Clinical Geropsychology News

Society of Clinical Geropsychology

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Please contact Sherry Beaudreau at sherry.beaudreau@gmail.com or Brian Yochim at byochim@uccs.edu if you wish to comment on the contents of this Newsletter.

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

President's Column

Jon Rose, Ph.D.

This is an exciting time for Geropsychology and much of the credit is due to APA and The Society of Clinical Geropsychology in particular. Access to care remains a challenge for many older adults, but the situation was far worse just about 20 years ago when Medicare did not cover services provided by a psychologist. Through our participation in APA's Interdivisional Health Care Division and the Committee on Aging, our Society, along with APA's Practice Directorate is gaining a seat at the table at a time when coverage and payment rates are being discussed.

Donna-Raisin-Waters' work with our Public Policy committee has also made a difference in improving

access to care. (This exciting committee needs more volunteers!) Medicare coverage has attracted some psychologists to geriatrics, but it remains difficult in most areas to find qualified providers.

One challenge we have as a professional society is to help practicing licensed psychologists gain expertise in Geropsychology. Many of us have joined the Council of Professional Geropsychology Training Programs (CPGTP). That group recently released the *Pikes Peak Geropsychology Knowledge and Skill Assessment Tool*, written by Michele J. Karel (Chair), Jeannette Berman, Jeremy Doughan, Erin E. Emery, Victor Molinari, Sarah Stoner, Yvette N. Tazeau, Susan K. Whitbourne, Janet Yang, and Richard Zweig. The tool will allow psychologists at all levels of training to assess their (or their trainee's) current strengths and areas for further growth in Geropsychology.

Our Continuing Education Committee, chaired by Doug Lane, has contracted to give our members access to discounted CE offerings through the Members Only section of our website. Our Section and Division 20 will also co-sponsor a continuing education offering at the APA convention in Toronto this August. CPGTP identified a need for experienced Geropsychologists willing to supervise licensed psychologists who want to expand their practices to work with older adults. I would like to see our members become active in this role. There is a terrible provider shortage, even in places like the San Francisco Bay Area that are home to specialty internship and postdoctoral training programs. It is not realistic to expect working licensed psychologists to enroll in year-long specialty training programs. I myself arranged private supervision after the conclusion of my formal training in order to gain experience with an additional psychotherapy approach. This was a wonderful experience that led to a lasting friendship with my private practice supervisor. Individual training agreements can be crafted to suit each situation.

As President, my primary goal for this year is to assist Laura Phillips in improving our website. We are working to create a system that allows each officer and committee to update their own information, so that the website can become current without a paid webmaster. Having timely information on the website will make it easier for members to get more involved with our initiatives in access to care and training, as well as make it easier to contact each other, get updates on funding, conferences, etc., and renew membership. It will be a great place to list members who are willing to provide advanced training.

Our Society is strong and effective due to the hard work of many members. I'd like to see many more of you become actively involved. Please contact me about joining a committee, providing supervision, or other ways you can contribute! Share your own ideas about anything else we could be doing to promote Geropsychology and support our members.

APA Office on Aging and Committee on Aging (CONA) Update

Deborah DiGilio, Director, APA Office on Aging

CONA welcomes its two newest members, Patricia A. Areán, from the University of California at San Francisco and Sara Honn Qualls, from the University of Colorado at Colorado Springs. They join current CONA members, Merla Arnold (Chair), Dolores Gallagher Thompson, Lee Hyer and Chandra Mehrotra.

The Integrated Healthcare for an Aging Population (IHAP) Initiative continues efforts begun during the presidency of Sharon Stephens Brehm. This past year, three fact sheets based on *Blueprint for Change: Achieving Integrated Health Care for an Aging Population* were developed. One for policy makers makes clear psychologists' involvement and contributions to this expanding model of care are necessary. A second, for graduate psychology faculty and training directors, provides guidance on how to shape and develop careers that would emphasize care in integrated settings. The third for

older adults and their families shares information and skills on how to improve coordination of their care.

In response to an article in the March *Monitor on Psychology* on The ABA/APA Assessment of Capacity in Older Adults Working Group's third handbook, *Assessment of Older Adults with Diminished Capacity: A Handbook for Psychologists*, we are busily filling requests for copies. Members of the ABA/APA Working Group are: Barry Edelstein, Peter Lichtenberg, Daniel Marson, Jennifer Moye, David Powers, Charles Sabatino, Aida Saldivar, Erica Wood, and Stacey Wood. Stacey Wood and Jennifer Moye are the editors of this handbook.

APA continues its efforts as a member of the Eldercare Workforce Alliance that was convened after the release of the IOM Report, *Retooling for an Aging America: Building the Health Care Workforce.* Since July 2008, Deborah DiGilio (Public Interest Directorate), Diane Elmore, PhD (Public Interest Government Relations Office) and Catherine Grus, PhD, (Education Directorate) have represented APA at the meetings of the Alliance. APA hosted the February meeting of the Alliance at its headquarters. More information is available at: http://www.eldercareworkforce.org/

Once again this year, the Committee on Aging and APA Office on Continuing Education will sponsor an all-day, APA preconvention continuing education workshop "What Psychologists Should Know about Working with Older Adults." This year the workshop will on Wednesday, August 5th. Presenters are: Merla Arnold, Leon Hyer, Peter Lichtenberg and Margaret Norris.
In a very exciting development, last year's workshop was recorded and will become an on-line CE offering within the APA Online Academy. Look for its announcement in the April *Monitor*.

We are also looking forward to APA President-Elect, Carol Goodheart's Presidential Initiative on Caregiving. It has a life-span focus and older adult issues will be well represented. I will staff this new Task Force.

In closing, I want to note that we have copies of all of the above mentioned materials that we would love for you to distribute. You can view them on the Office on Aging website, www.apa.org/pi/aging and if you would like to distribute them to colleagues or students, we can provide copies. The one constraint we have is shipping costs. However, if you can pay the postage, we can send the materials. Please contact Susie Hwang, Office on Aging Administrative Coordinator at shwang@apa.org if you would like to receive materials.

Consider This: Cultural Transformation in VA Long Term Care Facilities

Douglas W. Lane, Ph.D., ABPP

In our VA long term care facilities nationwide, now called Community Living Centers (CLCs), we are undergoing a major change in our overall model of care. We are moving from an "institutional" model to an "individualized" model. This initiative is called "Cultural Transformation" (CT) and is derived from the well-known Eden Principles (The Eden Network). These principles have been demonstrated to facilitate better resident care and improved staff satisfaction. They are also in accordance with modern standards and guidelines (e.g. JCAHO). Here at the VA Puget Sound Healthcare System, as at all VA facilities, CT is a multi-disciplinary, multi-level effort, guided by our established local steering committee consisting of staff, residents, and family members, and facilitated by administrative and clinical support at both the regional level and national level. In other words, it is a large initiative that relies on the persistent, patient efforts of everyone - staff, management, residents, and families – to evaluate and refine our overall values and specific practices so that we create a more humane, resident centered environment in our CLCs.

The core of CT is formed around revised philosophies of care. It is fundamentally about challenging the thinking behind how we do our

work, asking why we do it that way, and questioning if a different way would be better, for the resident and therefore for staff. It begins with the simple questions "Would I want to live where I work?", and "If I lived here, what changes would I make so that it felt more dignified?" Rather than viewing the extended care facility as simply another ward within the hospital, in a culturally transformed organization the facility is understood to be a residence, where residents in need of extended, palliative, or hospice care receive the very best medical assistance, in an environment that is homelike.

As specific examples, some differences between an institutional model of care and an individualized model of care are listed below:

Institutional
Facility provides "treatment"
Facility sets routine
Staff makes decisions for residents
Staff floats
Activity is structured by staff
"Stovepipe" organization
Facility belongs to staff
Residents known by diagnosis or case

Individualized
Facility provides overall/whole person care
Residents have more input into their own routine
Residents have more autonomy
Staff has regular resident assignments
Flexible activity schedule
Emphasis on care team
Facility belongs to residents
Residents known by name

Aside from such philosophies and practices of care, in its most concrete form CT involves creating a homelike physical environment. Here, we are preparing to move into a brand new building that will incorporate many of these principles. Examples include comfortable color schemes and décor, personalization of the residents' rooms, and redesigning the nurses' stations so as to invite interaction between staff and residents. Rather than being designed like a ward, the facility is divided into "neighborhoods". Each neighborhood will be self-sufficient with its own staff members to assist residents. Resident room doors will resemble the outside door of your home, perhaps with a mail holder, picture, or personal item on the door if the resident prefers. Families, children, and outside community members will be encouraged to visit neighborhoods and interact with the residents.

In addition, as we all know meals are significant times for social activity for people in general. CT therefore also involves refining the dining experience so as to normalize it. For instance, here we have a "U-Select Menu" program that allows residents to make choices from a menu. Bibs are not dignified and so use of these is avoided in favor of using "shirt savers" and cloth napkins instead. Food is eaten on a placemat or table cloth on a table with a centerpiece, and not on a tray. As in our own homes and kitchens, we try to increase the accessibility of food so that it is available 24 hours/day. We also offer multiple seatings for meals to accommodate resident schedules. As an additional idea, we hope to have all disciplines assisting in serving at meals, including, physicians, our psychologist (me), nurses, social workers, recreational therapists, etc.

For staff, CT means creating an environment that supports team interaction and relationship development. A special focus for support is placed on the CNAs and other front line care providers. CT emphasizes creating an environment that enhances communication and encourages staff to take ownership in decision making. Staff members are accountable to each other. It also actively supports in-house and out-of-house continued education and professional development for staff. Staff members are encouraged to contribute to resident activities and engage with residents at times other than during direct care provision, to be creative and proactive. For example, one of our social workers currently is developing a community garden project for our residents and staff to enjoy.

As with any system of principles, those of CT have to be balanced with other established systems for sound medical care. But anecdotally (so far), I have found that the CT principles are more often in agreement with other sets of standards than in conflict. It is quite a challenge, and we have certainly encountered difficulties. But, nothing

worthwhile ever comes easily. We are in the early stages of this work, but building momentum as we go along.

Selected Resources:
The Eden Network @ www.edenalt.org
The National Citizen's Coalition for ***Nursing Home*** Reform @ www.nccnhr.org
The Pioneer Network @ www.pioneernetwork.net

The Student Voice

Shannon Foster, MA
Student Representative

Greetings from Colorado! For those of you who don't know, I am your new junior student representative. I am currently in my 5th year of the clinical psychology, doctoral program at the University of Colorado at Colorado Springs (UCCS) and just recently received the very happy news that next year I will be completing my internship within the VA Maryland Healthcare System.

My passion is for early detection of dementia and helping individuals affected by dementia (patients and caregivers, alike) function optimally. Like many others, I came to this field through a personal experience. My grandfather was diagnosed with probable Alzheimer's disease about 10 years ago. Hoping to make his experience meaningful, he and my grandmother (his primary caregiver) volunteered to participate in a research study. As I watched them struggle to cope with the uncertainty that is the disease process, I was awed by the positive impact that their involvement in the research study had on them. It was through their experience that I discovered the fields of geropsychology and neuropsychology and found my niche! I felt that if I could help one family in the way that the researchers at UC Davis helped my grandparents, then I would have succeeded in life. Perhaps serendipitously, UCCS was inviting applications for their first doctoral class the year that I made the decision to apply for graduate programs. Given my interests in geropsychology and neuropsychology, UCCS (with its curricular and clinical emphases in geropsychology) was an ideal fit for my professional interests and training needs. Fortunately for me, the faculty at UCCS agreed and invited me to join their inaugural class in 2004. As a student, I have been able to work clinically with older adults and caregivers of older adults and use electrophysiological and neuropsychological research methods to explore normal and abnormal cognitive aging processes. Overall, my experience has been a rich and rewarding one and I am looking forward to the new opportunities that await me on internship!

One of the things I love best about the field of geropsychology is that it seems to be composed of individuals who consider it an honor to work in this field and who regard each other as family. At conferences I am always amazed at how generous the leaders in our field are with their time and how supportive they are of student development. Those on the 12-II board are some specific examples and I am excited to have the opportunity to work with them in the coming years. This year, Sarah Yarry and I will be working to help students optimize their experience in 12-II. We have recently created a Facebook group (Clinical Geropsychology Student Group) that we hope students will use to communicate with each other and with us about the division and geropsychology in general. We are also in the process of planning a symposium and hopefully a mentoring breakfast for GSA … stay tuned for details! As always we invite and welcome any suggestions you may have. Please don't hesitate to contact us.

Sarah Yarry: sjy@case.edu
Shannon Foster: sfoster2@uccs.edu
Facebook group:
http://www.facebook.com/group.php?gid=53793187809

Public Policy Update

Donna Rasin-Waters, PhD
Co Chair, 12-2 Public Policy Committee

Health Care Reform

Geropsychology has much to offer as the national discussion on health care reform is underway on Capitol Hill and in the media. We are particularly well positioned to offer our clinical and research expertise about how costly and inefficient a fragmented health care system is for older persons and their families. Given that Congress is focusing on mechanisms to control mounting health care costs, discussions about the essential role that psychologists play in prevention, health promotion, and wellness will become increasingly vital. As psychologists, we fully understand and experience how appropriate assessment, management and treatment of mental and behavioral health issues defray costly medical workups, help patients adhere to treatment and assist family members with self-care. Now we must advocate for our patients by ensuring that the issues near and dear to us are included in any and all of the health care reform proposals put forth. The APA *Blueprint for Change: Achieving Integrated Health Care for an Aging Population,* can serve as an excellent resource to help us advocate for a fully integrated system of health care that includes both physical and mental health.

Please consider becoming involved by sharing your expertise with policymakers or writing an Op-Ed article for local and national media outlets. If you plan to visit with members of Congress, consider taking along a copy of the APA *Blueprint for Change* and present it to your Senator, Representative or their staff at the end of your discussion. To learn more about how you can effectively utilize your expertise to inform and influence the ongoing policy debate, please contact Dr. Diane Elmore, Senior Legislative and Federal Affairs Officer in the PI Government Relations Office at delmore@apa.org.

The Society of Clinical Geropsychology Public Policy Committee is in need of members committed to working on these issues. Now is the time! Please contact me if you are interested in joining.

Dr. Rasin-Waters can be contacted at drrasinwaters@aol.com.

For more information on the APA *Blueprint for Change: Achieving Integrated Health Care for an Aging Population,* please contact Deborah DiGilio, MPH, Director of the APA Office on Aging at ddigilio@apa.org or visit http://www.apa.org/pi/aging/blueprint_report.pdf

Treasurer's Report

Rick Zweig, Ph.D., Treasurer

From December 2007 through February 2009 we collected $4655 in dues and contributions, toward our budgeted goal of $5800 for the year. We anticipate a $400 grant from APA Division 12, but will likely see a shortfall in income from our Section's money market fund due to sharp drops in interest rates in such funds. The Section has also been notified that our fee for online credit transactions will increase from 1% to 1.5%, which will be reflected in slightly lower revenue from membership web payments. However, we may partly offset these losses in revenue in the current year as several members are taking advantage of the opportunity for a 3-year membership payment.

Through February 2008 our expenses have totaled $1020, which has included conference expenses to send our representative to the Interdivisional Healthcare Committee meeting in February 2009, as well as organizational fees. We have anticipated some significant expenses in our budget for the upcoming year (consultants and software to upgrade our website, as well as the usual expenses) but remain in a solid financial position, as we have $17,256 in our money market fund and $5767 in our Section's checking account. Given our fiscally conservative stance in recent years and accumulated savings, we remain financially secure, even if we were to experience an unexpected disruption in income.

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 our section when renewing their membership:

Susan Cooley
Mitzi Dearborn
Paul Duberstein
Rocco Marino
Suzanne Meeks
Victor Molinari
Kent Nabers
Jerry Nims
Margaret Norris
Jon Rose
Christina Sadak
Michael Salamon
Daniel Segal
Larry Thompson

Membership Update

Ann Pearman, Ph.D.

Attention Division 12/2 Members:

We are now well into 2009 and a little low on our numbers. Please renew your membership if you haven't already!

For renewal forms, please go to: http://geropsych.org/membership.html or email me at geropsychology@yahoo.com. If you are not sure if you have renewed yet, please contact me directly.

The dues for this year are the same as 2008:

$25 for members
$10 for students
Free for emeritus faculty

AND, we also have a new option of 3-year memberships!

Benefits of Membership include:

- Subscription to the Clinical Geropsychology News (3x/year) and access to the Listserv
- Access to the Members Only section of the website
- An opportunity to become a Media Volunteer for the section's public education media campaign.
- Regular updates from the Public Policy Committee on Science Advocacy and Medicare Regulations
- Periodic updates on evidence-based treatment models for geropsychology practice
- Partnerships with APA's Division 20 (Adult Development and Aging),Committee on Aging, PTLC (Psychologists in Long Term Care), Interdivisional Healthcare Committee of APA as well as individual leaders in the field of geropsychology
- Geropsychology events at both APA and GSA.

Announcements:

Call for Clinical Mentorship and Student Paper Nominations

The Society of Clinical Geropsychology is seeking nominations for the following awards:

Clinical Mentorship Award: The purpose of this award is to recognize a clinical geropsychologist who has been an exemplary clinical supervisor of psychology graduate students, interns, and/or post doctoral fellows who provide services to older adults. More generally, the nominee may have served in a mentoring role for trainees at all levels. Nominations can be made by members and student members of the Society. Nominations should be accompanied by letters from at least three current or former supervisees.

Geropsychology Student Paper Award.
This award is for exemplary student research papers. The student must be the first or primary author on the paper. If there are co-authors, the paper should be accompanied by a letter from the mentor stipulating that the work was primarily the student's. $250 will be awarded to the winner.

Deadline for Submission is June 1, 2009. Submit materials as email attachments, preferably in pdf format, to Suzanne Meeks: smeeks@louisville.edu.

Call for Executive Board Nominations

The Society of Clinical Geropsychology is seeking nominations for energetic, dedicated individuals for the offices of President-Elect to the Society's Board of Directors. Please send self nominations or your nominations of others to Suzanne Meeks at smeeks@louisville.edu . Please indicate nomination in the subject line. ***The deadline for receipt of nominations is May 15th 2009.***

The President-Elect is a Divisional or Affiliate Member of the Section elected for a three-year term on the Executive Board, serving first as President-Elect, then as President, then as Past President. The President-Elect serves as the Program Chair for the APA annual convention. The President serves for one year and presides at all meetings. The Past President is responsible for Nominations and Elections. Individuals may serve only one term as President.

National Geropsychology Conference

Upcoming conference on **Integrated Health Care with Older Adults**! The integrated care initiatives within the APA, including the recent *Blueprint for Integrated Care* that was produced by the Committee on Aging, stress that the future of mental health care will open more and more opportunities for psychologists to work within integrated care teams. This conference is designed to help clinicians prepare to work in teams that exist or in teams they create within primary care, long term care, housing, and social services settings. Speakers include Deborah King, Susan McDaniel, Erin Emery, and Frank DeGruy. The focus is on practical clinical guidance. Sponsor: Gerontology Center, University of Colorado at Colorado Springs. Dates: June 18-21. Visit www.uccs.edu/geropsy for more information.

Council of Professional Geropsychology Training Programs

The Council of Professional Geropsychology Training Programs (COPGTP) is working diligently to create a "one stop shop" for information about diverse training opportunities in clinical geropsychology, including CE opportunities, conferences, workshops, webinars, etc. The information will be posted on the Council website, http://www.uccs.edu/~cpgtp/, and we will update the site regularly as new opportunities develop. We are asking for your help and cooperation. If you are aware of current or future training opportunities that you would like listed on the website, please send the information to Annie Mueller at the University of Colorado at Colorado Springs at AMuelle2@uccs.edu. We hope you find this site a valuable resource and we welcome your ideas for how to improve it. Thank you in advance for your contribution!

Quote Unquote

A New Section Brought to You by Your 12/II Newsletter Co-Editors

"He would've been gone at 85 if he had retired. He comes here every day, and it makes him feel like he's a part of the place."

--Bill Horst during an interview about his father, Eddie. Eddie recently turned 100 and has worked for his family owned company, Globe Publishing in South St. Paul, Minnesota since the 1950s.

If you have an aging related quote you would like to share, please contact Sherry Beaudreau at sherry.beaudreau@gmail.com or Brian Yochim at byochim@uccs.edu

Profile On: Margaret Gatz, Ph.D.

Professor and Chair
Clinical Aging Coordinator
Department of Psychology,
Professor, Leonard Davis School of Gerontology & the Department of Preventive Medicine
University of Southern California

M. Powell Lawton Award Address for Distinguished Contributions to Clinical Geropsychology

Introduction by Suzanne Meeks, Ph.D.

Professor Gatz is an outstanding scientist who has made numerous, truly exceptional contributions to Clinical Geropsychology through her research, training, professional service, and advocacy. Perhaps more than any other individual, Professor Gatz has contributed to the integration of lifespan developmental psychology and clinical psychology through her research, training, and service.

Professor Gatz's research contributions span behavior genetics, emotion, perceived control, mental health, and dementia, reflecting her very broad perspective on the field. Her dedication to the training and education of students is well known to many of us and is reflected in her receipt of various teaching awards, the Distinguished Mentorship Award from the Gerontological Society of America, and the Master Mentor Award from the Retirement Research foundation and Division 20 APA. She has a well-deserved international reputation for training teachers and researchers, and is model mentor for us all.

Over the years Professor Gatz has received numerous other awards that reflect her many achievements and contributions across a multitude of professional domains and are too numerous to mention. Here are but a few. She was a founding member of the APA Committee on Aging, and a founding member of the Society for Clinical Psychology (APA Division 12, Section 2. She served as Associate Editor of the APA journal *Psychology and Aging*, and has served on the editorial board of numerous other journals. She has been a contributor to and an associate editor of the influential Handbook of the Psychology of Aging. Professor Gatz was an Issue Expert for the 1995 White House Conference on Aging and has contributed in various capacities to several task forces and training conferences over the past 30 years. She also served on the Committee on a Research Agenda for the Social Psychology of Aging for the National Academy of Sciences. Some of her other awards include the Raubenheimer award from the University of Southern California, the Research Award from the Alzheimer's Association, the Award for the Advancement of Psychology and Aging from the APA Committee on Aging, the Distinguished Research Achievement Award from Division 20 of the APA, and the Kent Award of The Gerontological Society of America for exemplifying the highest standards for professional leadership in gerontology through teaching, service, and interpretation of gerontology to the larger society.

In summary, Professor Gatz is an outstanding clinical geropsychologist whose multifaceted contributions to the field are extraordinary in their scope, quantity, and impact.

Award Address by Margaret Gatz, PhD

"Change, Choice, and Context"
M. Powell Lawton Address

Over a decade ago, James Birren approached me about contributing a chapter to a book that he was editing in which he planned to tell the history of geropsychology through a collection of autobiographies. That chapter was one of the hardest things that I have ever written. After intense struggles, I finished writing something that

I felt that I could give to Jim Birren, and I named it "A Case of Chance and Choice." In that same volume is an autobiography contributed by M. Powell Lawton. When I saw Powell Lawton at the GSA meeting right after the book had been completed, he complimented me on the excellent title of my chapter. He had named his chapter "Chance and Choice Make a Good Life." Today I have added "context" to "chance" and "choice", because context is such a key theme in Lawton's theoretical approach. In this talk, I use Lawton's chapter in the book of autobiographies to discuss three important ideas from his work, and to build on these ideas by describing work from my own and other labs. These three ideas are the ecological theory of adaptive aging, the two-factor theory of psychological wellbeing, and the mutual relationship between clinical psychology and gerontology. As he describes these ideas in his autobiography, it is clear that Powell Lawton's interest in each reflects some combination of chance, choice, and context.

Ecological Theory of Adaptive Aging

Powell Lawton had worked as a clinical psychologist in various clinics and mental hospitals when the opportunity came to establish a research component at the Philadelphia Geriatric Center. His first task was studying a new congregate housing program and a new program for the care of chronic brain syndrome patients. This assignment led him to consider the interaction of person and environment and in 1973 to propose along with colleague Lu Nahemow an ecological model of adaptive aging, which they presented as a figure in that chapter (Lawton & Nahemow, 1973).

The person was characterized as a collection of competencies. The environment was characterized by demandingness or "press". Positive outcomes follow from a match of competence and press. Negative or maladaptive outcomes follow from a mismatch—either an environment that is too demanding or too lacking in compensatory resources, or an environment that is not sufficiently stimulating for a person's competencies. Notably, those with the lowest competence are most affected by differences in environmental press; those with the highest competencies can function well in a wider range of environmental conditions. Another feature of the figure is that negative outcomes are more likely with excessively strong than with excessively weak environmental press.

A key implication of this model is that intervention can focus either on building competencies or on adjusting press. Moreover, because the proportion of behavior attributable to environmental causes increases as competence of the individual decreases, environmental interventions become quite important.

Lawton was particularly interested in the part of the model where the environment was not sufficiently stimulating to match the level of competency. As he pointed out, "it is possible to discourage independent behavior in the name of service to the elderly." The model shows that it is also possible to make someone more dependent and less able to exercise competence through failure to provide environmental assistance—no reading glasses, no handrails in the bathroom, no public transportation, no curb cuts.

I want to comment on the applicability of this model to conceptualizing depression. Amy Fiske, Julie Wetherell, and I have been writing a review of late life depression. Consider that negative affect and maladaptive behavior can sometimes qualify as clinical depression. The implication of the model is that when competence is low—for example, due to cognitive changes and medical illness that limit ability to participate in activities—then it takes less press—with the press reflecting stressful life events—to push an individual over the threshold into depression.

The implication for intervention is for the therapist to take into account the person's level of competence. For someone with compromised competence, in the community or in an institutional setting, it might be necessary for the treatment to include assistance with resources to address practical problems. Such a therapeutic model has been studied by Areán, Gallagher-Thompson, and colleagues (2005) in which they combined cognitive-behavioral group therapy with clinical case management. Similarly there are implications for practice in institutional settings.

Two-Factor Theory of Wellbeing

Wellbeing is among the outcomes of

person-environment transactions. In 1984, Lawton developed a theory and presented data to support differentiating two factors whose hallmark components were negative affect and positive affect. He was intrigued that positive and negative emotions, although sometimes opposite poles on a single continuum, often were uncorrelated. Variables that predicted negative affect included psychological and physiological symptoms and functional health, whereas variables that predicted positive affect included satisfaction with the different sectors of one's life such as social support and time use. Based on this finding, Lawton suggested that increasing engagement with people, activities, or environments might be a way to promote positive aging. Importantly, he considered engagement to be an attitude more than a matter of just keeping busy.

I want now to share some examples of work that builds on the two-factor theory of wellbeing. I have been fortunate to work with Vern Bengtson who initiated the Longitudinal Study of Generations (LSOG). Beginning in 1971, LSOG has followed multiple generations longitudinally, originally three generations from each family but with a fourth generation added in 1991. One of the measures in the mailed surveys was Bradburn's Affect-Balance Scale, a list of five positive and five negative affects to which respondents answer yes or no according to whether they had felt that way recently, e.g., "pleased about having accomplished something" or "particularly excited or interested in something" or "lonely or remote from other people" or "upset because someone criticized you."

Laura Baker, Ian Cesa, Claude Mellins and I used one wave of LSOG data in combination with data from a sample of Southern California twins recruited by Laura Baker (Baker et al., 1992). We carried out biometric model fitting based on expectations of correlations derived from closeness of the genetic relationship and degree of shared family environment. For example, the genetic similarity of identical twins was modeled as 1.0, while the genetic similarity of fraternal twins, siblings, and parents and offspring was modeled as 0.5, and the genetic similarity of grandparents and grandchildren was modeled as 0.25.

We found significant genetic influences for negative affect but not for positive affect, but significant common environment for positive affect for parent-offspring pairings and for twins. Thus family similarity is important for both positive and negative affect but the familial influences for negative affect are predominantly genetic while the familial influences for positive affect are predominantly due to environments shared by family members.

Also with LSOG data, Susan Turk Charles, Chandra Reynolds and I were able to use five waves of data spanning 23 years to look at the Bradburn Affect Balance Scale longitudinally and to do age-sequential comparisons (Charles et al., 2001). The age-sequential analyses basically compare those of a given age group in 1971 to those whose average age is similar 20 years later. In this analysis, the oldest generation in 1971 is compared to the middle generation in 1991, the middle generation in 1971 to the younger generation in 1991, and the younger generation in 1971 to the newly added youngest generation.

For negative affect, latent growth model results showed that score level differed with age. There was a consistent score decrease across ages until age 60, when the rate of change slowed. Further, those who scored higher on neuroticism had higher negative affect scores and less drop off in negative affect with age. For positive affect, scores were virtually stable over time, with statistically significant but small decrease in scores in the oldest group.

The age-sequential analyses supported a developmental interpretation of the negative affect scores. On negative affect, when young, middle-aged, and older adults who responded in 1971 were compared with the same-aged adults who responded in 1991, scores were highly similar. For positive affect, young and middle-aged adults were similar across time. However, for men but not for women, the oldest group in 1991 had higher positive affect scores than the oldest group in 1971, suggesting an historical influence.

The Longitudinal Study of Generations also included the Center for Epidemiologic Studies Depression (CES-D) scale. Factor analyses of the CES-D tend to identify two highly correlated negative factors and a factor comprised of four

positive items. The negative factors are depressed mood—with items such as being sad or depressed or crying, and a factor that I call psychomotor retardation—with items capturing loss of interest and somatic indicators of depression. The four positive items—such as being happy and feeling hopeful about the future—are reverse scored when making a total depression scale score; therefore I refer to the factor as a lack of well-being.

Using wave 2 of the LSOG data, Margo Hurwicz and I (1990) found that the positive affect items and the two negative symptom scales behaved differently from one another. Depressed mood and psychomotor retardation showed no overall age differences. In contrast, the positive items showed a strong drop-off in endorsement among older adults, meaning that lack of well-being became an important component of CES-D scores among the oldest age group.

In other studies of the CES-D, we have used two sets of Swedish twin data—the OCTO-Twin study and the Swedish Adoption/Twin Study of Aging. The OCTO-Twin data are comprised of pairs aged 80 and older at baseline. Dee Haynie, working with Steve Zarit, Boo Johansson and others (2001), partitioned the CES-D symptoms into negative (both mood and psychomotor retardation) and positive. She found, similar to the oldest group in LSOG, that lack of well-being, not negative affect, was the biggest contributor to overall CES-D scores across 3 waves of measurement. Furthermore, consistent with the earliest results from the Bradburn Affect-Balance Scale, poorer health—including subjective health, functional health, and cognitive health—was related to negative symptoms but not to positive symptoms.

The Swedish Adoption/Twin Study of Aging first included the CES-D in its second mailed survey. We used those data to estimate relative contribution of genetic and environmental influences to the different CES-D subscales (Gatz, Pedersen, et al., 1992). Standard twin models were fit based on similarity within the four types of twin pairs, monozygotic twins reared together, monozygotic twins reared apart, dizygotic twins reared together, and dizygotic twins reared apart. In this way it is possible to estimate the relative influences due to additive genetic effects (A), shared rearing environments (S), correlated environments (C), and nonshared or unique environments (E). Of approximately 400 pairs, half were aged 60 and older, and half were younger than 60 years old.

Overall the proportion of variance on the total CES-D that is attributable to genetic differences was 16%. Different components of depressive symptoms appeared to reflect different configurations of the importance of influences, and there were differences between the older and younger groups. Genetic effects played a greater role for older than for younger adult respondents, with genetic factors most influential for symptoms of Psychomotor Retardation in the older twins. For Depressed Mood, shared rearing environment seemed somewhat more important than for other subscales, possibly including life events shared by both siblings. For the positive items, i.e., the Lack of Well-being subscale, the most important influences were nonshared environment, unique life events experience by each individual. This is again consistent with the earliest results from the Bradburn Affect-Balance Scale.

One final line of study where the two-factor theory of well-being has relevance to aging is differential retrieval of positive and negative memories. Juan Pedro Serrano of the University of Castille-La Mancha in Albacete, Spain, tests older adults using the Autobiographical Memory Test from Williams and Broadbent.

On this test, participants are given positive and negative cue words—e.g., "passionate," "hopeful," "unsuccessful," "abandoned"—and asked to describe specific memories cued by each word, that is, events that occurred at a particular time. Serrano, his colleague Latorre, and I (2007) found that older adults show a positivity bias on the Autobiographical Memory Test. In response to positive cues, predominantly positive memories were retrieved. But in response to negative cues, fewer negative memories were retrieved because there was often a failure to retrieve any memory. On average, two out of five negative cue words led to no memory being reported at all.

To summarize about the two-factor theory

of wellbeing, Powell Lawton was one of the earliest to comment on the importance of distinguishing positive and negative affect and their correlates and how each mattered in older individuals. Work in our lab and by many others in the field has built on that idea, including work by Laura Carstensen and her colleagues and expansion into the neuroscience of emotion. Thanks to this theory, we have learned more about how older individuals manage positive and negative emotions and what may differentiate those vulnerable to late life depression.

Clinical Psychology and Gerontology

Powell Lawton's was one of the earliest voices calling for a mutual relationship between clinical psychology and gerontological psychology. His 1970 article in *Aging and Human Development* contains a typically thoughtful analysis of the problem and recommends steps that might be taken toward developing roles for "gerontological clinicians." In the article, Lawton documented the lack of exposure of clinical psychologists to gerontology through an analysis of the gerontological content in major clinical psychology journals (the mode was 1%), rating gerontological coverage in textbooks in clinical psychology (the mode was no allusions found), counting the members of Division 12 who were also members of Division 20 (the answer was 87, constituting 3% of the membership of Division 12, even fewer of whom were actually practitioners). At the same time, Lawton was explicit that the fault was on both sides, pointing to the low proportions of articles on clinical issues that appeared in the *Journal of Gerontology* (6% over a three year period) and the poor coverage of clinical issues in textbooks of gerontology. After this revelation of the almost total absence of information about the practice of gerontological clinical psychology, he wrote "The conclusion seems inescapable that precious few of us are engaged in such practice, otherwise we would talk more about it."

Lawton suggested that two promising venues for creating mutual relationships might be universities that housed graduate training programs in both gerontology and clinical psychology and the Veterans Administration with its large number of older veterans.

Since that article a great deal has happened, and Lawton himself was involved in many of these developments. These are only a few highlights, but the pace is seemingly increasing. In 1977 the book *Geropsychology: A Model of Training and Clinical Service* appeared (W. Doyle Gentry, Editor). 1981 was the Older Boulder Conference. 1983 saw the founding of Psychologists in Long Term Care. In 1986, the Mental Health and Aging Interest Group was begun at the Gerontological Society annual meeting, at the instigation of Powell Lawton. 1986 saw the founding of the journal *Psychology and Aging* with Powell Lawton as its editor. Following the 1992 Older Boulder II conference, in 1993 Section II of Division 12 was approved. In 1997 Clinical Geropsychology recognized as proficiency by the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP). The APA Committee on Aging (CONA) was begun in 1998, with Powell Lawton on the committee that recommended its formation and wrote its mission statement. 2006 saw the Pikes Peak Conference. Appropriately perhaps this is the APA convention at which we are wishing CONA a happy tenth birthday.

Board Meeting Summary

Meeting held via Teleconference, March 30, 2009 Society of Clinical Geropsychology (APA Division 12, Section 2)

Karyn Skultety, PhD
12/II Secretary

The meeting was called to order by President Jonathon Rose at 12:35pm PST. In attendance were Jon Rose, Suzanne Meeks, Karyn Skultety, Rick Zweig, Ann Pearman, Brian Yochim, Sherry Beaudreau, Cheryl Shigaki, Douglas Lane, Sarah Yarry, Shannon Foster, David Powers.

Student Representatives- Sarah Yarry and Shannon Foster
Sarah welcomed Shannon as the new student representative, who began her tenure in January 2009. Shannon and Sarah discussed that there is now a Geropsychology Facebook group open to student members, as well as non-members. The group is called "Clinical Geropsychology Student Group" and can be found through Facebook.com. 50 students are currently members of the group. This is a way of students sharing information and planning Society of Geropsychology activities. The Board discussed advantages of having a member join the group, but decided that some students might not be comfortable with this and agreed that the page will be for students only. The Board also discussed the advantages of having a Facebook page for non-student members, but determined that there would not be a value to this beyond the current list-serve. It was agreed to continue to evaluate this over time. Shannon and Sarah also discussed plans for student activities at GSA- including a planned mentoring symposium (planned with mentoring committee), student social hour and a possible mentoring breakfast.

Membership Report- Ann Pearman
Ann reported that 157 (126 regular and 31 student) members have paid their membership dues for this year. She reported that approximately 1/3 of those who have paid are choosing the 3-year dues option. She announced that she will begin to follow up through individual e-mails to those who have not paid. Student representatives agreed to also post a reminder on Facebook for student members who are unpaid. Board members provided other ideas for following up with members and soliciting new members, including sending an e-mail to all Division 12 members.

Treasurer's Report- Rick Zweig
Rick provided overview of current financial status of the society. He reported that from 12/2007 to 2/2009, $4655 in dues and contributions were collected towards goal of $5800 for this year. He also reported that there is revenue from a CE presentation at APA that has not yet been collected of over $600, as well as an anticipated $400 grant from APA Division 12. A likely shortfall in income was expected due to a drop in interest rate for the society money market fund as well as a slight increase in online credit transaction fees (from 1% to 1.5%). Members taking advantage of the three-year membership option will also help to offset revenue losses.

Through February 2009, expenses totaled $1,020, which was due to expenses to send representatives to Interdivisional Healthcare Committee meeting and organizational fees. The Board anticipates significant expenses in next year related to upgrading our website. The Society remains in solid financial position with $17, 256 in money market fund and $5767 in a checking account. Rick reminded all committee chairs to submit expected expenses so they can be reflected in budget projections.

Public Policy Committee- Donna Raisin-Waters
Jon addressed ProfNet issue related to public policy as requested by Donna who was unable to attend the meeting. He reported that the public policy committee is concerned about how to work with the media on getting out stories about geropsychology. He reported the funding for ProfNet has changed. ProfNet is a service that provides media leads and connects media requests to our members. Our ProfNet membership was originally paid by the Section, then Division 12 picked up the tab. In the past year, there were approximately 12 stories published utilizing members of the society. The Board discussed this expense ($550/year) and decided for this year to not renew the funding. It was decided we will work with APA to find media leads, as well as hopefully increase visibility with the website. The Board agreed to review this again in 2010.

Interdivisional Healthcare Committee – Cheryl Shigaki, Ph.D.
Cheryl reported that the IHC held their mid-year meeting in Charleston, SC in January, 2009.

She reported that the majority of this meeting was spent the majority of the meeting working on a document outlining the framework of a "Healthcare

Home" model which integrates psychological services into this model. The original model was developed by physicians from Family, Internal and Pediatric medicine, but did not include psychological services. APA has requested the IHC develop a document to use in legislative efforts to include psychological services into this model as it moves forward. The document was submitted to the practice directorate.

Cheryl also reported that several issues related to H&B billing/neuropsych testing were discussed and that the IHC reported that the APA Practice directorate is actively addressing psychologists need to be able to bill/reimbursed in long-term care and integrated care settings.

Cheryl reported that the IHC will not have a representative attending President Bray's Future of Psychology Summit Meeting as delegated have already been selected. The Board discussed ways to have geropsychology represented at this meeting and emphasized how important this is. The Board discussed whether it would provide funding towards the meeting or instead cover travel expenses for a representative to attend. Further information was needed on if this is possible and President Jon Rose agreed to follow-up.

Continuing Education Committee- Douglas Lane

Doug reported that the joint session sponsored by the Society of Geropsychology and Division 20 submitted for the 2009 APA conference has been accepted. The Board voted unanimously to approve the contract with Div20 to provide this course, which will focus on Cognitive Re-Training. The session will be held the day before the conference begins. Board members stressed the importance of publicizing and having good attendance for this event in order to cover expenses and produce revenue. We also discussed beginning to gather ideas for topics for the 2010 APA conference CE offerings.

Doug also reported that he has negotiated for discounted rates for CE credits for society members through two on-line CE companies: Health Forum On-Line and CO Health. There will be links to these through the society webpage.

Newsletter- Brian Yochim and Sherry Beaudreau

Brian and Sherry reported that they have transitioned successfully into their editorial roles and that the next newsletter will be published in April. They discussed a new section, entitled "Quote/Unquote" which they have developed. Sherry discussed some difficulties with the space that advertisements take up in the electronic version of the newsletter. Large files are difficult for many members to download. Board members discussed ideas to address this issue and Sherry agreed to follow-up with advertisers on ways to compress the files for electronic publication.

Election and Awards- Suzanne Meeks

Suzanne reported that the proposed changes to the by-laws will be submitted as a ballot to the membership in the next month. The changes will make the Awards committee an appointed committee, rather than headed by the Past past-president. The Board hopes this will be a way to involve an early career member. The Board discussed that the committee will then have to be filled to facilitate awards for this year.

Suzanne also reported that there will be an election this year for the position of president-elect of the society. She will begin soliciting for nominations through the list-serve and other avenues. Board members were encouraged to submit possible nominees.

Mentoring Committee – Amy Fiske

Amy reported that the Mentoring Committee has been meeting regularly via conference call. She reported that the committee in conjunction with student representatives is proposing a symposium on mentoring for the 2009 GSA meeting. Organized by committee member Jennifer Zimmerman, the panel will feature presentations by Bob Knight (mentoring graduate students), Michele Karel (internship and postdoctoral training), Peter Lichtenberg (mentoring junior faculty), and Keith

Whitfield (the role of diversity in mentor-mentee relationships). Amy Fiske will be the discussant. She also reported that the Mentoring Committee is currently preparing a proposal for NIH funding for a training institute in geropsychology interventions research for graduate students.

Procedure Manual – Jonathon Rose
Jon announced that it is time for the procedural manual of the society to be reviewed. He reported that he would send the manual to board members and that all changes should be submitted to Karyn Skultety.

Meeting adjourned at 2:00pm PST.

Meeting of the APA Division 12 (Clinical Psychology) Board of Directors
January 30-31, 2009; Washington D.C.

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

The following is an abbreviated summary of selected topics:

1. Pre-Meeting Section Caucus. Section representatives met with *President John Norcross* and *Past President Irving Weiner* to discuss Section issues and concerns. There was discussion about the "Section Showcase" which is to occur during the Division Social Hour at the 2009 Toronto Convention. The purpose of the Showcase is to facilitate integration of students and early career professionals into the Division by offering a venue for presenting their research. Each Section is invited to select one or two awardees to present a poster and receive an award of $100. It was suggested that each Section match the $100 to make a total award of $200 for each presenter.

2. Presidential Updates and Program Committee Announcements. *President John Norcross* opened the meeting, welcomed *President-Elect Marvin Goldfried*, and thanked all Board members for their participation. He announced a number of initiatives and action items based on enhancing outreach to Division members. These included a special Presidential session at the 2009 Toronto Convention entitled "Croissants and Conversation: Breakfast with Division 12 Distinguished Clinical Psychologists." This session will feature 3 or 4 prominent psychologists sitting at tables for personal discussion and interaction with attendees.

3. Program Committee. *President John Norcross* made 2009 program announcements for *Program Chair Barbara Cubic.* Division 12 is partnering with Division 45 in offering the first three hours of the evidence-based practice (EBP) track in James Bray's Convention within a Convention. The Division is also co-sponsoring with Division 32 a presentation featuring "Pammy," the daughter of Gloria who was seen by Perls, Rogers, and Ellis in a classic film series. The 2009 program will include a Festschrift in honor of Dr. Lynn P. Rehm, and allocation of 3 program hours to each Section (2 substantive, 1 non-substantive).

4. Finance Committee Report. *Treasurer David Rudd* reported that the 2008 budget will be closed at the end of this month with a modest surplus despite the consistent decline in membership in the Division and the broader Association. The Division will continue to operate with a conservative approach in anticipation of continuing membership declines, decreased revenue from investments, and other economic challenges. The Board also discussed and supported a recommendation from the newly formed Investment Subcommittee to continue holding Division investments in conservative vehicles such as CDs.

5. Membership Committee. *Incoming Membership Chair Tony Cellucci* reported on declines in Division membership and the Committee's efforts to address this issue by recruiting students and early career professionals. There are also new initiatives to establish mentoring relationships for students within the Division and considerations of the need to utilize newer modes of e-communication (e.g., texting, Facebook) to engage new members. Another initiative is to recruit 50 psychologists who are training directors or otherwise centrally involved with students – but not yet Division members- to become members of the Division. If these individuals agree to recruit students to join the Division, they will be given a free Division membership for one year.

6. Fellowship Committee. *Fellowship Chair Carole Rayburn* described the new mentorship program for student members and encouraged Board members to become mentors. The Board passed a motion for each Board member and Committee Chair present at the meeting to become a D12 mentor.

7. Meetings with APA Leadership. *APA CEO Norman Anderson* met with the Board for a question-and-answer session. He reported a 4% decline in APA membership. He discussed efforts to attract and retain members, including enhancement of the APA website. As well, the APA Board has approved funding of approximately $10,000 for 2010 to offer $20 credits for new members to join a Division. Dr. Anderson also reported on multiple APA efforts to cut expenses in response to the current economic crisis. Several important initiatives have been put on hold and all leadership salaries have been frozen at existing levels. The organization is engaging in strategic planning for the first time in over 100 years to examine governance structures and other issues.

In response to a question about APA treatment of retired psychologists, Dr. Anderson acknowledged the importance of senior psychologists as well as the challenge of meeting requests from multiple groups – including students and early career psychologists. He mentioned the graduated membership discount for retired members and asked for other ideas. He also reiterated that service to members of all ages was to be an important part of the strategic planning process. There was discussion of APA's involvement in numerous policy issues related to the stimulus package of the new Obama administration and involvement in health care reform. Dr. Anderson distributed copies of the "Report of the APA Task Force on the Implementation of the Multicultural Guidelines."

Executive Director of the APA Practice Directorate, Katherine Nordal was welcomed for a question-and-answer session. She addressed questions about the role of psychology in the VA, the integration of science and practice, and the future of psychology as a profession. She stressed the importance of bringing the diversity of psychologists together to better articulate the 'value added' of psychologists as health care professionals who can work with individuals and systems to address chronic diseases and other problems. She outlined an emphasis on marketing the role of psychology in integrated care and prevention efforts. In response to a comment about the growing numbers of master's level clinicians and competition in the clinical market place, she underlined the importance of public education regarding the profession of psychology and the upcoming "Faces of Psychology" public education campaign. She also acknowledged the challenge of reduced funding at APA for the public education campaign and asked for input from Division leaders and members on this or any issue. *Dr. Nordal* also discussed the planning of a new website entitled "The

Business of Practice" for individual practitioners

Executive Director of APA Science, Steven J. Breckler was asked to discuss how the Division could help the mission of integrating science into practice. He mentioned the problem of declining membership of scientist-practitioners in the Association and the growing perception on the part of NIH that psychology is not the discipline that 'owns' the translation of research into practice. Dr. Breckler pointed to the great need for the development of a more effective system for getting the results of research into the hands of practitioners and incentives for practitioners to utilize research-supported treatments. There was vigorous discussion of this issue. Dr. Breckler cautioned the Division about the dangers of translational scientists distancing themselves from practitioners.

8. Awards Committee. *Past President Irving Weiner* announced the following award winners:

Award for Distinguished Scientific Contributions to Clinical Psychology:
G. Alan Marlatt, University of Washington

Florence Halpern Award for Distinguished Professional Contributions to Clinical Psychology:
Nadine Kaslow, Emory University

David Shakow Award for Outstanding Early Career Contributions to the Science and Practice of Clinical Psychology:
Mathew K. Knock, Harvard University

Samuel M. Turner Clinical Research Award for Distinguished Contributions to Applied Clinical Research in the Profession of Clinical Psychology:
Andrew Christensen, University of California, Los Angeles

Theodore H. Blau Award for Outstanding Early Career Contributions to the Profession of Clinical Psychology:
Peter Norton, University of Houston

American Psychological Foundation Theodore Millon Award in Personality Psychology:
Mark A. Blais, Massachusetts General Hospital

Stanley Sue Award for Distinguished Contributions to Diversity in Clinical Psychology:
Fred Leong, Michigan State University

Toy Caldwell-Colbert Outstanding Clinical Educator Award:
Eric Bermann, University of Michigan

Lifetime Award for Distinguished Contribution to Diversity in Clinical Psychology Science and Practice:
Laura Brown, Fremont Community Therapy Project, Seattle WA

9. Committee on Diversity. *Diversity Member-at-Large Asuncion Austria* submitted a full written report that is available on request. She also submitted the "Report of Gender and Racial/Ethnic Minority Representation n Division 12 Leadership" written by the Committee student representative *Daniel Hurley*. The report, available on request, concludes that women and racial and ethnic minority group members have been poorly represented among Division 12 officers. *Dr. Austria* thanked *Dr. Norcross* for his help in developing the self-assessment form for Sections. She also reported on the acceptance of the Symposium "A Model for Diversity in the Science and Practice of Clinical Psychology: Historical Perspectives and Vision for the Future."

10. Committee on Science and Practice. *Committee Chair David Klonsky* reported on new directions and activities of the Committee, including the appointment of Stanley Sue as diversity consultant. The Committee's "Website on Research-Supported Psychological Treatments" has been well-received.

http://www.psychology.sunysb.edu/eklonsky-/division12/index.html
There are section website editors for each class of mental disorders who are summarizing research on treatments according to a revised version of the Chambless et al. 1998 guidelines. The Board thanked Dr. Klonsky for his hard work and leadership in these efforts.

11. Publications Committee. *Publications Chair Ed Craighead* made several suggestions to enhance the cost effectiveness of the Division's publications. He also reported on negotiations with Wiley Blackwell Publishing for a 5-year renewal of the contract for *Clinical Psychology: Science and Practice.* Dr. Craighead and the Committee recommended renewal of the contract.

The next Board of Directors meeting will be September 12-13, 2009 in Philadelphia, PA

A CALL TO 12/II READERS:
YOUR FEEDBACK IS IMPORTANT TO US!

Do you have ideas for a new column? Are you an aspiring artist with cartooning ability? Do you have any feedback on how we can improve the newsletter look? Then contact your newsletter editors: byochim@uccs.edu or sherry.beaudreau@gmail.com

APA Division 12, Section II: The Society of Clinical Geropsychology
2009 MEMBERSHIP DUES FORM

Name (Print)	**Degree**	**Membership Status** (Please check one) ____**Renewal** ____**New Member**

APA Member No. (Required) ________________________________
(You must be a member of APA to join Section II. Student applicants must have their application endorsed by a faculty advisor who is an APA member)

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$25.00 for Members, $10.00 for Students, Emeritus members are dues exempt	**$** _______
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