gordon C. Nagayama Hall, Ph.D., for the Stanley Sue Award for Distinguished Contributions to Diversity in the Profession of Clinical Psychology

The Board approved a motion for a new award for Outstanding Clinical Educator.

Reminders: The requirements for the Halpern Award have been changed to include those who have made contributions to psychology through science or practice. The requirements for the Millon Award have been changed to include those who have had their Ph.Ds for 20 years or less (as opposed to the previous requirement of 15 years or less).

Membership Committee: Barry Hong has assumed leadership of the Committee and intends to focus on recruiting more professors of psychology into the Division. Other ideas were discussed, including the possibility of forming a new section on education and training.

Nominations and Elections: Nadine Kaslow announced the following slate of candidates for 2006:

- ❖ President Elect – Linda Knauss, Ken Sher, Danny Wedding, Irving Weiner
- ❖ Council Representative – Larry James, Deborah King, Linda Sobell

2007 Convention Program: President Elect Marsha Linehan reported that David Tolin is the 2006 Division Program Chair. At the request of section representatives, the Board voted to increase Section hours from 3 to 5 hours for one year.

Committee on Diversity: The newly established Committee, chaired by Gail Wyatt, submitted an important and ambitious written report. The Committee recommended increased diversity on the editorial boards of Division sponsored publications, financial support for an award to recognize the research of a postdoctoral fellow or new investigator in the area of ethnic minorities, and strategies to attract new members who are early career psychologists representing diverse populations.

Section 2 (Clinical Geropsychology): Deborah King submitted a full report (available on request) including a listing of new officers,

committee chairs, newsletter editor and student representatives. The Board was updated on Section task forces and committees, as well as the planning for the National Training Conference in Professional Geropsychology. The Board expressed appreciation for the many initiatives of Section 2, including the training conference, the public policy activities and the 2005 Special Issue of Clinical Psychology Science and Practice on depression in older adults.

American Orthopsychiatric Association: Gary Melton, President of the Association, visited the Board to inquire about potential interest in joint membership and/or collaboration on particular initiatives. The Association focuses on issues of social justice, is interdisciplinary and currently has psychologists serving as past, current and future presidents. They are undergoing efforts to rejuvenate their mission and membership. The issue of a joint membership option was referred to the Membership Committee.

Proposed Policy Statement from Division 29 (Psychotherapy): John Norcross and James Bray visited the Board to gain endorsement of a policy statement regarding the terminology used in APA publications to describe health-care activities of psychologists. There is concern that psychology as a profession is losing its distinctive connotation and being confused with subdoctoral mental health professions because of the use of generic terms such as “therapy” and “counseling”. The proposed policy statement endorses the use of terms such as “psychological treatment” (rather than “treatment”) and “psychological assessment” (rather than “assessment”). The Board endorsed the spirit of the proposal, which also encourages the use of the legally protected terms “psychology” and “psychologists” when indicated.

New Section for Students and Early Career Psychologists: Linda Sobell reported that planning for the new section is moving along well. The bylaws are being written and there are at least 35 individuals ready to become members.

The next Board of Directors meeting will be June 9-10 in Santa Monica, California.

Treasurer's Report

Jonathan Rose, Ph.D.

Treasurer

We collected \$2048 in dues in the first two months of 2006, toward our budgeted goal of \$5,000 for the year. Most members paid 2006 dues on-time, which was prior to the end of 2005. We received \$1,454 from our workshop on assessment of capacity at APA last August. A \$400 special projects grant from Division 12 toward our media infusion (ProfNet) program brought our income for the first two months up to \$4,164.

The Board trimmed travel grants for 2006. We contributed \$3,000 toward the Geropsychology training conference to be held in Colorado this year. Our total expenses thus far are \$3,527. In order to provide substantial support for the training conference, the Board decided to dip into cash reserves for this important one-time purpose. We project a deficit budget of \$612 for the year. We should still be left with enough cash to finance similar budgets for almost two years even if we encounter an unexpected disruption of income. At the November meeting at GSA, President-elect Bob Intrieri stated that fundraising would be a priority of his Presidency. In short, we continue to be fiscally conservative and solvent.

OUR THANKS TO SECTION II CONTRIBUTORS!!

On behalf of the Board and members of Section II, we give our great thanks and appreciation to the following colleagues who generously made contributions to the Section!

<i>Rebecca Allen</i>	<i>Susan Cooley</i>
<i>Barry Edelstein</i>	<i>Paula Hartman-Stein</i>
<i>Gregory Hinrichsen</i>	<i>Robert Intrieri</i>
<i>Peter Kanaris</i>	<i>Nancy Jo LeBlanc-Savoie</i>
<i>Peter Lichtenberg</i>	<i>Elizabeth Lolin</i>
<i>Patricia Miller</i>	<i>Suzane Norman</i>
<i>Margaret Norris</i>	<i>Sara Qualls</i>
<i>Thomas Reid</i>	<i>Jon Rose</i>
<i>Cathy Torcasio</i>	<i>Linda Travis</i>

APA Office on Aging and Committee on Aging Update

Deborah DiGilio

Director, APA Office on Aging

As many of you know, APA worked over the past year independently and in cooperation with the National Coalition on Mental Health and Aging (NCMHA) to promote the inclusion of mental health issues on the agenda of the WHCoA. Our efforts were rewarded on December 14th when 75% (929 of 1,200) of Conference delegates voted to "improve recognition, assessment, and treatment of mental illness and depression among older Americans," ranking it 8th of the 50 final resolutions. Joining this resolution in the top ten were Support Geriatric Education and Training for Health Care Professionals, Paraprofessionals, Health Profession Students and Direct Care Workers (#6), and Attain Adequate Numbers of Healthcare Personnel in All Professions Who are Skilled, Culturally Competent, and Specialized in Geriatrics (#9). WHCoA psychologist delegates included APA President Ron Levant, Norman Abeles, John Cavanaugh, Mohammed Farrag, Michael Smyer, Suzann Ogland-Hand, and Margaret Hastings. The critical task we now face is assuring WHCoA moves forward from words to action! NCMHA is encouraging the aging and mental health community to remain involved in the WHCoA process – to stay in contact with their Governors, policy makers and WHCoA delegates to assure the WHCoA Preliminary and Final reports (Governors receive preliminary reports in March) include the implementation strategies developed to attain the resolutions.

CONA is off to a busy start in 2006 guided by its chair, Toni Antonucci. Our newest members, who began three-year terms in January, are Peter Lichtenberg and Victor Molinari. CONA is very excited to announce its newest brochure, Life Plan for the Life Span. CONA developed this brochure to help psychologists of all ages begin to think about issues that will enable them to enjoy a satisfying, healthy, and successful aging experience. It offers guidance

and web-based resources in planning for potential challenges in the legal, financial, health, psychological, social, and work life/retirement domains. CONA is indebted to the many contributors to the brochure. It is available at www.apa.org/pi/aging. Plans are underway to adapt the brochure for the general public.

CONA continues to grow in its involvement and advocacy within APA and its governance structure. They have secured \$15,000 in funding from the APA Council of Rep. for the National Training Conference in Professional Geropsychology and are involved in the development of APA President Elect Sharon Brehm's Integrated Health Care for an Aging Population Presidential Initiative. Also, CONA member Rosemary Blieszner was appointed to APA President Gerald Koocher's Task Force on Diversity Education Resources. Its mission is to provide support for instructors addressing diversity issues in their classrooms.

CONA also continues efforts on its proposal for reduced or one-day registration fees for the APA Convention for APA members with Life Member status. CONA believes that Convention provides an opportunity for retired APA members to remain involved in their profession, maintain social and professional networks, and learn of potential employment or volunteer opportunities in the field. However, for many retired members on fixed incomes, the costs associated with travel and registration may preclude their attendance. In turn, increasing the attendance of older psychologists could result in opportunities for sharing their knowledge and skills across generations. CONA believes this exchange can be beneficial to the Association; in particular as it relates to retaining early career psychologists. Planning for this and other initiatives will occur during CONA's next meeting on April 7-9th in Alexandria, Virginia.

If you would like more information on CONA and the Office on Aging, including the Committee's annual reports, or would like to subscribe to the free, quarterly APA Aging Issues Newsletter, please contact me at ddigilio@apa.org or 202-336-6135. Also, keep an eye out for the Call for CONA Nominations each June!



Call for Section II Executive Board Nominations



Barry Edelstein, Ph.D.
Chair of Nominations and Elections

*Division 12, Section II is seeking nominations for energetic, dedicated individuals for the offices of President-Elect and Section Representative to the Division 12 Board of Directors. Please send self nominations or your nominations of others to Barry Edelstein at barry.edelstein@mail.wvu.edu. Please indicate nomination in the subject line. Nominations may also be mailed to Barry at the Department of Psychology, West Virginia University, Morgantown, WV 26506-6040. *The deadline for receipt of nominations is May 15th.**

The President-Elect is a Divisional or Affiliate Member of the Section elected for a term of one year. The President-Elect is a member of the Board of Directors with the right to vote, and serves as the Program Chair for the APA annual convention. The President serves for one year and presides at all meetings. He or she serves as Chair of the Board of Directors. Individuals may serve only one term as President.

The Section's Representative to the Board of Directors of the Division is a Divisional Member of the Section, and is elected for a term of three years. The Section Representative attends meetings of the Division 12 and Division 12, Section 2 Boards. The Division 12 Board of Directors typically meets once in January and again in June, and typically has one conference call in the fall. The Section representative also is a member of the Section 2 Board of Directors and attends two meetings a year, one at the annual APA meeting and one at the annual GSA meeting. Conference calls are held during the year at the discretion of the President.

Membership Update

Martha Crowther, Ph.D.
Membership Chair

It's time to renew your membership to Clinical Geropsychology, Division 12, Section II! So far a little more than half of the members have renewed for 2006. This is great news!

As a section we are able to enhance the benefits that we offer and to work on existing programs based on your dues payments. Benefits of membership continue to grow, and the new **Members Only** section our website provides valuable information in addition to our newsletter and active list-serve. This list-serve offers the opportunity to consult with other leading geropsychologists on a number of issues, particularly reimbursement, as well as a forum for discussion on important public policy changes. In addition updates are circulated on evidence-based treatment models for geropsychology practice.

Given your interest in geropsychology, we hope you choose to continue your membership with section 2 and encourage other geropsychologists to join! The annual membership fee is \$25.00 for Divisional and Affiliate membership and \$10.00 for students (Division 12 membership is not required to join section II).

There are three ways to renew or join or get additional membership information:

- 1) Fill out the membership application that is on the last page of this newsletter. Complete and send in!
- 2) Go to the website at: <http://geropsych.org/membership.html> and fill out the application and pay your dues on line!
- 3) Contact Membership Chair, Martha Crowther, PhD, MPH at: Crowther@uab.edu.

Renew Today!!

Public Policy Committee Update

Federal Advocacy News
Donna Rasin-Waters, Ph.D.
Public Policy Chair

As the Federal Advocacy Coordinator for Division 12, I am frequently asking for your assistance on issues important to the practice of psychology. Having worked closely with the APA Practice Organization, I can tell you that there is often a lot going on "behind the scenes" that you may not hear about. So, I want to take this opportunity to let you know about the work that was done to secure new testing codes along with all of the advocacy efforts following Hurricane Katrina. I look forward to providing similar updates for you in the future.

Testing Codes

Psychologists providing testing services now have a more accurate way to bill as seven new Current Procedural Terminology (CPT®) codes became effective on January 1. Implementation of the codes reflects a change in thinking by the Centers for Medicare and Medicaid Services (CMS), which by awarding work values to the codes is finally acknowledging that psychologists are engaged in professional work when providing psychological and neuropsychological testing services.

These changes are the result of continued advocacy by APA over the past several years. Due to concerns about the level of professional work involved in furnishing testing services, previously CMS only reimbursed psychologists for the estimated costs of practice expense, essentially overhead, and a small amount for malpractice insurance. The psychologist's time and effort in providing the service went unrecognized.

Previous attempts in 2002 and 2003 to obtain professional work values for the testing codes failed to gain approval from the American Medical Association's reimbursement committee. APA continued its efforts by engaging staff from the AMA's coding and reimbursement committees in a strategy to revise the testing codes. APA developed a proposal that more

closely identified the psychologist's involvement in the testing service, thus making the codes more suitable for the assignment of professional work values.

APA gained the approval of the coding committee to revise the codes in 2004 and then used survey data from psychologists across the country to persuade the reimbursement committee to recommend professional work values for the codes in 2005. Later that year, CMS adopted the reimbursement committee's recommendations and assigned professional work values for the revised codes.

The professional work values assigned to the new codes will significantly improve the amount paid by Medicare for these services. The previous psychological and neuropsychological testing codes (96100, 96115 and 96117) were all reimbursed at an average hourly rate of \$74. Under the 2006 Medicare fee schedule, average payments for outpatient testing services under the new codes will increase from 26% to 69%. For a complete list of the revised codes and their new values go to:

[http://www.apapractice.org/apo/payments.html#Hurricane Relief Efforts](http://www.apapractice.org/apo/payments.html#Hurricane%20Relief%20Efforts)

In the weeks and months following Hurricane Katrina, Congress focused its attention on a wide range of proposals to provide relief to hurricane evacuees, including relief for evacuees' health care needs. In late December 2005, the Senate approved a measure to provide a 100% federal match of existing Medicaid plans for those states with evacuees. Significantly, this measure will allow states the option of expanding their Medicaid mental health services while receiving the 100% federal match for up to nine months. This program will enhance opportunities for psychologists in the affected states of Louisiana, Mississippi, and Texas, as well as in other states where evacuees currently reside that do not normally cover outpatient psychologist services in their Medicaid programs.

This critical provision was included in the Budget Reconciliation legislation that passed both the House of Representatives and the Senate in December in the final hours of the Congressional session. Due to amendments made in the Senate,

however, the Budget Reconciliation legislation must come before the House for one more vote before final passage; as of this writing a vote is predicted for early February 2006. The Practice Organization is pleased that, in the interim, state-by-state Medicaid waivers are allowing funds to be spent on mental health services not previously covered by the hurricane affected states.

Among the dozens of earlier proposals considered by Congress, one sponsored by Senate Finance Committee Chairman Charles Grassley (R-IA) and Ranking Member Senator Max Baucus (D-MT) initially appeared quite promising. Known as the Emergency Health Care Relief Act (S. 1716), the bill also sought to create a Disaster Relief Medicaid program to provide evacuees below the poverty line 100% federal payment of their health care for up to ten months.

Importantly, and at our urging, S.1716 would have required coverage for a wide range of mental health services as part of the proposed relief, including screening, assessment and diagnostic services, psychotherapy, rehabilitation and other therapies, medications prescribed by "health professionals," inpatient care and other mental health services, as well as alcohol and substance abuse treatment resulting from circumstances related to Katrina, and family counseling for Katrina survivors and for first responders. The Practice Organization particularly appreciated the sponsors' express recognition of mental health services as an important part of Disaster Relief Medicaid. This bill stalled in the Senate due to budgetary concerns, however.

The debate in Congress over the need to offer some form of health care relief to the Hurricane victims certainly presented the Practice Organization with a unique opportunity to inform members of Congress about the significant mental health repercussions of major natural disasters and the extensive volunteer relief services that psychologists have been providing "on the ground" to hurricane victims through the Disaster Response Network. In September, APA's Chief Executive Officer, Norman Anderson, Ph.D., sent a letter to the Senate, prepared by the Practice

- Continued on Page 14-

Profile On . . .

Gregory A. Hinrichsen, Ph.D.

I thought I would be a politician. Due to a precocious interest in politics as a teenager and a big dose of luck I garnered a stint as a page in the United States Senate in 1967-1968. Being a page was certainly heady stuff for a small town kid from the rural Midwest living in the big city of Washington. That unique experience as a page also turned my eyes eastward and I just knew my life would be lived on the east coast.

With perseverance and another big dose of luck, I headed off to Harvard for college. I started Harvard with a pre-law major and a 20 hour a week work study job in a group home for 10 teenage "unwed mothers" (and 12 babies) in Boston's Jamaica Plain. I loved being a child care worker and my heart won over my ambition to be a politician. Within a year I changed majors to Harvard's equivalent of psychology, "social relations." A satisfying experience being in psychotherapy myself (where adolescent turmoil was sorted out) convinced me that clinical psychology was the way to go.

By the end of college I thought I needed more life experience and got a fellowship to study psychology in France for a year and a half (the truth be told, more French wine than studies) and then returned to Boston. I got a part-time job working for a psychologist who was studying mid-life occupational change and a position on the mental health community advisory board of the Massachusetts Mental Health Center. The ethos of those times was "make the world a better place" so I joined a community group in Boston's Fenway neighborhood that was concerned with the social impact of urban renewal on older adults in that neighborhood. I ended up writing a grant proposal for the community group to do a social service outreach to Fenway elders. That proposal turned into a job and, for a year, two other outreach workers and I (one of whom was a wonderful 65 year old Latvian immigrant) went door-to-door and talked with older adults living in the Fenway. One day, I remember leaving the apartment of one older woman. She was one of the most interesting

people I had ever met. And I thought to myself, "I wonder if you can be a psychologist for the elderly?" My geriatric social work buddies thought it might be possible but the only psychologist they had ever heard of who did that sort of thing was Robert Kastenbaum. I read some of his work and became convinced that gero was the way to go.

I found that the community psychology program at New York University had an up-and-coming faculty member, Barbara Felton (a student of Eva Kahana's), who was a gerontologist. I liked Barbara and the program and headed off to New York in 1977. Barbara was a wonderful mentor who taught me how to be a researcher and introduced me to the world of gerontology. I returned to the Fenway to collect my dissertation data on the social and psychological impact of housing environments on older adults and then headed back to New York to do a clinical psychology internship at Hillside Hospital in Queens where I have remained throughout my career.

In the late 1970's, one Hillside Hospital psychologist, Allen Willner, established one of the very first psychotherapy clinics just for older people at the Hospital. I had an internship placement in that clinic, learned an awful lot about geropsychology from Allen, and have remained as a clinician in the geriatric mental health clinic (and its various incarnations) until today.

After internship I worked in the geriatric mental health clinic part-time and in the Hillside Hospital research department. At one point I garnered NIMH funding for a study of family members of depressed older adults and funding for other caregiver and health-related studies. By the early 1990's I was doing research, clinical work, and had a long stint as acting director of psychology at Hillside Hospital. I liked all of these endeavors but wasn't sure that spreading myself so thin was such a good idea professionally. I took a trip to the then gerontological center of the universe, The Philadelphia Geriatric Center, and sought some career counseling from Powell Lawton. I explained my dilemma. I liked it all but was afraid I could never be the best in any one domain if I did it all. Powell simply asked, "Well, do you like doing it all?" "Yes," I said, "I do." "Variety has its virtues," said Powell. "Do what

you find is interesting.” I followed that advice and have had a rich and varied professional life. Shortly after the meeting with Powell, I moved into the role of director of psychology training at Hillside Hospital -- a position that I still hold today. That training role presented the opportunity to infuse geropsychology into internship curricula and placements and to establish a postdoctoral fellowship in clinical geropsychology. Findings from my earlier research work on family issues in late life depression -- that interpersonal issues influence the course of depression -- led to formal training in Interpersonal Psychotherapy (IPT) for depression. I then focused on the use of IPT with depressed older adults. My own clinical work conducting IPT with depressed older adults led to establishing an IPT training program for psychology interns and fellows, professional workshops, and more recently a book on the topic with my IPT collaborator and friend Kathy Clougherty (*Interpersonal Psychotherapy for Depressed Older Adults*).

I was interested in branching out in another direction and got involved in leadership roles with Section II and later membership on APA's Committee on Aging (CONA). As part of my role as CONA's chair last year, I returned to Capitol Hill to do a congressional briefing on mental health and aging issues. On the way to the briefing which was held in the Senate Armed Service Committee meeting room, I flashed back to my 16 year old page self delivering packages to senate offices, running errands for senators, and feeling so proud to be part of something that was bigger than myself. At the briefing I began my remarks, "I was a U.S. Senate page in the late 1960's. Like many pages I thought I'd return to Capitol Hill as a politician. Little could I imagine I would return as a geriatric psychologist."

Pathways through life are unpredictable. The late Joseph Campbell, a foremost authority on comparative religion, would always tell his students at Sarah Lawrence College to make life choices by "following your bliss." In so many ways my career in geropsychology has been a blissful path and I'm grateful to be part of a profession that has so many people who follow their hearts.



Eye on Education and Training

Erin Emery, Ph.D.
Chair of 12/II Education Task Force

Editor's Note: In the past, the Eye on Education column has served to highlight many of the outstanding training programs in geropsychology. However, given the importance of the upcoming Geropsychology Training Conference in Colorado, I felt it would be useful to utilize the column over the next few issues to highlight both the preparation efforts being made and the outcomes of the conference. This issue, we hear about the efforts being made by the Education Task Force that could help identify areas on needs and discussion opportunities at the conference.

The 12/II Education Task Force was created by Barry Edelstein as part of his 2005 Presidential initiative to better understand the geropsychology educational needs of psychology trainees. The committee was charged with the following: 1) conduct a national survey of graduate and internship programs to assess current geropsychology training opportunities; 2) look for training needs, and then 3) create educational materials to fill gaps in training.

As we were creating our survey, Bob Knight was returning from his sabbatical in Australia. He suggested that we work with Australian geropsychologist Nancy Panchana, who also invited Canadian geropsychologist Candy Konnert to join our international collaboration. So I have been working with Drs. Panchana and Konnert to create an internationally appropriate survey of training programs that will assess geropsychology training opportunities. We are currently in the final stages of our survey construction and will be disseminating the survey soon, pending IRB approval. We hope to have data ready for presentation at the Geropsychology Training Conference in Boulder, CO in June, 2006.

Federal Advocacy News (Continued From Page 14)....

Organization, endorsing S.1716. The Practice Organization also developed and distributed widely an informational fact sheet concerning the substantial mental health needs of disaster survivors, highlighting the fact that when natural disasters cause extensive community-wide destruction and disruption – as with Hurricanes Katrina and Rita -- 25 to 30% of the survivors are likely to develop anxiety disorders, including post traumatic stress disorder (PTSD), depression and other clinically significant problems. The fact sheet is available at:

<http://www.apapractice.org/apo/pracorg/legislative/HurricaneImpact.html#> The Substance Abuse and Mental Health Services Administration (SAMHSA) recently confirmed these statistics, and is now projecting that up to 500,000 people may be in need of professional assistance as a result of the hurricanes. The SAMHSA news release is available at:

http://www.samhsa.gov/news/newsreleases/051207_hurricane.htm

This information has been very favorably received by Senator Trent Lott (R-MS), who suffered the personal loss of his home, and other key Members of Congress, and continues to be requested by other offices on Capitol Hill.



CONTINUING EDUCATION ANNOUNCEMENT

Daniel Segal
Co-Chair of CE Committee

We are pleased to announce that 12/2 is co-sponsoring an APA 2006 pre-convention CE workshop with our good friends at Division 20. The CE chair for Div 20 is Bert Hayslip, Ph.D. The details for the workshop are below.

IPT AND CBT: Two Empirically-Supported Psychotherapies for Late Life Depression
Faculty: Gregory A. Hinrichsen, Ph.D. & Leah P. Dick-Siskin, Ph.D.

Consider This: Latest Updates on Alzheimer's Disease

Anna MacKay, M.A.

The 5th Leonard Berg Symposium presented by the Alzheimer's Disease Research Center at Washington University School of Medicine was held on October 7th and 8th in St. Louis, Missouri. The topic of the meeting, "Antecedent biomarkers for the early and preclinical detection of Alzheimer's disease," was timely given recent advances in the neuroimaging of amyloid deposits and a consequent opening up of new avenues of research on early stage AD. I was eager to hear the lead researcher in this area, Dr. William Klunk from the University of Pittsburg, describe his studies and to hear a variety of reports on current and proposed research on AD from experts in the field. The goal of this report is to relay what I gleaned about the imaging of amyloid using the PET tracer Pittsburg compound B (PIB) and the implications of this technique for early detection and treatment. This topic is a small piece of a larger question addressed by the symposium, and I refer you to the Washington University ADRC website as well as two recent articles that broadly review current work in AD research (<http://www.alzheimer.wustl.edu/adrc2/>; Galvin, 2005; Morris, 2005) for a comprehensive review.

The effect of AD on our aging population is not new news. It is clear that as the number of older adults living into the later decades increases, so will the number of individuals in our society with AD. The prevalence rate of AD for persons younger than 65 years is 5% and over 85 is 50%. Given a predicted U.S. population growth of 54% from 2000 to 2020 for individuals 65 to 85 years old and a growth of 70% for those over 85 years, it behooves us both fiscally and humanely to continue to pursue early detection and treatment. A recent update summarized treatment findings with caution. They determined, "there is no conclusive evidence of reduced risk for AD for statins, nonsteroidal anti-inflammatory drugs, or the antioxidant vitamins E and C" (Morris, 2005). An important clarification highlighted in recent

reviews is that current FDA-approved drug therapies target the symptoms of AD and not the cause. Pathology is hypothesized to be so great by the time of clinical detection that it may be too late for some forms of intervention that influence the disease process.

In order to understand why early detection is important, consider a model of the timecourse of the accumulation of AD pathology and clinical diagnosis. AD pathology in the form of amyloid plaques and neurofibrillary tangles is thought to build over the course of years before there are changes in behavior. Despite good sensitivity and specificity of clinical diagnosis using clinical interviewing techniques and neuropsychological testing, this detection is occurring after much damage (so far apparently irreversible) has occurred to the brain. The prodromal stage of AD, in which diagnosis is difficult based on current behavioral techniques but nevertheless changes have occurred to the brain that may be detectable, is the target of current research interest. At this stage interventions targeting disease progression may have a larger effect because less damage to the brain has occurred. Until recently, the problem has been that AD detection at this preclinical stage using genetic or other biological markers (such as APOE4 or CSF proteins) has not been specific enough to limit study groups to those individuals with definite AD, thus weakening the interpretation of treatment studies based on such selection criteria. In the past two years, however, *in vivo* imaging of amyloid using the PET tracer PIB has demonstrated convincing evidence for its utility as a biomarker of preclinical AD.

Researchers at the University of Pittsburgh, led by William Klunk, developed the PET-PIB imaging method. Amyloid deposits in the brain are specifically tagged by the substance they developed; it does not bind to neurofibrillary tangles. The levels of amyloid detected in the *in vivo* technique correlated with levels determined using standard procedures post mortem in animal studies. Klunk and colleagues used PET-PIB imaging on a living human in 2004. Further validation studies demonstrated that PIB analysis achieved 100% specificity and sensitivity for AD classification in a group of 30 individuals with AD

and 30 healthy controls. Of particular interest was the additional group of individuals diagnosed with mild cognitive impairment. Using PIB, these individuals could be further classified into AD-like (high PIB levels), control-like (no PIB) or transitional (intermediate PIB levels). If this clarification of the etiology of mild cognitive impairment (as high PIB so AD-like or no PIB so due to other causes) is validated by longitudinal evidence, we will have better means to select a preclinical AD group for study. It may be possible to develop effective therapeutic interventions for this very early stage of the disease.

In addition to the work of the Pittsburgh group, researchers at Washington University are using the PIB imaging technique to correlate brain activity associated with memory and networks associated with early amyloid deposition; others are using the technique to validate other possible biomarkers such as levels of specific amyloid proteins in the cerebrospinal fluid (specifically low CSF A β 42 correlates with high PIB in the brain). This next step of correlated biomarkers will further broaden the scope of research and clinical utility.

Amyloid neuroimaging is the first among several candidate biomarker techniques to establish convincing evidence that pushes the window of AD detection back along the timeline of disease progression. In the face of recent disappointing results from drug therapies applied later in the course of the disease, it is with renewed enthusiasm that we are able to pursue a new lead into an earlier stage of AD diagnosis and intervention.

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Student Voice

Ponder This: A Recruitment Specialist for Graduate Student Research

Kathryn Moss

Student Representative

How many times have you heard a frustrated graduate student in clinical geropsychology utter a phrase such as, “If only I could think of a gero study involving Psych. 101 students!” or “Dr. X, you’re over 60, will you be in my study?” Maybe you’ve even made those comments yourself. Although lighthearted, these statements reflect the challenges graduate students face in recruiting and retaining older adults as study participants.

Indeed, recruiting older adults into research projects is challenging for those of us interested in aging. It seems as if we are still up against the ever-so-slowly diminishing stigma associated with mental health professions. Students in particular tend to have a difficult time with recruitment due to the demands of graduate school, limited financial resources for recruitment activities, and the fact that they are often not yet well connected to community resources and gatekeepers, among other reasons.

At the University of Alabama, my mentor Dr. Forrest Scogin had heard the remarks noted in the introductory paragraph innumerable times. He himself had experienced difficulty in the past with recruitment and, in response, suggested the idea of having a recruitment specialist specifically for graduate student research. The idea was met with both optimism and skepticism, but was enthusiastically supported overall.

In the fall of 2004, Dr. Scogin and the psychology department’s Committee on Research partnered through a cost-share arrangement to hire a graduate student recruitment specialist, Ms. Louise Lewis. Ms. Lewis was retained as the recruitment specialist based on prior success demonstrated in recruiting for faculty research projects involving older adults. Her employment background in counseling, sales, and college recruitment made her an excellent fit for the

position. In addition, her involvement in various community boards and civic clubs were all assets for her in forming ties with area agencies, churches, healthcare facilities, and the like.

In her first year as a graduate student recruitment specialist, Ms. Lewis recruited roughly 250 participants for approximately 5-10 studies. Students and faculty alike have observed the benefits of having such a reliable recruitment resource. Graduate student Avani Shah states, “Our advisor generously donated his funds and effort to employ a recruiter for our lab. At the time we had 9 members in our lab group and each of us were in various stages of our research projects. I felt relieved to know that I would have a recruiter to assist with our efforts. Unlike the other graduate students, who were recruiting undergraduate students, we were recruiting older adults in the community.”

Others note that having a recruitment specialist has resulted in samples characterized by increased diversity. Ms. Lewis is African American and has close ties to both majority and non-majority populations in the area. Graduate student Rachel Rodriguez reports that Ms. Lewis was integral in recruiting for her dissertation, saying, “I truly feel that my dissertation data collection would never have been completed without [Ms. Lewis’] help. She has amazing contacts within the community and is a great resource for reaching the elderly people within West Alabama. I am going to estimate that Louise recruited at least one-third of my sample, which is approximately 100-115 participants. More importantly she was able to recruit primarily African American participants, which helped to diversify my sample.” Ms. Rodriguez also indicated that she had a 95% response rate from clients recruited through Ms. Lewis.

Dr. Scogin has indicated that having a recruitment specialist is more efficient as well. When various students attempt to recruit from the same agencies separately but concurrently, it can be very confusing for agencies and participants alike and can make them feel used. Ms. Lewis agrees. She reports that it is essential in recruiting older adults to help them understand that they are not being used. She says that she often hears older

people say that if someone called them from the university to recruit for a study, they would decline participation. However, she reports that they say that having someone from the community sit down with them and explain the research in laymen's terms greatly increases their chances of participation. Dr. Scogin is convinced that it is important to have a stable voice over time to help form ties between the university and community.

So, the next time you think about older adult recruitment and sigh, note that having a supportive faculty member find a dynamic and well-connected member of your community to recruit for graduate student projects may prove a beginning to the end of your recruitment woes.

Editor's Note:

Karyn Skultety, Ph.D.

It is with great pleasure that I take on the role as the new editor of the Section 2 Newsletter. I am grateful for all of the help so far, especially from Merla Arnold who trained me so patiently! I hope to continue to bring you a high quality product and even throw in some new features along the way. The first of these is to offer a "Letters to the Editor" section to give you an opportunity to respond to articles or share new ideas with other readers. Please feel free to submit these to me at karynskul@yahoo.com. And keep watching for more new changes on the way!



Psychologists In Long Term Care (PLTC) is a network of psychologists and other professionals dedicated to providing high quality mental health services and research in long-term care settings, including skilled nursing homes, rehabilitation centers, assisted living facilities, and congregate housing. We invite psychologists, students and other interested professionals to join our organization.

Membership includes:

- Subscription to *The Clinical Gerontologist*
- Subscription to the *PLTC Newsletter* (4 issues per year)
- PLTC listserv for membership discussion of current issues and professional inquiries
- Access to the *Members Only* section of the PLTC website (<http://www.wvu.edu/~pltc/>)
- Newsletter archive
- Membership directory
- Two annual meetings held at the American Psychological Association and Gerontological Society of America conventions
- Networking opportunities
- Student awards

To learn more about the organization and to obtain a membership application, please visit our website: <http://www.wvu.edu/~pltc/>. For other questions about membership, please contact PLTC Membership Coordinator, Mary Lewis, Ph.D., at: marylewis@earthlink.net.



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** 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

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