

CLINICAL GEROPSYCHOLOGY NEWS

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

Volume 2, Number 2

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■ President's Column

May You Live in Interesting Times

Alfred W. Kaszniak, Ph.D.

As my year of service in the role of Section II's President draws to a close, I have been reflecting on what our fledgling organization has been able to accomplish, and all that yet remains to be done. For many of us involved in the practice and/or science of clinical geropsychology, the past year has fulfilled that ancient Chinese curse/blessing, "May you live in interesting times." Our efforts, as individuals and section members, to improve the quality and availability of psychological services to older persons may seem dwarfed by recent political and societal events. As of this writing, the budget war on Capitol Hill rages on, continuing the shut-down of "nonessential" government services. Proposed legislation concerning such issues as Medicare reorganization and nursing home deregulation threaten some of the hard-won inroads that clinical geropsychologists have made in establishing their legitimate and important role in health care for older adults. Rising health care costs (in which older persons account for a disproportionate share), the failure of health care reform legislation, and the threatened future insolvency of Social Security all contribute to a resurgence of generational conflict. This, in turn, erodes the moral resolve of voters and legislators, clipping away at our society's commitment to both honoring our elders and acting upon our compassion for those who suffer. At a national level, proposed legislation affecting older adults and recurrent threats to the integrity of funding for research in aging occur at a pace that leaves us stumbling in frantic efforts to respond to each new challenge. At local levels, the constant reorganization of managed care, preferred

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■ Editor's Comment

Alexander I. Tröster, Ph.D.

Yet another year draws to a close and, as will be evident to you from the contributions of Al Kaszniak, Barry Edelstein, and Norm Abeles, Section 2 has had another very productive and challenging year in representing the needs and views of clinical geropsychologists.

An issue on which Section 2 has not adopted a position concerns prescription privileges. Economic pressures no doubt play an important part in the often more emotional than rational debate about whether psychologists ought to have prescription privileges. Indeed, in a recent article published in *Journal of Clinical Psychology in Medical Settings* (Vol1, #3), Adams and Bieliauskas suggest that those individuals most vociferous and emotional in the debate are also those apparently least aware of the issues involved. A subset of the Section 2 membership has already become involved in rational debate via the clinical geropsychology e-mail network. To enhance the opportunity for rational debate, it is essential that views of our sophisticated section membership are known. We encourage you to comment, and to indicate whether Section 2 ought to adopt an official position, on the prescription privilege issue. The enclosed response form (Page 7) can be returned to the editor. If response rate allows, tallies will be published in a future issue of the newsletter. •

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provider lists, and hospital networks increase the administrative burden on practitioners and sometimes threaten our ability to earn a reasonable living in our professional calling.

Within such a context, it would be easy to despair about the future and minimize our positive past accomplishments. The unpredictability of the future *is* threatening, but it also creates unforeseen opportunities for creative action. For example, the current concern over increasing health care (particularly hospital) costs for older persons can create a new receptivity to services that clinical geropsychologists are uniquely qualified to offer. In the recent issue of the *Journal of Clinical Geropsychology* (1995, 1, 305-311), Victor Vieweg and colleagues report their observation that aggressive behavior was the most common factor leading to geropsychiatric hospital admission. In discussing this observation, the authors emphasize the need to better define those aggressive behaviors and to develop effective treatments so that older patients showing aggression can be cared for in the community. Those of you who attended the Section II 1995 APA symposium entitled, "Modifying Aspects of Senile Dementia - Preventive and Family Interventions," (Michael Smith, chair) may recall a presentation (by Jane Fisher) on the development of observational measures for examining how agitated and aggressive behavior in persons with dementia relates to their physical and social environment and consequent conditions. Within this same symposium, presentations also discussed the effectiveness of behavior management interventions for agitation in persons with Alzheimer's disease (Rebecca Logsdon), and impressive data on the effectiveness of a novel intervention program for reducing caregiver distress and avoiding premature institutionalization of persons with dementia. These are but a few of the many possible examples of a rapidly developing scientific base for clinical geropsychology's potential contributions to current health care crises. As evidence for the effectiveness of targeted interventions accumulates, clinical geropsychologists become better posed to offer innovative approaches to reducing hospital and other costs while simultaneously improving patient care. The current social and political climate may render public and private payers more willing to seriously consider such offerings than ever before.

It is also interesting to note indications that older adults may be developing increasingly positive attitudes toward the services that clinical geropsychologists can provide. In a recent study by Paul Rokke and Forrest Scogin (*Journal of*

Clinical Geropsychology, 1995, 1, 243-257), a survey of the attitudes of older persons toward currently available treatments for depression found that older adults rated activity change, psychodynamic, and drug therapy as being more acceptable and credible than did younger adults (cognitive therapy was rated very positively by both groups). Further, both the older and younger adults rated drug therapy as least credible and acceptable. Although replication with different sampling approaches is clearly indicated, such results question the commonly held belief that older adults are not favorably disposed toward psychological interventions.

In addition to balancing our apprehension about the future with a consideration of new opportunities, a reflection upon our past accomplishments should give all of us in Section II a few things to feel good about. During the past year, the section (under President-elect George Niederehe's leadership) offered what I think was an outstanding and highly informative collection of sessions at the New York APA meeting. A pre-convention workshop (organized by Nanette Kramer and colleagues), cosponsored by Section II, was quite successful. Two continuing education conferences on Psychotherapy and Aging (organized by Bob Knight and Steve Zarit), cosponsored by Divisions 12 and 20, were also very successful, and a resultant book (edited by Knight and Zarit) entitled, *Psychotherapy and Aging: Effective Treatments for Older People*, will be published in 1996 by APA. A 1995 issue of *The Clinical Psychologist*, edited by George Niederehe, provided informative reviews of progress in a variety of domains within clinical geropsychology. A Section II and Division 20 interdivisional task force has been formed to develop guidelines to define appropriate qualifications for practice in clinical and applied geropsychology. Section member Cliff Swenson has been appointed by our Executive Committee to represent our section in the development of a symposium at the upcoming clinical psychology centennial meeting. On behalf of Section II, Secretary (and APA President-elect!) Norm Abeles submitted a motion to the APA Council of Representatives regarding the establishment of an advisory committee on "Issues of the Older Adult." Norm also recently hosted a Mini White House Post-Conference event at Michigan State University, and has forwarded resultant recommendations, concerning various issues of relevance to clinical geropsychology, to the Center for Mental Health Services of SAMHSA, State Government officials, and the Departments of Education, Health and Human Services.

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These, as well as a range of other section activities during the past year attest to the vitality and enthusiasm of our growing organization. The health of our section is certain to improve even further during this next year, as George Niederehe brings his experience, wisdom, and tremendous energy to its presidency. In my end-of-year reflections, I had the occasion to re-read a now 25-year-old paper written by Powell Lawton (*Aging and Human Development*, 1970, 1, 147-159), entitled, "Gerontology in Clinical Psychology, and Vice-Versa." Within the paper, Lawton provided evidence for the quite low percentage of articles with gerontology content in psychological journals likely to be read by clinicians, and the similarly low gerontology content of then-current books in clinical psychology. Although unable to provide empirical data, Lawton also discussed his impression that older adults were underserved within psychiatric hospitals, community mental health centers, and the private practices of psychologists, noting the likely contribution of the fact that Medicare did not then pay psychologists for psychotherapy. In the past quarter century, many things have changed. The publication of gerontologic papers throughout the core journals of clinical psychology has increased, as have the number of clinical psychologic papers within the core gerontologic psychology journals. There now exists a journal devoted entirely to clinical geropsychology. Books and chapters reviewing developments in the psychological assessment and treatment of older adults have appeared with accelerating frequency. The membership of Section II continues to grow, and training programs in clinical geropsychology are increasing. All of these developments combine to create a picture rather different than that which Lawton accurately painted in 1970.

These "interesting times" show no indication of becoming less so any time in the near future. I wish all of you not only endurance, but creative prosperity in your collective efforts to increase knowledge, improve understanding, and pursue compassionate action. Thank you for the opportunity of this past year to play a small part in facilitation the actualization of this wish. •

DUES REMINDER

Dues statements for Section 2 will reach you in December. Please remember that section dues are not included in your APA statement. Your early payment, and any voluntary contribution, will be much appreciated.

Secretary's Corner

Advisory Group on Issues of Older Adults Passed by APA Council of Representatives Norman Abeles, Ph.D.

At the August 1995 meeting of the governing body of the American Psychological Associate (The Council of Representatives), a new business item was passed authorizing the establishment of an Ad Hoc Advisory group on Issues of the Older Adult. Introduced by the Secretary of Section II (and President-elect Designate of APA) Norman Abeles, the Advisory group is charged with advising the APA Central Office about appropriate actions to foster and sustain the organization's attention to aging-related problems, with particular reference to the following areas:

1. Implementation of the recommendations of the 1992 National Conference on Clinical Training in Psychology: Improving Psychological Services for Older Adults;
2. Identification of other issues related to aging, as they arise, and determination of appropriate directions for actions regarding them;
3. Communication with Congress, NIH, SAMHSA, and other appropriate governmental and private organizations and agencies on issues related to older adults.

The Ad Hoc Committee shall consist of eight persons. Names of appointees shall be jointly suggested by the Board of Educational Affairs (BEA), the Board of Scientific Affairs, the Board for the Advancement of Psychology in the Public Interest, the Board of Professional Affairs, and the Committee for the Advancement of Professional Practice. Division 20 (Adult Development and Aging) and Division 12, Section II (Clinical Geropsychology) will also be consulted. •

■ Representative's Corner: Division 12 News
Barry Edelstein, Ph.D.

Section 2 has a voice in the decisions of Division 12 and can raise issues of relevance to older adults at the Division 12 Board meetings. As your representative to the Division 12 Board, I invite your suggestions and recommendations. The following is a summary of the September, 1995 Division 12 Board meeting that may be of interest to you.

Division 12 Board Discussions and Decisions:

Considerable time was spent discussing plans for the centenary of clinical psychology. You may recall that we had planned to have a celebration in Philadelphia next year, but problems with securing a suitable hotel (location and quality) caused the Board to move the celebration to the 1996 APA meeting in Toronto. This may actually be more desirable since more Division 12 members will be able to participate in the celebration activities. An enlarged program budget will permit the development of these activities. Gerry Koocher appointed a subcommittee for the Centenary program: Nate Perry (President-elect), Michael Perri (Program Chair), Ed Craighead (Treasurer), Don Routh (Secretary), Lynn Rehm (president-elect Designate), and Elsie Go Lu (Section 6 Representative). A concerted effort will be made to engage the centenary theme in symposia and other presentations whenever possible. Cliff Swensen is in the midst of creating a Section 2 symposium that will celebrate the history of clinical geropsychology.

The Council of Representative supported a recommendation by the Joint Interim Committee for the Recognition of Specialties and Proficiencies that a Commission for the Recognition of Specialties and Proficiencies (CRSPP) be established. Some of you may recall that specialty recognition has come and gone at least once in the past decade or two. This time it appears to be here to stay. The CRSPP will review applications and recognize new specialties and proficiencies. Clinical, counseling, and school psychology will be "grandparented" as specialties in the beginning, but will be required to be re-evaluated in 5 to 7 years. The APA College of Professional Psychology will, at some point, begin certifying individuals in proficiencies that are determined by the CRSPP. This, of course, raises the issue whether clinical geropsychology is a subspecialty, proficiency, or field.

Education and Training Issues:

Don Routh, Liaison to the Council of University Directors of Clinical Psychology (CUDCP), reported that the CUDCP has changed its bylaws to accept as new members only those clinical programs that offer scientist-practitioner training and education.

Division 12 Initiatives:

The Task Force on Psychological Interventions, established to continue the work of the Task Force on Promotion and dissemination of Psychological Procedures, has continued its work. It provides information and consultation for groups pursuing similar endeavors and has provided conference speakers on identification of and training in empirically supported treatments. The Task Force has developed a list of training sites and materials for empirically supported treatments. This list appears in the Fall issue of *The Clinical Psychologist*. The Task Force is in the process of broadening the list of empirically supported treatments.

Peter Nathan's Task Force on Treatments That Work has commissioned all the chapters for the *Treatments That Work* volume that will be published by Oxford University Press.

Will Grove's Task Force on Assessment in the 21st Century will have the first draft of its report sometime in 1996.

Publications:

Please consider submitting manuscripts to the new Division 12 journal, *Clinical Psychology: Science and Practice*, and encourage students to do so as well. The journal is off to an excellent start under the direction and tutelage of Alan Kazdin, Editor and raconteur. The journal has published four types of papers: (1) literature reviews (qualitative and quantitative); (2) commentaries on reviews; (3) descriptions of research programs; and (4) extended book reviews.

The Fall TCP issue will be sent to new student members and new members whose membership begins in 1996. Please share your copies of TCP with students and colleagues. This is a good way to reveal some of the activities of the Division and the advantages of being a member.

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E-Mail Network:

The geropsychology network is alive and well. I encourage any of you with access to the Internet to become a subscriber. If you are not connected to a network service, please consider doing so. The cost is quite modest (\$15 or less/month) and the benefits are enormous. CompuServe and America Online appear to be the two most heavily advertised network services, although many more comparable services are available. The geropsychology network offers a terrific forum for discussing issues (e.g., clinical, training, ethical), sharing job notices, and disseminating information that is of broad interest to clinical geropsychologists. If you are interested in subscribing to the geropsychology network, just call me at 304-293-2001, Ext. 661 or send an e-mail message to me at U21B4@wvnm.wvnet.edu.

Section Caucus:

For the past few years the Section Representatives to the Division 12 Board have been meeting during the Board meeting weekends to discuss common issues and concerns. On every occasion these meetings have yielded recommendations that have been brought to the Board for consideration. Among the requests brought to the Board at the last meeting was that the sections be given additional hours at the 1996 APA Convention to celebrate the Centennial. We discussed the possibility of mailing section event descriptions to section members and perhaps having a mini-Convention at the main Convention.

Please share your suggestions, questions, and recommendations regarding Division 12 Board activities with me!!•

MEMBERS IN THE NEWS

Norm Abeles was elected as the next President of APA. Although Dr. Abeles begins his term as President-Elect in February 1996, he will be able to complete his term as Section Secretary before moving into APA Presidency in 1997-1998. He has committed to make issues on aging one of his presidential priorities.

V. Olga B. Emery of the Department of Psychiatry, Dartmouth Medical School, won the International Psychogeriatric Association's Second Place Award for her paper "Reclassification of the Vascular Dementias: Comparisons of Infarct and Noninfarct Vascular Dementias". She was hosted by IPA and

Bayer AG at the Seventh IPA Congress in Sydney, where she presented her paper. In addition to being awarded a travel stipend, Dr. Emery received a cash prize of \$5000 and a medallion. Her paper will be published in *International Psychogeriatrics*.

Peter Lichtenberg, associate chief of rehabilitation psychology and neuropsychology at the Rehabilitation Institute of Michigan, has been promoted to Associate Professor in the Department of Physical Medicine and Rehabilitation at Wayne State University. Dr. Lichtenberg, prior to joining RMI in 1991, was on the faculty at the University of Virginia School of Medicine.

The following Section 2 members were elected to fellowship status in APA Division 12: **Harriet Aronson**, **J. Gayle Beck**, and **Thomas H. Peake**.

Section member **Charles M. Morin** was selected as a recipient of APA's 1995 Distinguished Scientific Award for Early Career Contributions to Psychology in the area of health psychology. Dr. Morin is noted for his stellar research on sleep disorders in the elderly. He is presently on the faculty at Laval University in Quebec, and he will present an award address at the APA convention in Toronto.

Mary Harper retired from the staff of the NIMH Mental Disorders of the Aging Branch at the end of 1994, after 51 years of government service in the VA system and at NIMH. Dr. Harper is widely known for her pioneering work in developing the field of geropsychiatric nursing and the minority fellowship training programs at NIMH. Her leadership regarding minority aging issues, her key roles in several White House Conferences on Aging, and her tireless advocacy for improved mental health care for the aged are widely appreciated.

Section 2 election results are in, and **Bob Knight** is the new President-Elect. **Sara Honn Qualls** was re-elected Treasurer. Dr. Knight and Dr. Qualls have committed a great deal of time and effort to Section 2, and we are very fortunate that they will continue to devote extensive energy to the growth and vitality of Section 2.

Antonette M. Zeiss has been elected President of the Association for the Advancement of Behavior Therapy (AABT). Dr. Zeiss.

Congratulations to all of these members, whose achievements are source of pride to the Section!■

Listing of Training Programs

Institution: Washington University, St. Louis
Department: Dept. of Psychology
Type of Program: Doctoral and Postdoctoral
PhD APA Accredited: Yes
Specialty Tracks: 3 tracks within Clinical Ph.D.:
Aging; Health Psychology; Neuropsychology
Contact: Martha Storandt, Ph.D.
Dept. of Psychology, Box 1125
Washington University
St. Louis, MO 63130-4899
Phone: (314) 935-7588

Institution: Michigan State University
Department: Dept. of Psychology
Type of Program: Doctoral
PhD APA Accredited: Yes
Specialty Tracks: Clinical Geropsychology within
Clinical Ph.D.
Contact: Norman Abeles, Ph.D.
Dept. of Psychology
Michigan State University
129 Psychology Research
East Lansing, MI 48824-1117
Phone: (517) 355-9564

Institution: University of Southern California
Department: Dept. of Psychology
Type of Program: Doctoral
PhD APA Accredited: Yes
Specialty Tracks: Clinical-Aging within Clinical
Ph.D.
Contact: Margaret Gatz, Ph.D.
Dept. of Psychology
University of Southern California
Los Angeles, CA 90089-1061
Phone: (213) 740-2203

Institution: University of Kansas Medical Center
Department: Dept. of Neurology
Type of Program: Postdoctoral
PhD APA Accredited: N/A
Specialty Tracks: Geriatric Neuropsychology
Contact: Alexander Tröster, Ph.D.
Dept. of Neurology
University of Kansas Medical Center
3901 Rainbow Blvd.
Kansas City, KS 66160-7314
Phone: (913) 588-6970

Institution: VA Medical Centers
Department: Psychology Service
Type of Program: Postdoctoral
Ph.D. APA Accredited: N/A
Specialty Tracks: 10 different VA facilities with
tracks including: general geropsychology, geriatric
neuropsychology, long-term care, behavioral
medicine, health care, rehabilitation, and
psychiatry.

Contacts: General Information:
Victor Molinari, Ph.D.
Houston VAMC
2002 Holcombe Blvd.
Houston, TX 77030
Phone: (713) 794-7116

Specific Sites are: Little Rock, Palo Alto,
Gainesville, Knoxville, Brockton, Cleveland,
Portland, Houston, San Antonio, Milwaukee

**SECTION 2 MEMBERS CONTRIBUTE TO WHITE
HOUSE CONFERENCE ON AGING (WHCOA)
PROCESS**

In the pre-WHCOA Mini Conference on Emerging
Issues in Mental Health and Aging (Washington,
February 1995), Susan Cooley was co-chair of the
Conference Planning Committee; Margy Gatz, Bob
Knight, and Mick Smyer served as expert
consultants who authored background papers;
Steve Zarit (APA), Toni Zeiss (VA), and Larry
Rickards (CMHS/SAMHSA) served as
representatives of organizations participating in the
Coalition on Mental health and Aging; Jane
Pearson and George Niederehe were facilitators or
recorders for breakout groups. The Mini
Conference issued a series of recommendations
that were forwarded to the WHCOA in the areas
of financing, reimbursement, treatment and
practice, service delivery, quality management,
and research. A volume on the conference
proceedings, including background papers has
been published. At the WHCOA itself, held in May,
Margy Gatz served as an expert consultant, and
Norm Abeles was a delegate from the state of
Michigan.

Journal of Clinical Geropsychology to Grow in '96
Plenum Press has announced that due to the huge
success of the journal, and the large number of
high quality papers being submitted, the journal
will have 16% more pages next year (the
subscription price will remain the same).
Congratulations to the journal's editors, Michel
Hersen and Vincent Van Hasselt.

CALL FOR SUGGESTIONS/PROPOSALS

Section II Program at 1996 APA Convention

At the 1996 APA Convention to be held next August in Toronto, Section II will again have a few hours as part of the Division 12 program. Our program at the 1995 convention in New York City included a Presidential address, business meeting, and symposia on treatment of anxiety disorders, modifiable aspects of senile dementia (preventive and family interventions), and implications of managed care for geropsychology. If you have suggestions or proposals regarding these program hours for the 1996 convention, please contact next year's Program Committee Chair, Bob Knight, no later than December 15, 1994.

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University of Southern California
Los Angeles, CA 90089-0191

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Please Note: Arrangements for the Section II program hours (including the suggestions requested above) represent a process separate from the general APA/Division 12 procedures whereby individuals submit papers or symposia for inclusion in the convention program. Members desiring their proposals to be considered under the latter, general review process should submit them to APA in the format specified in the Call for Programs published in the September 1995 *APA Monitor*, and by the required deadline of December 1, 1995.

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

YES, I WISH TO HAVE MY OPINION ON PRESCRIPTION PRIVILEGES HEARD!

1. SHOULD PSYCHOLOGISTS (GIVEN ADEQUATE TRAINING) BE ACCORDED PRESCRIPTION PRIVILEGES ?

- YES
- NO
- UNCERTAIN

2. SHOULD SECTION 2 ADOPT AN OFFICIAL POSITION ON THE PRESCRIPTION PRIVILEGE ISSUE?

- YES
- NO
- UNCERTAIN

3. COMMENTS:

Clinical Geropsychology News
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