CLINICAL GEROPSYCHOLOGY NEWS

SOCIETY OF CLINICAL GEROPSYCHOLOGY

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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.

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*Published articles do not necessarily represent the

It's that time of year again....
Time to renew your Society of Geropsychology Membership!
Thanks to those who have already renewed your membership!

TO RENEW YOUR MEMBERSHIP, GO TO:
http://geropsych.org/membership.html

...OR SEE PAGE 20!

Presidential Address: Training in Professional Geropsychology: Climbing Pikes Peak

Subtitle: Sisyphus rolls a rock

Forrest Scogin, Ph.D.

Shortly after I was elected President of the *Society of Clinical Geropsychology* two years ago, I was asked what my Presidential Initiative was going to be. I am sure I looked dumbfounded for a few moments because I did not know there was such a thing. It seemed to me it was enough just to keep the *Society* ship afloat, especially for the big salary the Board of Directors gets paid. But after a few seconds of deep deliberation I decided that training would be a proper topic for my time and place. I was no doubt primed by the fact that we were in the process of planning for the National Conference on Training in Professional Geropsychology that endeavored to develop a training model for our field. By the time I became president, the training conference would be completed and I reasoned that the *Society* could help keep the momentum moving. In what follows, I will report to you some of these efforts.

But first, I will back up for a moment. Why should the person on the street care if we train or expand training opportunities? They probably don't, but perhaps they should. Workforce analyses suggest the number of clinical geropsychologists is very small and more are needed to provide the high level assessment and intervention skills that only a gero-competent psychologist can. Moreover, what I call the über-specialists, those who come through predoctoral, internship and postdoctoral training in geropsychology, can advance the science of mental health and aging in remarkable ways.

A brief history of training in clinical geropsychology provides some context. Older Boulder I (1981) and Older Boulder II (1992) largely addressed the "what" of training, that is, the attitudes, knowledge base, and skills needed in a geropsychologist. These domains were formally adopted in the *Guidelines for Psychological Practice with Older Adults* published in a 2004 issue of the *American Psychologist*. Concurrent with these developments was the 1998 recognition of geropsychology as a proficiency area by APA. The next logical step was recognition of geropsychology as a specialty; however, the application was not approved. The primary concern was the absence of a training model, the "how" complement to the "what." The rejection was a pivotal event. It was surprising, but in retrospect, a reasonable decision. What was missing was a training model like those developed for clinical neuropsychology, clinical child, and health psychology. These models had for the most part been developed as part of large conferences.

Thus was prompted the National Conference I mentioned earlier. The mission statement of the meeting held in Colorado Springs, Colorado was: "The National Conference on Training in Professional Geropsychology will develop *aspirational* educational models at the doctoral, internship, postdoctoral, and post-licensure levels for psychologists with specialized preparation for providing psychological services to older adults." The focus of this model was on developing basic gerocompetence, not necessarily diplomate-level expertise, with entry to such specialized training potentially occurring at graduate, internship, postdoctoral, and post-licensure stages. The inclusion of post-licensure entry to specialized training is probably unique among the training models. There was a joint focus on high standards and inclusiveness. Here are the areas of competence and the core elements of training:

- Competencies
  - Knowledge of aging
  - Assessment skills
  - Intervention skills
  - Consultation and training skills
  - Leadership/expertise
- Core elements
  - Graduate level course equivalents in adult development and aging & clinical geropsychology
  - Direct supervision by "gerocompetent" trainers
  - Wide variety of older adults and settings
  - Cultural competence

All of these elements suggest a training *infrastructure* that scarcely exists at this time, especially at the graduate and post-licensure levels. At the end of the meeting, we had a big feedback session. Playing the wet blanket role, I said the following that was later quoted in the *National Psychologist* by Paula Hartman-Stein: "Until we come up with some ways to fund these training programs, then our ideas will continue to be aspirations and not reality."

The state of training in geropsychology presents a somewhat mixed picture. At the internship and postdoctoral levels of training, there are relatively numerous opportunities for specialized training, in large measure due to the continuing support of the VA system. However, predoctoral training in clinical geropsychology continues to suffer from the "you can count them on the fingers of two hands" constraint. Contrast this to clinical child psychology, clinical neuropsychology, and health psychology. Opportunities in experimental geropsychology are also relatively numerous. My observation (and personal experience) is that our field has grown by faculty members staying in place in academic institutions long enough that we outlast opposition and competing interests in the

development of training programs. This is no way to grow a field.

So what do we need? I've heard it said and have come to increasingly believe that on most academic policy issues, "It is always about money." What money? The Graduate Geropsychology Education training grants administered through the Bureau of Health Professions came as a breath of fresh air but their continued existence has been tenuous. What have other disciplines done to improve their training opportunities? Over the years I've reviewed the funding announcements for geriatric training programs that have included medicine, nursing, dentistry, and social work and often wondered why psychology in this mix. An example in my neck of the woods is the University of Alabama School of Social Work. They have benefited enormously from funding through the Hartford Foundation. I have watched in envy as faculty members and graduate students have received substantial support to improve training infrastructure in gerontological social work. On a national level, since 1999, the Hartford Foundation has supported over 125 graduate students and over 60 junior faculty members through their Doctoral Fellows and Faculty Scholars programs to expand academic leadership in geriatric social work. Would such funding (or even a fraction of it) make a difference for geropsychology? I think so. In support of this assertion, a recent survey by the *Society's* Committee on Education chaired by Erin Emery found that lack of faculty was the biggest reason programs do not have training in geropsychology.

With this as context, I decided for my Presidential Initiative I would approach the Hartford Foundation to explore their interest in expanding academic leadership in clinical geropsychology. I knew this involved more than a phone call or email and thus my first task was to create a plan. The first piece was to answer the question, "Has APA or anyone else representing psychology approached the Hartford Foundation?" The answer appeared to be no. Second, I needed to learn some things about the Hartford Foundation – the history, mission, administration organization, and fiscal status. This proved quite interesting, for example, did you know that the Hartford Foundation is the legacy of the A & P grocery store chain? I came away from this research with a lot of respect for the work being done by this foundation. Concurrently I composed a team to advise me on my efforts – people who are smarter and more experienced in such matters than I am: Bob Knight, Sara Qualls, Mick Smyer, Debbie DiGilio and Chris Langston (a staff member at the Atlantic Philanthropies who had previously worked at the Hartford Foundation). I had a number of email and telephone exchanges with these advisors, especially Chris, about how to proceed. Based on these conversations, I decided that preparing a two-page prospectus to introduce Hartford staffers was a prudent action. The intent of the prospectus was to persuade the reader that investment in geropsychology infrastructure was a good bet. So I sweated out a draft and had my team of advisors edit it for me that I have included here:

Prospectus Funding for Clinical Geropsychology
Hartford Foundation

The Hartford Foundation has a longstanding commitment to improving heath care for older Americans. The Foundation has achieved notable success in reaching this goal through its programs to promote training and leadership in disciplines key to the healthcare of older adults, including medicine, nursing, and social work. The current prospectus is prepared in hopes of bringing another key discipline into those targeted for capacity building by the Hartford Foundation.

Several documents have made a compelling case for the need to expand the geriatric health care workforce. Reasons for expansion include a dramatically growing older population, limited training in geriatrics in core disciplines, and a better educated and more resourceful older adult populace that will insist on more specialized care (e.g., Health Resources and Services Administration, March, 2006). Mental and behavioral health care is an area repeatedly identified as experiencing professional shortages with projections for even greater shortages in the years to come (e.g., Health Resources and Services Administration,

July, 2006). Psychology is a core behavioral health care discipline with much to offer in improving health care for older Americans. Yet psychology has had no sustained foundational support to enhance geriatrics training infrastructure.

Psychology, and more specifically clinical geropsychology, has several strengths with respect to improving the health care of older Americans. Psychology is a lead discipline in providing behavioral health care services such as psychological treatments, assessment, and consultation. Psychology particularly excels in the area of research due to the scientific training psychologists routinely undergo. This research strength enables properly trained psychologists to develop and test a wide variety of interventions to improve the lives of older people and develop empirically-based assessment strategies.

Clinical geropsychologists are those clinical psychologists with specialized expertise in working with older adults. Their skills in behavioral heath care include assessing civil capacities in older adults, providing adapted, evidence-based treatments for depression, anxiety, sleep problems, stress experienced by caregivers, and non-pharmacological programs to reduce behavioral problems among persons with dementia. Because many older adults experience multiple health conditions, non-pharmacological treatments offer an effective alternative without the risks inherent in prescribing numerous medications. The often-complex mental and physical health problems of older adults and the interaction between them require practitioners skilled in assessment leading to a clear, accurate diagnosis. Geropsychologists have the necessary training and skills to assess and differentiate among cognitive, emotional, functional and behavioral disorders. They are often called upon to determine whether an older person is experiencing depression, anxiety, dementia, delirium, an adjustment reaction, or a combination of these problems. In addition, geropsychologists can assess a person's capacity to make medical or legal decisions.
The skills that clinical geropsychologists uniquely add to the health care of older adults make capacity building in this discipline an attractive investment. The growth of training opportunities in clinical geropsychology has been slow. Whereas opportunities for internship and postdoctoral training in the field have grown considerably in the past 20 years, formal training program in clinical geropsychology at the graduate or predoctoral level have lagged far behind. This is significant because the main entry into the pipeline of specialized training in psychology is at the graduate school level. Prospective students looking for training in clinical geropsychology have very few options from which to choose; there are fewer than 10 programs in the United States and most have less than three faculty members. This despite the fact that there are far more applicants to these programs each year than can be admitted.

Thus, the convergence of factors is near optimal for capacity-building: A great public health need for an expanded geropsychology workforce, strong demand for specialized training by exceptionally qualified applicants, and little opportunity for receiving that specialized training. Moreover, clinical geropsychology has recently developed training guidelines that provide a template for the enhancement of psychology's contribution to improved health care for older adults. The Pikes Peak Training model delineates core competencies clinical geropsychologists should possess and the means to achieve them and is another milestone in the development of the field.

The Hartford Foundation has enabled core disciplines to expand their training opportunities in geriatric health care. Medicine, nursing, and social work have made great strides through the generous and well-conceived support of Hartford. Psychology, a well-respected discipline with a strong tradition, could also increase the contribution it makes to the well-being of older adults through similarly well-planned infusion of resources. For example, the Faculty Scholars Program and Doctoral Fellows Program in social work have created greater recognition of aging issues, bolstered research capabilites, and created a pipeline of expertise that will serve social work and the clients they aid for many years to come. A similar success story can be envisioned with

psychology through the strategic enhancement of existing geropsychology programs, the creation of new and varied training opportunities, and the funding of young scholars with outstanding potential for training and research in mental health and aging.

To make a long story short, I sent the prospectus to the foundation and received a very nice letter indicating I had a worthy idea but it did not fit with their plans. They indicated a small commitment to geriatric psychiatry, notably through the groundbreaking depression treatment research known as the IMPACT Project, but expansion in mental health was not a current priority. My reading of the letter was that social work, nursing, and medicine, all well supported by Hartford, were seen as more basic health care providers than psychology.

My reaction, of course, was disappointment but not surprise. I began this effort with enough reality testing to know that it was a long shot. So let me tell you now what I would have done (or will do) if there had been an invitation to prepare a full proposal. I would have assembled a team to develop the proposal that would have also included the Education and Public Interest Directorates of APA in advisory roles. I would have presented a full description of the Pikes Peak training model and probably developed a funding system similar to the social work model for Doctoral and Faculty Scholars.

But alas, I feel a bit like Sisyphus. I rolled the rock up the hill and down it came. Having participated in the pursuit of external funding for some years that rock has rolled down the hill before. But I am committed to continuing these efforts in my year as Past-President of the Society and beyond. I am prepared to devote about five years to this initiative and plan to contact other foundations and benefactors. Several of you have suggested other sources and I intend to follow these leads.

In closing, this is an exciting time for training in clinical geropsychology. Soon I predict an effort to recognize clinical geropsychology as a specialty within APA and ABPP will be undertaken. We have developed the "what" and the "how" of training, now comes the "where."

Executive Board Meeting Summary: APA Conference San Francisco, CA: 8/17/2007

Bradley Karlin, Ph.D.
Secretary

The meeting was called to order by President Forrest Scogin at 9:30a PST. In attendance were Forrest Scogin, Jon Rose, Brad Karlin, Martha Crowther, Suzanne Meeks, Bob Intrieri, Deborah King, Barry Edelstein, Dan Segal, Karyn Skultety, Marigie Norris, Donna Rasin-Waters, Deborah Digilio, Diane Elmore, Cheryl Shigaki, and Cindy Jong.

Introductions – Forrest Scogin

Secretary Report – Brad Karlin: Minutes from the March and May 2007 Executive Board Meetings were approved. The minutes were previously distributed via e-mail. Hard copies of the minutes were distributed at the meeting.

APA Convention 2007 – Suzanne Meeks: Suzanne provided an overview of the Society sponsored programming at the APA convention and provided reminders about the Society Business Meeting and joint dinner with Div. 20.

Elections Report – Bob Intrieri: Bob announced the results of the recent Society elections for President-Elect and Treasurer-Elect. The new President-Elect will be Jon Rose, and the new Treasurer-Elect will be Rick Zweig. Bob reported there was excellent turnout in the elections, and the online voting system went very smoothly. For the first time this year, a link to the ballots was sent directly to members' e-mail accounts. In addition, ballots were automatically linked to members' APA membership numbers so that entry of the membership number was not necessary. Several members stated that these changes further simplified the voting process.

Division 12 Representative Report – Deborah King: Division 12 reported having 4,354 members at its January 2007 Board Meeting. The Division reported a loss of 248 members and a gain of 97 new members.

The Division continues to monitor the requirement that at least 45% of each Section's members be members of the Division, as provided in the Division bylaws. Currently, Section 2 satisfies this requirement, though Division membership among Section 2 members is just at the minimum required. Therefore, it is important that Section 2 members be aware of this requirement and the benefits of Division membership, including subscriptions to *The Clinical Psychologist* and *Clinical Psychology: Science and Practice.* Division 12 reported solid financials at its Board Meeting, helped in large part to profits received from these publications.

The Division is placing important emphasis on diversity activities within Sections. The Division 12 Diversity Committee developed a report entitled, "Recommendations for Increasing Diversity within APA Division 12." The report includes five key recommendations: 1) increase attention to and endorsement of culturally congruent and empirically validated treatments, 2) increase the diversity of Division 12 sponsored publications and revise review criteria regarding the inclusion of diverse populations, 3) increase the diversity of Division 12 leadership through more active recruitment of diverse psychologists within the Divisions, 4) adapt new strategies to recruit and retain new early career members representing diverse populations, and 5) increase diversity in Division award recipients. Sections of the Division are now required to report annually on their diversity activities. Deborah suggested that this be a regular function of the Society's Diversity Committee. The Board agreed that this would be a very appropriate role of the Committee. Forrest stated that he would discuss this with the Diversity Committee.

The Division 12 Science and Practice Committee has recruited additional members. The Committee is in the process of updating the list of evidence-based psychological practices and is creating a mechanism to keep it regularly updated. The Board agreed that it would be valuable to incorporate some of the work of Society members on evidence-based practice with older adults. The Committee is hoping to have the updated list on the Division 12 website by the end of the year.

The Division 12 Identity Task Force continues its work. The charge of the Task Force is to further define the identity of the Division and develop recommendations for ways in which the Division can better serve the Sections. The Task Force is focusing on the following issues: (1) supporting Sections in identifying with the Division, (2) promoting evidence-based practices, (3) attracting new and early career members and retaining existing members, (4) enhancing attention to diversity issues in the profession, and (5) partnering and connecting with other Divisions; and (6) engaging the broad diversity of Division 12 members, from practitioners to scientists to educators, to promote clinical psychology. Reports were submitted on each of these topic areas and will be discussed at the September 2007 Division 12 Board Directors meeting. Deborah and Ron Brown (Section 8 Representative) prepared a summary of responses provided by Section Representatives, along with recommendations.

Treasurer Report – Jon Rose: The Society's financials remain solid. Actual 2007 income is $5,155. Actual expenses total $11,556, though this includes $10,000 invested in an interest-earning account with the Franklin Fund listed as an expense. Jon requested that Board members and Committee Chairs contact him with items they would like to request be included in the 2008 budget. The Board will have a telephone meeting devoted to the budget for next year.

Membership Report – Martha Crowther: The Society has 307 members – 238 members and 69 student members. This represents an increase of 56 members since last year. Of the 238 members, 119 are paid members of Division 12. Ann Pearman will assume the position of Membership Chair once Martha completes her term at the end of the year. Individuals who have not renewed their membership will be deleted from the Society listserv. Martha is in the process of preparing the membership database for transfer to the new Membership Chair, once her term is up at the end of the year. The Board thanked Martha for her excellent service as Membership Chair.

There was some further discussion about the possibility of instituting a lifetime or multi-year (e.g., 5 year) membership in the Society. Following this discussion, Bob offered to develop a proposal for a lifetime or multi-year membership and submit this to the Board for discussion during the upcoming telephone Board Meeting, during which the Board wil discuss next year's budget. The Board also agreed to bring this issue up for discussion during the Society Business Meeting.

Newsletter – Karyn Skultety: The newsletter is being released on schedule. The great majority of members are receiving the newsletter electronically, which has saved on printing costs. Karyn stated that she is open to new ideas and contributions for newsletter columns.

Website Update – Steven David and Rachel Rodriguez: Updates to the Directory of Psychology Internships with Geropsychology Training Opportunities and the Directory of Clinical Geropsychology Postdoctoral Fellowships are now available for download on the Socity's website (www.geropsych.org). Updated information has been submitted from 20 training programs. Forms are available on the website for training programs update their listings, as necessary. Programs can e-mail their completed listing forms to Steven David, Ph.D. (sdavid@mednet.ucla.edu).

Awards Committee – Barry Edelstein: The 2007 award winners are as follows:
Student Award: Don Caudle
Student Award – Honorable Mention: Joe Dzierzewski
Mentor Award: Lee Hyer
M. Powell Lawton Distinguished Achievement Award: Dolores Gallagher-Thompson

Interdivisional Healthcare Committee – Margaret Norris and Cheryl Shigaki: Cheryl Shigaki has been appointed to serve, along with Margie Norris, as the Society's representatives to the Interdivisional Healthcare Committee. The Committee is examining issues related to Medicare reimbursement and graduate medical education funding.

Continuing Education Committee – Ann Pearman and Dan Segal: Dan reported that the submission deadline for workshop proposals the 2008 APA convention is November 1, 2007. Therefore, he encouraged that members begin thinking about topics and developing proposals. Dan will send out a message to the Society listserv soliciting proposals. Last year's workshop proposal was not approved, ostensibly because it did not have a very applied focus. Accordingly, it is encouraged that members developing proposals this year consider including an applied component.

Public Policy Committee – Donna Rasin-Waters and Peter Kanaris: Donna reported that the main activity of the Public Policy Committee has been to focus on the public education media campaign. An increasing number of psychologists have been quoted in news media outlets on issues related to clinical geropsychology, as a result of these efforts. The Public Policy Committee requests continued funding next year for Prof Net. Section 3 has been particpating in Prof Net through the Society's membership. At the Board's request, Donna spoke with Section 3 about contributing to the cost of membership. Section 3 invited the Society to submit a written request with the specific amount. The Board agreed that it would be appropriate to split the cost evenly between the two Sections ($275 each). Donna also suggested that Society members consider putting out media leads (e.g., press releases) for new research or other professional developments, which could be placed in the Prof Net website. The Public Policy Committee would be glad to help members develop such leads.

Diversity Committee – Angela Lau: Forrest read the report submitted by Angela. Diversity Committee activities have been focused on (1) building awareness of our committee; (2) working to recruit student, postdoc, and early professional members to the Society and the committee; (3) introducing the Society and the Diversity Committee to organizations focused on diversity or aging issues; and (4) working with other organizations to identify and develop common grounds to promote diversity and aging.

Mentoring Committee – Amy Fiske: Forrest read the report submitted by Amy. Report of the results of the Mentoring Committee survey have been delayed due to computer-related problems. The committee hopes to have these problems resolved to report the results by the GSA meeting in November.

Student Representatives – Caitlin Holley and Sarah Yarry: Forrest read the report submitted by Caitlin and Sarah. The student representatives have been focusing their efforts on increasing activity on the Society's student listserv. A new web-link has been posted to simplify signing up for the listserv. All student members not signed up for the listerv have been contacted and invited to participate.

A student conversation hour with the Society Board was held at the APA convention. In addition, a symposium at GSA has been planned for students featuring several Society members speaking about their various career paths. A student social event will also be held.

APA Office on Aging Update – Deborah DiGilio: The APA Presidential Task Force on Integrative Healthcare for an Aging Population is preparing a document, "Blueprint for Change: Achieving Integrative Health Care for an Aging Population," designed to inform psychologists about how to enter and function within an integrated team for the care of older adults.

The APA Committee on Aging Award for the Advancement of Psychology and Aging will be presented to Martha Storandt, Ph.D. for her work on advancing the scientific study of psychology and aging.

The American Bar Association/APA Assessment of Capacity in Older Adults Project Working Group, established in 2003, is currently developing a handbook for psychologists and assessment of older adults with diminished capacity. This Work Group previously developed a handbook on capacity assessments for laywers and a subsequent handbook was developed for judges. There has been considerable interest in these handbooks, which are available at www.apa.org/pi/aging.

APA Public Interest Government Relations Office – Diane Elmore: Diane provided an update of aging-related activities within the APA Public Interest Government Relations Office (PI-GRO). In May, the PI-GRO organized a Congressional briefing on promoting the mental health of older adults in honor of Older Americans' Mental Health Week. In July, Greg Hinrichsen, Ph.D., Michelle Karel, Ph.D., and Patricia Areá, Ph.D. presented at a briefing of the Senate Health, Education, Labor and Pensions Committee staff on integrated mental health services in primary care. The Committee was asked to support passage of the Positive Aging Act as Congress considers reauthorization of the Substance Abuse and Mental Health Services Administration (SAMHSA). The current version of the Act provides for integrating mental health services in primary care settings.

Presidential Initiative – Forrest Scogin: Forrest solicited support from the Board in continuing to pursue a Society-sponsored geropsychology journal. There had been some interest expressed by a publisher in establishing a journal, but there has been little response to recent attempts to contact the publisher. Barry, Brad, and Suzanne volunteered to help Forrest follow-up with the publisher and explore opportunities for establishing a journal.

New Business – All: Barry suggested possibly providing an opportunity for someone other than the past Society president to chair the Awards Committee. There was some discussion about possibly having having an early-career member serve in this role to encourage particpation of younger members, though there was consensus that this role does require sufficient experience and familiarity with other members. The Board will review the Bylaws and Procedures Manual to ensure the appropriate procedures are followed for a possible change in who is to serve as Awards Committee Chair.

Future Board Call – Forrest Scogin: The next Board telephone conference call will be on October 24, 2007, 3:00-5:00p CT.

Meeting adjourned at 11:33a ET.

Society of Clinical Psychology, Division 12 Board Meeting September 14-15, 2007

Deborah A. King, Ph.D.
Section II Representative to Div 12

The following is an abbreviated summary of selected topics from the September meeting.

Presidential Themes and Announcements:

President-Elect Irving Weiner announced that the 2009 Program Chair will be Barbara Cubic. She also will be the 2008 Associate Program Chair in order to transition into her role, working with 2008 Program Chair Victor Molinari. Other 2008 Committee Chairs will be Carole Rayburn, Fellowship Committee; Barry Hong, Membership Committee; Jon Weinand, Education and Training Committee; Bob Klepac, Finance Committee; Ed Craighead, Publications Committee; Danny Wedding, Governance Committee; David Klonsky, Science and Practice; and Asuncion Austria, Diversity Committee.

President Elect Irving Weiner has continued to work on his initiative to make Division 12 a professional "home" to a broader range of clinical psychologists representing a diversity of practice and research areas. He has been actively reaching out to other divisions to explore areas of common interest and to facilitate interdivisional collaborations. He also discussed with Section Representatives the importance of organizing our efforts around themes of interest to the Sections.

Task Force on the Identity of Division 12:

Previous President Linda Sobell reviewed the issue of the Division's need to better define and market itself to psychologists and the public. The report "Division 12 Identity Task Force Recommendations" was discussed (available on request). The Board discussed at length whether there was one unifying identity for the Division; e.g., psychologists interested in the integration of science and practice. There was concern that such an identity would be perceived as unwelcoming to practitioners in the Division. It was decided that the board members would submit revised mission statements and then solicit a vote from the membership to help identify the best statement.

Finance Committee Report: Treasurer Bob Klepac reported that the 2007 budget will be 'in the black' despite declining Division membership because of a decision to publish The Clinical Psychologist (TCP) online (with hardcopies available for those who prefer that option). Online publication of the TCP is expected to save the Division approximately $20,000. The Board also passed a motion to increase dues $1.00 per year for the next five years in order to keep up with inflation and increased operating costs.

Membership Committee: Membership Chair Barry Hong reported that the Division adds approximately 100 new members per year but loses about 150-250. Barry believes we need to recruit more psychology faculty members and their graduate students as part of their identities as clinical psychologists and scientist-practitioners. He believes that outreach to academic departments and state psychological association is important. The Board discussed other strategies for increasing Division membership, including the recommendations of the Identity Taskforce (see above).

Program Committee: President-Elect Irving Weiner reported on behalf of Program Chair Victor Molinari that the themes for 2008 will include "The Assessment and Treatment of Trauma Victims and their Families" and "Out of the Comfort Zone" which involves psychologists stepping out into new areas of practice or research.

Publications Committee: President-Elect Irving Weiner will be sending out a request for ideas for topics for a special interdivisional issue of the Division journal, Clinical Psychology Science and Practice.

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Committee on Diversity: Diversity Member-at-Large Asuncion Austria proposed several new Division awards. The Division passed motions to approve two new awards. The first is the "Award for Assessments and/or Interventions for Communities of Color". This award recognizes individuals who have contributed to the advancement of research and practice to communities of color or who have applied existing assessment methods or treatment modalities effectively with these populations. The second is an award to recognize distinguished psychologists of color and/or sexual minority psychologists whose lifetime contributions have advanced the fields of education, science, public interest and/or practice.

Section Reports: Sections announced their new officers for 2008.

Other selected topics included:

The Board voted to approve Section 2's request for Division 12 to assume the cost of subscribing to Profnet as a platform to serve the media needs of the entire Division.

Section 6 (Ethnic Minorities) announced that there will be a conference on "Evidence-Based Practice for Ethnic Minorities" on March 13th & 14th in Washington, D.C., immediately after the State Leadership Conference. The Board voted to contribute to the financial support of this conference.

Section 7 (Emergencies and Crises) is working on the development and dissemination of a suicide prevention training program.

Section 8 (Psychologists in Academic Health Centers) reported that their May conference in Minneapolis was very successful. Approximately 200 individuals attended and the program was well-received.

Section 10 (Early Career Psychologists) is still working on recruiting members and leaders. They have over 100 members who are able to join free-of-charge.

Next Meeting: January 26-27, 2008; Austin, TX

Interdivisional Healthcare Committee Meeting Summary APA Convention San Francisco, CA, 8/16/07

Margie Norris, PhD
IHC Representative

Update on Psychological and Neuropsychological Testing Codes: Diane Pedulla provided an update on the revision of the CPT testing codes. She reported that the difficulties have occurred when billing for a psychologist's interpretation of test data and report when the same psychologist also uses (and bills for) a technician conducting test administration on the same day. A revision clarifies that a technician can be used to administer tests, but only a psychologist can bill for time required to complete professional interpretation of test results.

Update on International Classification of Functioning (ICF) Manual: Lynn Bufka has received feedback on the current draft of the ICF manual. Chapter 1 (mental functions) will be most relevant for members of the IHC to review, as it pertains generally to most psychologists. Depending on other areas of expertise (e.g., rehabilitation psychology), other chapter topics may be relevant. Lynn also described a specific plan she intends to utilize to solicit feedback from more reviewers. It was suggested that the IHC might benefit from a workshop training session on use of the ICF codes. By doing this, we would be better poised to talk to our colleagues regarding the ICF.

Report on Medicare Mental Health Equity Coalition: Margie Norris explained that the Medicare Mental Health Equity Coalition consists of about 35 healthcare organizations and advocacy organizations (e.g., American Psychiatric Association, American Psychological Association, Center for Medicare Advocacy). Its focus is on the discrepancy of co-pays for medical services (20%) versus mental health services (50%).

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Currently, there are 3 proposed laws that would change the 50% co-pay for mental health services to an equivalent 20% co-pay.

Update on Psychology Training and Medicare: Medicare has denied payment for services that are provided as part of training, when GME pays for such educational programs. Consequently, the issue of trainees administering tests and then billing for such time presents a problem. The group discussed the hypothesized economic outcome of pursuing GME funding more vehemently versus getting technicians/trainees reimbursed for services provided within training programs.

Update on H&B Code Reimbursement: Diane Pedulla reported that the latest data on H&B reimbursement comes from 2005; 2006 data are anticipated to come out soon. Reimbursement patterns across time suggest that a shift has occurred from reassessment to individual interventions. Larry Mullins indicated that six states are reimbursing H&B codes through Medicaid. Interestingly, one state reported that only their psychiatrists (rather than psychologists) are getting reimbursed for the codes. Issues surrounding reimbursement from the medical side versus the mental health carve-out section of insurance were also discussed.

Task Force on H&B Toolkit and Related Activities: Rodger Kessler created a Division 38 list serve for members to communicate more effectively regarding H&B code reimbursement. This effort has been used very effectively. There is significant interest in having a "tool kit," i.e. specific "canned" information to provide to hospital administration to assist them on submitting H&B codes for reimbursement.

Departure of Russ Newman: It was recently announced that Russ Newman will be leaving his role as the Executive Director of the Practice Directorate of APA. The Practice Directorate has grown through Newman's persuasion to involve a broader group of individuals (like the IHC). Suzanne Johnson encouraged us to take an active role in determining Russ's replacement.

Rob will draft a letter regarding the IHC, its perspective on relevant issues, and its priorities when identifying a replacement for Russ Newman. He will circulate this letter to IHC members for feedback.

Committee for Advancement of Professional Practice (CAPP) Update: Sandy Portnoy mentioned that some recent issues of CAPP discussion are particularly relevant to our group, such as revision of training for prescription privileges, pay for performance, and the model licensing act. Our input with regard to some issues that might be pertinent for them to discuss is welcomed.

Model Legislation for Prescriptive Authority: Suzanne Johnson presented two aspects of prescriptive authority, as discussed at APA Council meeting. One aspect centers around training, or what experiences a psychologist must complete at the post-doctoral level to be adequately trained on prescriptive authority. A second component is a model act of prescriptive authority. A new model act was proposed and used the term "medical psychologist" to refer to a psychologist with prescriptive authority. Divisions 38 and 22 have come together to express concern in using this term in the context of a model licensing act because historically, this term has been used more broadly and thus has not specifically referred to psychologists who prescribe medication.

Pay For Performance: Lynn Bufka reported that CAPP will provide some principles to Council and that the advisory group has been meeting on a regular basis. The plan is for the proposal to go on the cross-cutting agenda for the next APA Council meeting. Criteria for evaluating treatment guidelines are being suggested as a model approach, with details presented in a new document called, "Criteria for Evaluating Quality Improvement (QI) Programs." Problems discussed included possible violations of aspects of HIPAA standards and whether the program will remain voluntary. Physician colleagues are struggling with these same problems.

Treasurer's Report

Jon Rose, Ph.D.
Treasurer

Your Society completed another fiscally responsible year, thanks to careful budgeting and frugal decisions by your board of directors. Dues income was slightly less than we had hoped, but with two months to go at the time of this writing (November 6, 2007), we are $180 ahead of last year. Contributions were down. This was offset by investing our savings in a money fund mid-year, earning $106 interest. We anticipate earning $500 interest in 2008 if rates are stable. We decided against CDs to preserve liquidity, and against any type of investment that would expose us to meaningful risk. Sadly, our CE offering was not accepted by the APA program committee, so we were not able to earn money from education at this year's APA convention.

Our expenses, while not fully realized, have been less than anticipated. We saved $800 on travel due to the unfortunate occurrence of both student representatives being unable to attend the APA convention. Our convention expenses were helped by an unexpected subsidy from Division 20 for our annual dinner. President Scoggin's initiative to fund graduate programs did not find a sponsor. That is a great loss for clinical geropsychology that we hope to correct, but we did save $500 in start-up funds. Other expenses such as computer software, membership data entry, and other miscellaneous expenses may roll over to 2008. At this time we are approximately $3,000 under budget. That money will contribute to our cash reserves for a rainy day.

Forrest distributed our 2008 budget by e-mail in October, a major step in financial transparency that I applaud. We currently have $14,132.84 in reserve. This is a major accomplishment that was possible due to the diligence of your board in preparing careful budgets for the past three years, and maintaining the fiscal discipline to work within those budgets. To put this in perspective, we lost money every year from 1999 to 2004.

Being treasurer has forced me to frequently remind enthusiastic members of the financial cost in pursuing great ideas.

I am grateful for the cooperation of our board of directors in considering our fiscal health when making decisions, and finding the right balance between doing the things that make membership meaningful without risking the money we need to operate.

I am thankful to leave our finances as well or better than when they were handed over to me by Margie Norris three years ago. Margie's well-organized books made my job relatively easy. I have been able to create an integrated Excel spreadsheet that ties together our balance sheet, budget, bank accounts and cash flow. This makes our books easy to audit, and should help my successor, Rick Zweig.

Thank you for your trust and support over the past three years. I look forward to serving as your President-Elect in 2008.

OUR THANKS TO SOCIETY OF GEROPSYCHOLOGY CONTRIBUTORS!!

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

Susan Cooley	*Rocco Marino*
Helen DeVries	*Jon Rose*
Caitlin Holley	*Michael Salamon*
Laura Lipkin	*Daniel Segal*

APA Committee on Aging: The Rewards of Aging through Service on CONA

Florence Denmark, Ph.D.
CONA Member

I am completing a three year term on APA's Committee on Aging (CONA) and am sorry to see my term end. I have found members of CONA to be a highly motivated, intelligent, committed and hard working group that is very dedicated to aging issues. Above all, I want to commend our staff liaison and head of the Office of Aging, Deborah DiGilio, who is an outstanding staff member. She has been an important advocate for aging, and someone I frequently turn to for information and advice. I have learned a great deal from these colleagues and continue to be inspired to do whatever I can, on behalf of aging.

One of my goals as a member of CONA, has been to infuse aging issues throughout APA beyond Divisions 20 and 12-2. Merla Arnold has joined with me in this endeavor. As an example, Division 52 established a Committee on Aging, with Norman Abeles as the Chair. This committee had a program at APA in San Francisco, and is planning a round-table discussion on ethical issues impacting older adults all over the world, for the APA meeting in Boston. Division 35 established a task-force on aging with Judith Sugar, as the Chair. The task-force decided on three major projects for 2007 and 2008: 1) The development of a white paper which we could publish into a monograph, regarding the contributions of older women to our society; 2) The establishment of an award for scholarship on older women; 3) The submission of a proposal for a presentation on the contributions of older women in our society, for next year's APA meeting in Boston. After contacting all divisions and state associations, many have committees on aging, or are planning to establish them. Merla Arnold has had success with several divisions, and their work on aging.

As a CONA member, I was fortunate to be involved in advocating, on behalf of aging issues, with members of Congress, and also meeting with Hillary Clinton's Senate Committee on Aging. In addition to political advocacy, I also found it important to advocate for aging with members of APA's Board of Directors, Council Representatives, and other Board and Committee members.

I have brought to CONA an international perspective on aging, and in turn, have brought CONA issues and concerns to the United Nations, through my work as the Chair of the NGO Committee on Ageing (COA)[1]. The UN NGO Committee on Ageing organizes programs which are held every month, including such topics as multi-generational relationships, human rights and ageing, and elder abuse. One special event, held every year, is the International Day of Older Persons (IDOP), an annual event that really brings aging into the spotlight. In October, I had the privilege of helping to organize the 17th annual UN IDOP, with this year's focus as "Addressing the Challenges and Opportunities of Ageing: Empowering Older Persons." The event was a great success, involving international presenters, from the World's five regions, who brought to light the objectives set forth in the *2002 Madrid International Plan of Action on Ageing*. These presenters provided an informed appraisal of progress since the plan's initiation. Another objective met by this forum, was the identification of many international governments, NGOs, UN bodies and private enterprises working to empower older persons. It was the ambition of this conference to highlight achievements toward the empowerment of older persons, giving attention to the protection of their rights, their participation in society and the promotion of a positive image of aging. I have shared with members of the UN Committee on Ageing, and the UN staff members involved with aging, the activities and brochures prepared by APA's CONA. This material has always been well received, and many times, incorporated into UN activities. Although involved with aging issues for many years, in particular, those concerned with older women, service on CONA has sharpened and increased my commitment to aging.

[1] Note that at the UN, the international spelling of ageing, with an "e" is used, in contrast to the spelling of aging, without an "e" in the United States.

Consider This: A New Perspective on Interview Season

Caitlin Holley, M.A.
Emily Bower, M.S.

*A*s the internship interview season approaches we are reminded of the last series of interviews in which we participated – those for admission to our graduate programs just four years ago. Memories of heading down the hallway towards our very first faculty interview still bring on anxiety! Overwhelmingly, however, the memories are anxiety-reducing, as we recall the camaraderie, laughter, and affection that grew among the interviewees. We now appreciate that the interviewing class of 2004 had a special character that has influenced our professional development in the years since. We have been invited to reflect on how our cohort came to be so cohesive, and the reasons why future students might consider building similar alliances.

One might guess that the group came together due to the introductions of extroverted students. However, on the contrary, most of us were shy, nervous, and unsure of our qualifications. Reaching out to form friendships was how we coped. Simple small talk over current work positions and travel strains led to sharing email addresses, hotel rooms, and perspectives on professors and programs. A loose group of about a dozen applicants formed, each of us knowing full well that we competed for the same slots. After a decisive knock-down drag-em-out over hors d'oeuveres at Sara Qualls' house, it was settled. We acknowledged that we would someday be colleagues rather than competitors, and nothing but a general sense of respect for the common interest among us remained. Over many phone calls leading up to April 15th, we weighed countless variables: the fit with the academic advisor, cost of living, proportion of research and clinical work, etc. The shared uncertainties were comforting and we recall being able to reach more confident decisions because of the support and encouragement.

In the three and half years since, we've helped each other examine our goals, interests, and career paths. There have been late night phone calls seeking advice, notes of encouragement (or brownies!) for accomplishing a training milestone, and emails updating one another on personal and professional achievements and disappointments. These connections have provided important support that extended beyond walls our own institutions.

Looking ahead and considering the stress associated with the upcoming interview season, why might you want to put forth the extra effort to befriend fellow applicants? In reflecting on our experiences, the following ideas emerged that we hope will benefit you.

Top Five Reasons to Forge Friendships during Interviews

5. Wait! Friend or foe?
First, we should consider a barrier to friendship. With an increasing number of applicants, it's true -- interviewees are competitors. However, we are reminded that the application process is about the quality of a *match* between program and student. Not only does this take some pressure off of your interactions with other interviewees, but also it is in keeping with the goals of the interviewers. Faculty members probably are not asking, "Is Shelly more qualified than Juan?" but rather, "Is Shelly a good fit for the program?"

4. Reduce the anxiety of interview day
With less social pressure from other interviewees, you'll feel more confident and relaxed, and better able to put your best foot forward during the interviews.

Further, at the end of the day, it can be reassuring to have someone with whom you can reflect on common experiences.

3. Networking advantage
Networking can be intimidating, but also fun. We introduce each other to our lab mates and advisors, and even ask for particular introductions. Further, a tradition has grown to gather for dinner or sightseeing at GSA. This year at GSA in San Francisco, a whopping 30 or so students from a dozen schools attended an outing to Alcatraz Island. The turnout was a surprise, and a testament to the networks that exist among students. Each person had received simply a forwarded email, and had made the effort to buy tickets weeks in advance.

2. Have friends to stay with at GSA and APA
The social component to conferences is important, and we really look forward to reconnecting with those who we met on interviews. One way to do this is to share a hotel room, and a side benefit is saving money! Some of us who were on the Alcatraz ferry are now negotiating shared hotel rooms and cabs for internship interviews.

1. You will be colleagues someday
So why not start working together now! The fact that you are interviewing at the same site means that you and other interviewees likely have shared interests. In about a year, an objective reader for a draft of your master's thesis could come in handy. Further, you could convene students for a cross-institutional symposium as an alternative to a research poster at a conference.

It is the enthusiasm expressed by new students that fosters growth in the field. As you approach interviews this winter, we hope that you can bring this enthusiasm out in each other, and apply it throughout your work. Good luck!

We high-five our classmates around the country who interviewed in 2004. This is our story together. The authors of this article are participating now in internship interviews.

Continuing Education Update

Daniel Segal, Ph.D.
Continuing Education Committee Chair

The Society of Geropsychology has submitted the following workshop for presentation at the 2008 APA Conference:

Workshop Title: Assessment and Management of Suicide Risk across the Lifespan

Presenters: Amy E. Fiske, Ph.D. & M. David Rudd, Ph.D.

One in four psychologists and counselors has a patient who commits suicide (McAdams & Foster, 2000; Pope & Tabachnick, 1993), yet most psychologists receive little or no instruction in suicide in their graduate training (Dexter-Mazza & Freeman, 2003; Kleespies, Penk & Forsyth, 1993). Thus, there is a critical need for improved training of psychologists in the assessment and management of suicidal behavior (APA Division 12-VII Task Force on Education and Training, 2000). Furthermore, suicidal behavior differs markedly between age groups (National Center for Health Statistics, 2006), with the highest frequency of all suicidal behaviors in younger women and the highest frequency of fatal suicidal behaviors in older men. Consequently, it is also important for training in the management of suicidal behaviors to be developmentally informed.

The purpose of the proposed workshop is to provide clinicians an opportunity to acquire knowledge, examine attitudes, and develop skills needed for assessment and immediate management of suicide risk in adults of all ages. Information presented will be based on the most current empirical literature. Material presented will be most relevant to work with clients on an outpatient basis.

Profile On…Reflections on an Aging Odyssey: From PTSD to DBS

Lee Hyer, Ph.D.

Editor's Note: In this edition of the "Profile On" we are pleased to feature Dr. Lee Hyer, the recipient of the Society of Geropsychology's 2007 Distinguished Clinical Mentorship Award.

*I*t is with gratitude and pride that I recreate my odyssey leading to and meandering in a career in aging. As is true of all epics, I will leave out many "mediators" and not a few main effects relative to my professional life. In this effort I stress my interests and biases. First, I will outline my career course. Given my age and the evolution of our profession, this is a course that is neither possible for others, nor recommended. Hopefully this will embolden future geropsychologists; hopefully too, my memory lapses do not subvert my good intentions.

When asked to pay tribute to the people in his life, Daniel Kahneman in his recent talk at APA noted he "most appreciated luck." Me too. I am a Jersey boy who went to a Jesuit college to have his beliefs stamped and his life course simplified. Neither happened. Graduate school had me in an experimental psychology program doing over-learned reversal effect and transposition experiments. I was filled with regret about restrictions set in science for the sake of internal validity. In the background, Vietnam was raging and I was commissioned, not necessarily a good combination. This particular restriction mandated that I not leave Lehigh, or the army would see fit to pull my delay and I would be a captain in a real war. I saw the logic of remaining at Lehigh and met Ted Millon and felt that my luck had turned. Lehigh was a good experience. But, there was as yet no aging studies, ideas, or interests.

Well, the army also was not going to open up aging vistas in the late 60's and early 70's. But I made it through, did more clinical training in the army, a post doc at the VA in clinical psychology, and was at home again in New Jersey.

Aging was a glint in my eye as I discovered many veterans were actually older. Due to research on milieu variables in psychiatric units, I went to a VA in Georgia and the Medical College of Georgia. This turned out to be a great move as I found my way to Duke and the Center for Aging and Human Development for another postdoc, this an extended one. Ultimately, I returned to Georgia. I was now a geropsychologist who dealt with trauma – two topics that were winners in the VA. I also obtained an ABPP in the early 80's where my "aging" patient for review was 45!

During my stint at the Georgia VA and MCG we trained over 70 psychology interns, many in geropsycholgy. I did this for many years, "early retiring" to RWJ-UMDNJ. Directing the RWJ internship program for a period, having a geropsychology training grant, being in a setting where there were geriatric psychiatry and geriatric fellowships, and teaching at Rutgers and the VA, were fruitful, even magic moments. We thrived. Eventually, the pull from Georgia was too strong and I settled in Macon at Mercer School of Medicine and the Georgia Neurosurgical Institute. Now I see older folks – aneurysms, mTBI, vascular insults, PD, dementia, and DBS/VNS/SCS. Neurosurgeons love acronyms.

Along the way, I organized my luck well. I had great mentors and colleagues. After Ted Millon where I learned that there is no better model to understand human behavior than a personality-driven one, I was exposed to the Adler children at the Adler Institute in New York. "Everything could also be otherwise" was a key mantra. The Duke influence was compelling: Ilene Siegler taught me the importance of the lifespan models and heterogeneity in aging; Dan Blazer suggested that the patient's plea is always greater than the need for DSM harmony; Al Wanger and Adrian Vervoert articulated the importance of the patient and good clinical listening; and George Maddox pontificated on the power of knowledge in heuristic models of integrated care. John Nesselroade also served as a quiet mentor on the value of careful design and a healthy suspicion of main effects. I was set to be a better participant learner with colleagues.

A partial listing of the unwitting colleagues whom I borrowed excessively from include: Earl Freed, Pat Boudweyns, Jeff Brandsma, Ray Rosen, Bill Reichman, Paul Lehrer, Stan Messer, Terry Wilson, Elaine and Howard Leventhal, and Lenny Poon. These were gentle people who influenced others (me) more than they could ever know. In the last analysis it was most evident that these professionals were good teachers because they themselves were both good listeners and good students. They never forget the importance of this. And of course, there were students, the many delightful irritants that made all of us better.

So I started out believing that getting old was reasonably unknown, not a medically expensive state, and filled with facts that represented partial truths. The 70's were puzzling days in mental health: pseudo-dementia was prevalent; the "doctor" was in control; all dementias were alike; caregivers, no there were no caregivers; preventive medicine was neither practical nor fostered; medical care was reasonably simple and cheap. Over the years the world has changed: dementias are variable, indeed exciting; depression at late life has several phenotypes; anxiety at late life is both excessive and influencial; caregiving is now a currency in interventions; a clinical response to medications are only as effective as the person or the environment allows; and medical care is prohibitive and often wanting.

While there may be little security in current understandings, there are reasonable projections. From "within," I believe that psychology is now ready for a focus that is more essentialist than nominalist. We need to know better the through-put of our constructs so that we can argue for the interactive effects of our interventions, as well as the need for our assessments. In this context we need to appreciate the new biomarkers. This includes the "acronym world" of scans, genetics, and proteomic mysteries. The noise in these markers is still deafening but the signal is persuasive, even if premature. Additionally, we need to be steeped in empirically supported treatment /assessments/you name it. In the 21st Century, any comment made by a psychologist requires nomothetic data and idiographic case-based professional input. In this context we need also to worship at the altar of the diathesis model. We know only that one variable temporally sets the platform for another, and another, and another, only unfolding as a function of set circumstances. Finally, we need to carefully use assessments, but use them, so that we can more validly corroborate or upset our conclusions.

From "without" we need direction also. There is a lot happening out there in aging and we can only reach it with a specific focus and an interdisciplinary bias. We need to become what Peter Drucker calls a "knowledge worker," one who knows his/her craft and can meaningfully interact and cooperate with others. There is always the essential tension between personal expertise and interdisciplinary skill. On the one hand, psychologists should become an expert somewhere, and, on the other, diversify. This includes membership in AAGP/Neurology/ Nursing/AMDA and other professional organizations. This allows us as a profession to best know what Norm Anderson labels as "the next thing," so that we can validate our interests and segue to next idea. In this context too, we need to use, or at least be familiar with, QALYs, or some equivalent, as this is the metric of the future. And last, the savvy geropsycholgist needs also to become friendly with grants.gov.

Unfortunately, the subject of the geropsychology is one where ultimately there is failure: Pathology eventually wins. Our challenge is to initiate a meaningful delay. This is best done by an interest in the three foci of change; knowledge of biomarkers, preventive behaviors, and the facilitation of brain and psychological health for patients and caregivers. Brain health is best construed as the fostering of cognitive vitality and understanding brain reserve; psychological health is best construed as good life habits including the most important, a positive attitude toward living and handled negative beliefs. Biomarkers will make the difference that makes a difference as we can extend life, delay/prevent neuro-degeneration, and enhance quality of life. Geropsychologists also are best who are current on research, having a good working knowledge of the operative ideas in play.

- Continued on Page 18-

Eye on Education and Training: Education Task Force Update

Erin Emery, Ph.D.
Education Task Force Chair

*I*n an effort to assess geropsychology training opportunities internationally, the 12/II Education Task Force, in conjunction with Candace Konnert from the University of Calgary and Nancy Panchana from the University of Queensland, conducted a survey of graduate programs and internships in the U.S., Canada, and Australia.

Comparison data from these countries were presented at the Gerontological Society of America conference in San Francisco in November. There was a vast difference in response rate (18% U.S., 70% Australia, 92% Canada), in part due to the shear number of programs in the US versus other countries. The level of interest in geropsychology across countries was shockingly low given the burgeoning population of older adults. U.S. and Canadian programs offer more geropsychology courses and internship rotations than Australia, but all are very limited. Reasons given for the small number of geropsychology training opportunities in the programs that responded included a lack of geropsychology faculty and no means to recruit them, a curriculum that was too tight to include additional courses, and limited access to a geropsychology population. The influence of national culture and the educational climate of each country on the differences in geropsychology training were discussed.

Also included in the symposium were Michele Karel, who presented on the US perspective of geropsychology training related to the Pike's Peak model, and Ken Laidlaw from the University of Edinburgh, who discussed the view of geropsychology from the UK (an aspiration for us, as geropsychology training is mandatory there!). Many thanks to all who participated in this survey, including Barry Edelstein, who developed the idea and Erin Woodhead who was instrumental in data collection and analysis! We plan to submit the symposium for publication soon.

Editor's Note: Thoughts on Gratitude for the New Year

Karyn Skultety, Ph.D.

*A*s I look around my office, I can't help but notice (and in the late afternoons dive into) the growing pile of candy and baked goods brought to me by older patients and families to say thank you and happy holidays. While these gifts (all under $20 dollars for those in the VA concerned about my violating any rules ☺) may not be helping my waistline, they certainly warm my spirits and remind me of how fortunate I feel for the gratitude expressed by my patients. Many providers, even primary care physicians who report difficulties in working with older patients, have reported that older patients are more likely to express appreciation and gratitude than younger patients.[1] I also can not help but believe that the expression of gratitude from patients is a contributing factor to the high level of career satisfaction reported by geriatricians.[2]

I frequently share with students (esp. those I am trying to recruit into geriatrics!) that part of the reason I chose to be a geriatric psychologist is that the patients I work with provide me with perspective on what is important and meaningful in my life. So as the year comes to an end and the candy and cards surround me, I will try to follow the example set for me by the patients I'm fortunate to work with and express my gratitude by sharing some of the lessons they are teaching me. It's impossible to capture them well, but here are a few of the important messages from which I have benefited:

1) Your relationships with the people you care about will ultimately be more important than your relationship with your work.
2) One good and true friend is often all you need.
3) You will need help from others. Learn to ask for it, accept it, and say thank you along the way.
4) A sense of humor and a bit of a stubborn streak go along way…esp. when coping with a pesky geropsychologist.

[1]Adams, W.L., McIlvain, H.E., Lacy, N.L., Magsi, H., Crabtree, B.F., Yenny, S.K., et al. (2002). Primary care for elderly people: Why do doctors find it so hard? Gerontologist, 42, 835-842.
[2]Leigh, J.P., Kravitz, R.L., Schembri, M., Samuels, S.J., & Mobley, S. (2002). Physician career satisfaction across specialties. Archives of Internal Medicine, 162, 1577-1584.

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