

# CLINICAL GEROPSYCHOLOGY NEWS

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

Volume 3, Number 1

June, 1996

## ■President's Column

### *Toward an Active Section: New Initiatives and Opportunities for Your Involvement*

George Niederehe, Ph.D.

Over our first several years of operation (1994-1995), Section II has been primarily membership oriented. We have worked on getting stabilized, expanding in size, and developing ways of serving the members, such as our convention programs, newsletter, e-mail network, and ties with other divisions and organizations. Many members have contributed to our success in these areas--more than I can readily enumerate here. Special thanks are due to our first two Presidents, Mick Smyer and Al Kaszniak, for their leadership and hard work in getting us off to such a good start. Our member services continue in full force, and we are continuing to expand them (e.g., the recently distributed Membership Directory, and the newly announced Student Research Award). I'll return to these themes later.

It is now time, however, for us to begin developing more of an outward focus. There are a great many social issues facing both older adults and our profession, and we must become a more active force within the systems we can influence regarding these. Let me use this opportunity to highlight several new directions in which the Section expects to be moving. On each of these initiatives, I am asking for your feedback and help.

First, the Board of Directors has approved the development of a Public Policy Group as an ad hoc committee or task force. This group will initially analyze the range of professional and public interest issues particularly relevant to our mission, and the ways in which Section II might address them from a public advocacy or social responsibility perspective (e.g., Medicare reimbursement policies for providers, federal and state regulations governing long-term care facilities, the plight of elders under managed care

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## ■Editor's Comment

Alexander I. Tröster, Ph.D.

Now entering its third year, the newsletter is moving toward becoming the medium it was envisioned to be. Rather than being a vehicle for communications from Section governance to membership, the newsletter is beginning to serve communication among all Section members. Three articles, in response to the call for contributions, are to be found in this newsletter. This response is gratifying, and particularly heartening is the initiative of three WVU students in submitting some helpful hints on the recruitment of elderly research participants.

Responses to the prescription privilege survey were sparse. Of nine respondents, 6 were against psychologists obtaining privileges, and only one for. Five respondents felt that the Section should adopt an official position on the issue, and only one that the Section should not. Surprising was the rather consistent theme of the comments submitted, regardless of whether the respondent did or did not favor prescription privileges.

Concern was consistently expressed that prescribing was a particularly complex issue in elderly populations, and that thorough training in geropsychological assessment and psychotherapy, and in consulting effectively with primary care physicians, should be given priority over pharmacotherapy/prescribing in clinical psychology training programs. Your comments on these views are welcome. Hope to see you at APA in Toronto!

## INSIDE

- Paradigm Shift - P.D. Nussbaum
- Activities at APA Meeting
- Recruiting Research Participants - K.D. Kalish et al.
- Geropsychology at DVA - S. Cooley
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systems, benefits to the public from recognition of our profession, support for training programs, and many others). The committee will be asked to make recommendations to the Board about priorities, the issues with which Section II might be most effective, and strategies for action; upon Board approval, the group will also take an active role in implementing the plans. Several Section members in the Washington area or with past experience in federal agencies have agreed to participate (Manuel Miranda, Charles Fogelman, Susan Cooley, Lawrence Rickards), and I am in the process of approaching others to expand this group. The committee will probably do some of its work via teleconference calls and, if possible, will hold a meeting during the APA Convention. If you have a particular interest in being involved, please let me know. The committee also welcomes your suggestions about key public policy issues on which the Section should consider focusing.

Managed care is reshaping the ways in which psychological and other health services are provided. For example, the past several years have seen rapid growth of services delivery operations into long-term care facilities, often involving psychologists with little or no geropsychological training. In addition to exercising quality control through licensing and certification, it is critical that we develop new ways of extending our knowledge and expertise to psychologists who want to enter geropsychological work, other health care personnel who are actually providing front line services to older adults, and the general public. Section II should be playing at least a facilitative role in such educational efforts. As our Continuing Education Liaison, Nan Kramer is currently working with representatives of Division 20 to develop a policy agreement on how our two organizations can most effectively collaborate in the CE area. Moreover, as a second initiative, the Board has approved in principle the development of a Speakers Bureau. The overall thrust will be to organize a network of our members available to serve as faculty for CE events, or to make public education presentations in their region. Once we develop rosters of network members and their particular areas of expertise and publicize their availability as resource personnel, we hope to make the Speakers Bureau widely known as a clearinghouse to field inquiries regarding clinical geropsychologists who will actively consult on and participate in CE and public education programs. At the present time, we are looking to find out whether you are interested in becoming part of this network, and we are particularly seeking volunteers willing to help with the planning and

initial coordination of the Speakers Bureau.

As a third possible initiative that could help facilitate both the preceding ones, the Board has been considering whether Section II should develop a Home Page on the Internet World Wide Web, as many other organizations have recently done. Though this might serve some internal membership purposes as well, a home page would primarily be a way of projecting information about our organization and our areas of knowledge to the public at large. For example, some information indicates that the elderly constitute a surprisingly high proportion of Web users. The question at present is whether the membership sees the development of a home page as an important priority, and as a wise use of our Section's resources. Also, in our small organization, most of whose members do not appear to be technologically sophisticated in these matters, are there knowledgeable members willing to help with the planning and implementation of a home page?

In my view, the Public Policy Group, Speakers Bureau, and Home Page all represent concrete steps toward strengthening our ability to influence issues relating to clinical geropsychology and the elderly population that we serve. However, they are likely to succeed only if they receive the input, support and involvement of you, our members. If you have suggestions, opinions, or other information to offer in response to my questions on any or all of these three initiatives, or simply want to express interest in being involved, please complete and return the pertinent parts of the response form inserted in this newsletter (or send an e-mail message covering the same items to [gniedere@nih.gov](mailto:gniedere@nih.gov)).

Even as we move in these new directions, Section II continues to foster a number of other ongoing activities. You will be hearing more over future months about several other projects that have already been underway for quite some time. The APA Interdivisional Task Force on Qualifications for Practice in Clinical and Applied Geropsychology, which our Section has been cosponsoring with Division 20 over the past year and a half, will soon be circulating a draft report and asking for your feedback on the principles it has formulated. Reaching a consensus on these principles may lay the groundwork for proceeding toward what many see as the next step in advancing the field of clinical geropsychology-- applying for official APA recognition as a proficiency area. In another project, Forrest Scogin and Margy Gatz are representing Section II on the Division 12 Task Force on Effective Psychosocial Interventions: A Life Span Perspective. This group, established under the

Presidency of Gerald Koocher and chaired by Suzanne Bennett Johnson, is following up the earlier Division 12 task force on empirically validated treatments by reviewing the evidence for treatments (including family-oriented ones) that address issues at either developmental end of the life span, such as depression, anxiety, life review, alcohol abuse, sleep disturbance, behavioral problems in dementia, and caregiving.

In this Centennial Year for clinical psychology, we will have a very interesting and informative program at the APA Convention and, as indicated elsewhere in this newsletter, our Program Chair Bob Knight has obtained superb scheduling for our sessions. This year we expect to have a hotel suite for several days in which additional sessions and section-related meetings can be held, such as our Student Hour and the Conversation Hour on prescription privileges. Please note also that this is the first year for our Student Research Award, which will be given at the Section Business Meeting (Saturday, August 10, 4:00 p.m.). (Notices about that were mailed with the Membership Directory; award nominations were due to reach Sara Qualls by June 1.)

Have a happy summer. I look forward to seeing you at the convention! ■

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#### ADDRESS CHANGES

Please send address changes to:  
Norman Abeles, Ph.D.  
Secretary, Div. 12, Section 2  
129 Psychology Research  
Michigan State University  
Lansing, MI 48824-1117

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### **SECTION II ACTIVITIES AT THE 104th ANNUAL APA CONVENTION Toronto. August 9-13, 1996**

Section 2 will have four sessions, including George Niederehe's Presidential address, a business meeting, and two symposia. Bob Knight has put together a superb program with considerable variety that will arouse the interest of practitioners, academicians, and those concerned with public policy.

In addition to its symposia, Section 2 will host a meeting for its student members and other interested students in the Division's Hospitality Suite. As in prior years, social activities are planned in conjunction with the Division 12 Social Hour.

Numerous pre-conference workshops relevant to clinical geropsychology are being organized by Divisions 12 and 20 (see pages 11 and 13 this newsletter). Division 20 will also offer CE credit for numerous symposia at the APA Convention (see page 11 this newsletter). ■

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#### **SATURDAY, AUGUST 10, 1996**

**Convention Center, Room 104D**

**10:00 - 11:50 SYMPOSIUM: Clinical Geropsychology: Past Development and Future Prospects**

Chair -

Clifford H. Swensen, Ph.D.

Participants-

M. Powell Lawton, Ph.D.

Martha Storandt, Ph.D.

Larry Thompson, Ph.D.

George Niederehe, Ph.D.

Bob G. Knight, Ph.D.

**Convention Center, Room 203B**

**3:00 - 4:50 PRESIDENTIAL ADDRESS: Psychological Interventions for Depression and Anxiety in Elders: How Effective?"**

George Niederehe, Ph.D.

Chair - Bob G. Knight, Ph.D.

**SECTION II BUSINESS MEETING follows**

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#### **SUNDAY, AUGUST 11, 1996**

**Convention Center, Room 203B**

**10:00 - 11:50 SYMPOSIUM: Clinical Geropsychology in Medical Settings: Challenges and Opportunities**

Chair - William E. Haley, Ph.D.

Participants-

William E. Haley, Ph.D.

Peter Lichtenberg, Ph.D.

Patricia Robinson, Ph.D.

Steven Rapp, Ph.D.

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**OTHER PLANNED EVENTS** - The following events are planned for the Section II Suite (exact location will be announced on Section II's e-mail network and at the convention).

**SUNDAY, AUGUST 11**

**8:00 - 9:30 a.m.**

**Student Hour:** Students are encouraged to come to meet senior clinical geropsychologists (as well as one another) and discuss training and career options in clinical geropsychology.

**1:30 - 2:50 p.m.**

**Conversation Hour:** Prescription privileges in clinical geropsychology: Patrick DeLeon will speak in favor and Toni Zeiss will speak against. Active conversation among attenders will be encouraged.

**MONDAY, AUGUST 12**

**10:00 - 11:50 a.m.**

**SECTION II BOARD MEETING**

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**CALL FOR PROPOSALS**

**1997 Continuing Education Program**

The APA Division of Clinical Psychology (12) requests proposals for continuing education workshops to be presented on August 13-14, 1997, immediately prior to the APA Convention in Chicago. Interested presenters should submit the following information: 1) Workshop Topic, 2) Workshop Title, 3) Brief description of the workshop. Send to:

Nadine Kaslow, Ph.D., Chair (1997)  
Division of Clinical Psychology PDI  
c/o Dept. of Psychiatry & Behavioral Sciences  
Emory University, Grady Health System  
80 Butler St., SE  
Atlanta, GA 30335  
(404) 616-4757  
nkaslow@emory.edu

Deadline: October 1, 1996

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**■ On the Verge of a Major Paradigm Shift**

Paul David Nussbaum, Ph.D.

We may be on the verge of a major paradigm shift in America with regard to our attitude and approach to aging and the aged. Heretofore, society has relied almost exclusively on health care and medicine to create policy and social attitude towards the aged. As a result, aging is viewed primarily from a disease-based mindset, potentiating pessimism and fear. With the dawn of a new millennium, there is need to de-emphasize health care and promote a more comprehensive approach to aging that integrates existing social institutions, all of which have fundamental import to creating an environment conducive to successful aging.

Major social forces are beginning to welcome themes of positive aging, something necessary for the change in mindset. For example, recent television coverage of successful aging has increased, even on major networks such as CNN. Hollywood is experiencing the baby boom generation, as actors and directors prove that productivity and creativity remain alive in the fifth and sixth decades of life. Certainly Washington, DC fully understands the importance of addressing needs of older adults. The major obstacle to accomplishing a real shift in attitude and belief about aging and the aged, however, is the lack of a well articulated, passionately held, and socially driven alternative paradigm. My goal with this letter is to humbly articulate a vision of aging for 21st century America, one which stimulates open discussion and critical debate.

The vision is born from a conceptual framework that aging in late life is to be anticipated as a positive and productive part of the developmental lifespan, that those who age into late life should be appreciated for their wisdom, knowledge, and experience, and that the United States of America can benefit substantially from re-integrating older adults into the soul of society. This vision stands in sharp contrast to the generally negative, disease-based, dependency-based, and myth-driven mentality of aging presently occupying the mind of America.

I propose specific points to operationalize the vision articulated above. Each point manifests the belief that integration of existing social institutions is fundamental to realizing a paradigm shift. At present, these social institutions are quite fragmented, driven by independent agendas, without insight to the opportunities and benefits inherent to integration. Social institutional integration would accomplish de-emphasizing of health care and would reorient understanding of

aging to a more comprehensive and insightful level. It must be understood that each point is not exclusive, and that all points must be addressed for the vision to be achieved and for an opportunity to shift the existing paradigm of aging.

Point 1. "Health care" in America deserves a substantial re-orientation. While I believe that we enjoy the best system in the world, there is no doubt that our current system is biased; we teach our doctors and clinicians to focus on abnormality, disease, and symptoms to the neglect of understanding concepts such as normal aging, wellness, and preserved capacity. This can be slowly changed by adding a new curriculum to medical schools and residency programs in America, to maintain quality in training, but to increase balance of expertise. It seems rather illogical to fully appreciate pathology without understanding normality. This reorientation of the system that produces the primary provider of care for older adults will generate positive consequences for re-shaping social attitudes towards the aging process and the aged.

Point 2. There is a clear need to minimize the traditional acute care system for older adults. The reason for this is simple, older adults typically suffer from chronic problems and hence require a chronic care delivery system. As such, hospitals are not an appropriate setting for optimal care to seniors. Community-based setting with clinics staffed by full-time interdisciplinary professionals, expert in geriatrics, represents an example of a more appropriate environment to achieve a chronic care delivery system. LSA has now created several "continuum of care campuses: staffed by Geriatric Care Services, an interdisciplinary geriatric practice for residents and community-based older adults. Incentives in the chronic care delivery system include minimizing acute care admissions, minimizing number of medications, minimizing falls, enhancing quality of life, and promoting life satisfaction through social integration.

Point 3. The older adult is best understood as a complete human being with multiple needs and abilities. As such, the interdisciplinary approach to care, one that includes clinicians and non-clinicians, becomes critical. Each member of the team can provide particular expertise as our medical system cannot yet provide training for one individual to be sufficiently expert in all areas of the human condition. The older adult deserves and needs input from those trained in physiology, psychology, social and spiritual matters. Further, there is the need for an understanding of how the environment and its changes can impact the

## Recruiting Community Dwelling, Older Adult Research Participants

Kimberly D. Kalish, MA; Jane Null Kogan, BA; and Lisa Whipple Drozdick, BA

Having survived the often Herculean process of recruiting community dwelling, older adult research participants, we recognize the need for dissemination of recruitment techniques among geropsychologists. Many of you are probably nodding your heads in understanding. Others may have yet to experience the joys of recruiting older adult research volunteers. For those of you who find the task of recruiting older adult participants to be a formidable one, the following is intended to provide psychologists and psychologists in training, with some suggestions for recruiting older adult research participants.

- advertise on public access radio or television stations
- submit articles and advertisements in local newspapers (e.g., lifestyle sections)
- contact university alumni
- contact area agencies for older adults (e.g., senior centers, gerontology centers, AARP centers, literary groups for older adults, university groups for older adults)
- disseminate flyers throughout the community
- send letters to local physicians (e.g., family practitioners, orthopedic surgeons, cardiologists) notifying them of the study and asking for referrals. Enclose small cards they can hand out to potential participants.
- send letters to local ministries, churches, synagogues, etc., asking for referrals or the opportunity to hand flyers or make announcements during social events
- make announcements at local BINGO games (e.g., fire halls, churches)
- approach potential volunteers at malls or athletic arenas that host "walkers," a morning program for older adults
- hang flyers in apartment buildings and communities that provide subsidized housing for older adults
- develop a subject pool by asking participants if they would be willing to be contacted to participate in future research and if they know of anyone who would be interested. Providing participants with an incentive (e.g., money, a 'prize', a referral, free workshops) is appreciated and increases the likelihood that they will volunteer in the future.

NOTE: Always obtain approval through your local Institutional Review Board or Ethics Committee before making contact with subjects. ■

human condition; the concept of "ability to thrive."

**Point 4.** Our educational system must be challenged to implement curriculum on aging to children as myths about aging tend to begin in childhood. Financial planning and a general course on aging might be an option or be mandated by grade schools, taught by seniors, and might begin to combat the misguided negativity about aging at its onset. Functional capacity might replace chronological age as the variable that defines "old" and directs social policy.

**Point 5.** All media must be challenged to present a balanced and empirically backed perspective on aging in America. Like many social norms, including health care, media in America tends to overemphasize the dramatic and negative. Factually, it is known that most older adults live independently, most older adults do not have progressive dementia, most older adults do not have mental illness, most older adults are financially stable, and most older adults are generally positive about themselves. These are but a few facts that tend to be under-published. If media could begin to present the good news about aging in America, the attitude of our country could change from fear and pessimism to hope and anticipation.

**Point 6.** Business represents a potentially significant contributor to realization of a new vision of aging and perhaps to a paradigm shift. Integration of corporate America and health care can provide entrepreneurship tapping advanced technologies and increasing the ability to surround seniors in a stimulating environment. This integration should take the form of applied work rather than laboratory-based activity. Retired seniors who maintain dormant skills and knowledge can reintegrate with society by teaching or mentoring others with regard to specific trades or general business skill. Further, health care and all of America will change dramatically in the next five years with the advent of world-wide computerization. Understanding and care of the older person must capitalize the utility of the information highway.

**Point 7.** Vehicles for seniors to reintegrate into society are needed. Presently, educational opportunities are increasing for older adults. This is important and can be enhanced by creating nontraditional avenues for seniors to express their talents, develop roles, and contribute to the well being of society. Examples include leading curriculum in high schools, leading course work in colleges, mentoring students on particular projects such as science fairs, serving as social consultants

## MEMBERSHIP NOTES

**New Members:** The Section has grown to nearly 300 members. Welcome to our 28 new members thus far in 1996!

**Divisional Members:** Mark W. Bondi, La Jolla, CA; Deborah A. Bremer, Pittsburgh, PA; Dainery M. Fuentes, Coral Gables, FL; Richard M. Ganley, Bala Cynwyd, PA; Philip J. Gibeau, Springfield, OH; Carol T. Giunta, Silver Spring, MD; Michele J. Karel, Newton Highlands, MA; Lynn Larson, Portland, OR; Elaine B. Oxman, North Hills, PA; Dana Shagan, Norwich, CT.

**Affiliate Members:** Denise Cardin, Waco, TX; Michael Duffy, College Station, TX; William Henricks, Wauwatosa, WI; James M. Hyden, College Station, TX; Ellen Klausner, White Plains, NY; Janet Lindner, New York, NY; Sheilah Maramark, Clinton, MD; Daniela R. Roher, Glendale, AZ; R. Kevin Rowell, Conway, AR.

**Associate Members:** Andreas Maercker, Dresden, Germany.

**Student Members:** Christopher B. Brady, St. Louis, MO; Susan Church, Knoxville, TN; Anita F. Culbertson, Denver, CO; Jennifer Hillman, Mineola, NY; Barbara Kay, Ossining, NY; Gregory M. Martino, Dover, DE; Pamela S. Ridgway, Missoula, MT; Linda A. Travis, Atlanta, GA.

**Reclassifications:** Congratulations to former Student Members Rebecca Allen-Burge (University Park, PA), Cheryl S. Hankin (Newton, MA), and Candia Post Kaplan (Dublin, OH), who attained Affiliate Member status.

## MEMBERS IN THE NEWS

Two Section II members will be receiving awards from APA and making related presentations at the Convention in Toronto in August:

**George Stricker** will be honored for his Distinguished Career Contributions to Education and Training in Psychology. His award lecture is scheduled to occur at noon on Saturday, August 10. Dr. Stricker is Distinguished Research Professor at the Derner Center, Adelphi University, and a former President of Division 12 as well as of the National Council of Schools and Programs of Professional Psychology. He has maintained longstanding academic interests in clinical training

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to existing business enterprises or community projects, gaining employment in activities popular to children, and serving as members of a senior "think tank" for younger, less experienced adults, politicians, and community leaders.

Point 8. Integration of churches and synagogues into the discussion of aging is needed as spirituality remains vital in the latter part of the lifespan. Religious and spiritual involvement of seniors with others in the community can also combat stereotypes of aging in subtle ways.

Point 9. Politicians can benefit from enriched understanding of the strengths and needs of older adults that will permit more insightful legislation. Facilitation of the social change described requires political support. This may increase insight of underwriters of health care insurance on the need for a more comprehensive perspective of health, one that moves beyond the monotonic physiology model of today to an incentive-based wellness and preventative model.

Point 10. Promotion of the positive aspects of aging must be done in arenas that are popular to children. Daring to integrate big businesses that market to children, the child and adolescent educational systems, the religious institutions, the political organizations, information highway, and the health care system, can certainly result in a social milieu that is fertile for highlighting the new vision of aging across the lifespan, breaking down the old, outdated, and inherently false mindset of growing old in America.

These points strive to operationalize the conceptual framework of an alternative vision of aging as described above. Creation of multiple programs to realize the points is possible and underway at Lutheran Affiliated Services (i.e., Main Street Quality of Life Program). The challenge is large, the risk great, but to do nothing and rest on the status quo is morally unacceptable. ■

Continued from page 6, Column 1

and in psychotherapy integration and, as described in an update on the Section II e-mail network and in other presentations, over recent years has been conducting research on grandparenting.

Charles M. Morin will receive APA's Distinguished Scientific Award for an Early Career Contribution to Psychology in the area of health psychology. His award presentation describing his research on the treatment of sleep disorders in older adults is scheduled at 3:00 pm on Monday, August 12 in the Convention Center. Dr. Morin is Associate Professor and Director of the clinical psychology program at Laval University in Ste.-Foy, Quebec, and directs a newly developed sleep research center at a Quebec City hospital. ■

## Geropsychology Related Activities in the Department of Veterans Affairs System

Susan Cooley, Ph.D.

■ The Department of Veterans Affairs (VA) has a number of geropsychology-related activities in progress. A technical advisory group of VA- and non-VA geropsychologists was formed recently to develop practice guidelines for psychologists working in geriatrics and long-term care settings within VA facilities; an initial topic they are considering is guidance for general psychologists in determining elderly persons' capacity for decision making. Other multidisciplinary groups are developing VA guidelines for the diagnosis of dementia, emphasizing the role of primary care clinicians; and the diagnosis and treatment of major depression, including co-morbidities of substance abuse and post-traumatic stress disorder and special issues related to depression in the elderly. Guidance for VA facilities on integrated psychogeriatric patient care, describing a continuum of care settings and services, has recently been issued. Efforts to integrate mental health services into primary care are also underway, as VA proceeds with a major reorganization effort that places increased emphasis on primary care and outpatient care. Finally, a review of VA's medical research portfolio in various areas, including aging-related research, is also underway, to develop recommendations for future directions and priorities of VA research. For more information, contact Susan Cooley, Ph.D., Office of Geriatrics and Extended Care (114B), 810 Vermont Ave. NW, Washington, DC 20420; phone (202) 565-7531; fax (202) 565-7006; e-mail [cooley.susan@forum.va.gov](mailto:cooley.susan@forum.va.gov).

■ The 1996 revision of the Department of Veterans Affairs (VA) *Geropsychology Assessment Resource Guide* is now available. The Guide provides detailed information on 167 assessment instruments helpful in assessing mental health issues of older patients. Instruments are categorized into sections on Affect & Personality, Functional, Intellectual/Cognitive, Psychosocial, Special Purpose and Other. A network listing of psychologists in VA with interest and/or expertise in geropsychology is also included. Clinicians from a variety of disciplines have found the Guide to be a valuable desktop resource. The 1996 Guide is based on five years of collaboration among VA geropsychologists and VA's National Center for Cost Containment, a research and analytic center dedicated to improving veterans' health care through sharing of information. Assessment instruments chosen for inclusion in the guide met

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criteria of being readily available to clinicians and having specific normative data for the elderly or serving a special purpose not met by other instruments. Current norms, reference and other resources for issues of the elderly are listed. Copies of the 1996 *Geropsychology Assessment Resource Guide* are available at all VA Medical System libraries and most VA Psychology Services. For non-VA staff, copies of the Guide are available for a fee from the National Technical Information Service, U.S. Department of Commerce, 5285 Port Royal Road, Springfield, VA 22161; phone (703) 487-4650. Request publication #PB 96-144365. ■

### **CGX UPDATES ON SECTION II EMAIL NETWORK**

Since January, members signed onto the Section II email network have been participating in CGX (Clinical Geropsychology Exchange). Per an agreed alternate week schedule, a member has issued an "update" to the rest of the network on an issue of personal choice involving clinical geropsychology--descriptions of research activities or projects, presentation of clinical issues or theoretical questions, discussion of current professional controversies, and the like. To date the following nine CGX Updates had been issued:

1. George Niederehe, Depression and Memory Impairment
2. Suzanne Norman, The Question of Competency
3. Bob Knight, Some Thoughts on Clinical Geropsychology in Britain and in the U.S.
4. Linda Teri, Assessment of Behavioral Problems in Dementia: Conceptualization and Nomenclature
5. Sara Qualls, Standards for Psychologists Working in Long Term Care
6. Barry Edelstein, Assessment of Decision-Making Capacity
7. George Stricker, Preliminary Research Results on Grandparenting
8. Forrest Scogin, Minor Depression in Older Adults
9. Norman Abeles, Programmatic Efforts in the Education and Training of Clinical Geropsychologists

The updates (ranging from quite brief to more extended in length) have been widely received as informative and have generated varying degrees of response and discussion by other members. For more information about the email network or to become a participating member, contact Barry Edelstein (304-293-2001, ext. 661; fax: 304-293-6606; email: u21b4@wvnm.wvnet.edu). ■

### **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:** 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



## CONTINUING EDUCATION PROGRAMS AT APA IN TORONTO

A Pre-APA Continuing Education Workshop will be offered by Division 20 (Adult Development and Aging) for six hours of CE credit.

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### GERIATRIC PRACTICE IN PSYCHOLOGY: A SYSTEMS PERSPECTIVE

Thursday, August 8, 1996  
University of Toronto

Keynote Addresses: *"The Changing External Systems of the Older Adult"*;  
Sheila M. Neysmith, D.S.W.  
*"The Dynamic Internal Systems of the Older Adult"*;  
Carole A. Cohen, M.D., F.R.C.P.(C)

Afternoon Workshops: *"Psychotherapy Systems"*  
Deborah W. Frazer, Ph.D., & Gregory A. Hindrichsen, Ph.D.  
*"Assessment Systems"*  
Asenath La Rue, Ph.D.  
*"Consultation Systems"*  
Paula E. Hartman-Stein, Ph.D., & Gerald J. Strauss, Ph.D.

APA Division 20 will also be offering one to two hours of CE credit for selected symposia to be presented during the APA conference.

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*"Do Intervention programs work in the Elderly?"* Chair: Carolyn Aldwin  
*"Disruptive Verbalizations in Nursing Home Residents"* Chair: Lewis Lewin  
*"Alternative Methods in the Care of Individuals with Dementia"* Chairs: Lisa Bloom-Charette & Walter Penk

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*"Psychological services in Long-term Care: Standards for Practice"* Chair: Royda Crose  
*"Psychological Assessment of Older Adults: Are Informant Data Under-Utilized?"* Chair: Paul Duberstein

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*"Middle Aged Women and Their Aging Mothers"* Chair: Gisela Labouvie-Vief  
*"Everyday problem Solving: Interface of Cognition, Affect, and the Self"* Chair: Michael Marsiske

August 12, 1996

*"Interplay of Theory and Practice in Interventions with Family Caregivers"* Chairs: Mary Parris Stephens & Aloen Townsend

For brochures and information contact: Royda Crose, Ph.D.  
Center for Gerontology  
Ball State University  
Muncie, IN 47306  
(317) 285-1293 FAX: (317) 285-1961  
e-mail: 01rgcrose@bsuvc.bsu.edu

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## **ANNOUNCING A ONE-DAY CONFERENCE**

### **IMPROVING RELATIONS BETWEEN CULTURALLY DIVERSE STAFF, RESIDENTS AND FAMILIES IN LONG-TERM CARE FACILITIES**

**AUGUST 16, 1996  
SAN JOSE, CALIFORNIA**

This conference will offer an exploration of the impact of the increasing cultural diversity among staff and residents of long-term care facilities. Issues of teamwork and communication between all levels of staff, residents, and their families will be addressed, including strategies to promote greater understanding and better communication.

The Conference is sponsored by the Bay Area Consortium for Geriatric Education

Persons affiliated with the VA should contact:

Dolores-Gallagher-Thompson, Ph.D.  
Palo Alto VA Health Care System  
Geriatric Research Education and Clinical Center (182-B)  
3801 Miranda Avenue  
Palo Alto, CA 94304  
(415) 617-2774      FAX: (415) 617-2778

Other Inquiries may be Directed to:

Gwen Yeo, Ph.D.  
Stanford Geriatric Education Center  
703 Welch Road, H-1  
Palo Alto, CA 94304  
(415) 723-7063

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### **VACANCY ANNOUNCEMENT UNIVERSITY OF SOUTH FLORIDA FLORIDA MENTAL HEALTH INSTITUTE**

#### **MENTAL HEALTH SERVICES RESEARCHERS**

The University of South Florida's (USF) Florida Mental Health Institute (FMHI) invites mental health services researchers to apply for three faculty positions. FMHI is a unique component of the university and is the only research and training institute in Florida devoted to strengthening the delivery of public behavioral healthcare services. FMHI is one of nine colleges at USF's main campus in Tampa, and has 80 full-time faculty and 200 other professional and support staff. It receives about \$9M in university funding, and \$6M in contracts and grants. The institute's four departments concentrate on child, adult, and aging issues, and on mental health law and policy.

All positions require a Ph.D. or appropriate doctoral degree in psychology, public health, economics, public administration, sociology, medicine, or an allied mental health field. Applicants should present information pertaining to their experience in mental health services research including service system and clinical services research, health economics, financing and/or organization of services; experience in working in applied settings in close collaboration with service providers and service recipients to develop and test the effectiveness of system financing, organization or service delivery strategies; evidence of scholarly productivity (research, teaching, conference presentations); record of obtaining external funding for applied research/policy studies; evidence of commitment to cultural/gender diversity.

For each of the positions, appointment can be made at the tenure-earning or non-tenure earning (research series) level of Assistant, Associate, or Full Professor. Applicants must specify each category and rank for which they are applying. Appointment date is negotiable, but anticipated start is August, 1996. Salary range begins at \$43,000 at the Assistant/Research Assistant Professor level, and is negotiable at higher levels for a 12-month appointment. USF and FMHI are committed to increasing faculty diversity; therefore, applications from women and minority group members are especially encouraged.

Send letter of application, vita, and three references by June 30 to: David L. Shern, Dean, Florida Mental Health Institute, University of South Florida, 13301 Bruce B. Downs Blvd., Tampa, FL 33612-3899.



# American Psychological Association Division of Clinical Psychology

# PDI

Sheraton Centre Hotel

Toronto

August 7-8, 1996

## PreConvention - PostDoctoral Institutes

### TWO DAY WORKSHOP, Aug. 7-8, 14 CE, \$330

**A. Introduction to Clinical Neuropsychology**  
Jeffrey T. Barth, Ph.D.

### ONE DAY, Wednesday, Aug. 7, 7 CE Credits, \$165

- B. Neuropsychological Assessment of Individuals with ADHD** Jan Culbertson, Ph.D.
- C. Childhood Anxiety Disorders: Assessment and Treatment** Deborah Beidel, Ph.D.
- D. Board Certification in Clinical Psychology: Preparation for the ABPP Exam** A. J. Finch, Jr., Ph.D., W. M. Nelson, Ph.D.
- E. Forensic Psychology: Principles and Practice** Robert T. Kinscherff, J.D., Ph.D.
- F. Review of Psychopharmacology for Non-Psychiatrists** Neil Kirschner, Ph.D.
- G. Sexual Abuse Allegations in Child Custody Disputes** Sue White, Ph.D.
- H. Child and Adolescent Anger Control Therapy** Eva L. Feindler, Ph.D.

### ONE DAY, Thursday, August 8, 7 CE Credits, \$165

- I. Advanced MMPI-2 Applications** Yossef Ben-Porath, Ph.D.
- J. Neuropsychological Assessment of Individuals with Learning Disabilities** Jan Culbertson, Ph.D.
- K. Parent-Child Interaction Therapy for Young Conduct-Disordered Children** Sheila Eyberg, Ph.D., Cheryl McNeil, Ph.D.
- L. Sport Psychology: Applications for Enhancing Performance** Shane Murphy, Ph.D., Annemarie Murphy, Ph.D.
- M. Advances in Understanding and Treating Depression** Susan Nolen-Hoeksema, Ph.D.
- N. Comprehensive Treatment of Childhood/Adolescent ADHD** William Pelham, Jr., Ph.D.
- O. Panic Disorder and Agoraphobia: Advances in Assessment and Treatment** C. Alec Pollard, Ph.D.
- P. Advances in the Treatment of Borderline Personality Disorder** Marsha M. Linehan, Ph.D.

**FOR MORE INFORMATION:** See the April, 1996, *APA Monitor*, or call 405 721-2792 for a complete brochure.

**CE CREDIT:** Credits for each workshop will be given as indicated. The number of CE credits awarded equals the number of contact hours.

Attendance at the entire workshop (9:00 a.m. - 4:50 p.m.) is required for CE credit. Partial credit may not be earned. The APA Division 12 is approved by the American Psychological Association to offer continuing education for psychologists. APA Division 12 maintains responsibility for the program.

**CANCELLATION/REFUND POLICY:** Full refund for cancellation by Division 12 because of inadequate enrollment or by participant before July 15. A 75% refund will be given on cancellations between July 15-31. No refunds will be given for cancellations after August 1.

### Registration

Name \_\_\_\_\_ Highest Degree \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel.No. \_\_\_\_\_

Choice \_\_\_\_\_ (letter) \_\_\_\_\_ Fee \_\_\_\_\_ Payment: \_\_\_ Check or Money Order \_\_\_ Mastercard/Visa

First Workshop \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_

Second Workshop \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ Exp. Date

Before June 25 discount (\$10 per workshop day) \$ \_\_\_\_\_ Print Cardholder's Name \_\_\_\_\_

Total Enclosed (Pay in US\$) \$ \_\_\_\_\_ \_\_\_\_\_

Cardholder's Signature

Mail to: **Division 12 Office, PO Box 22727, Oklahoma City, OK 73123-1727** email [71202.1701@compuserve.com](mailto:71202.1701@compuserve.com)

Telephone for credit card registration: (405) 721-2792 from 8:00a.m.- 5:00p.m. CST or FAX (405) 721-5005 anytime

Clinical Geropsychology News  
Newsletter of Section II, Div. 12, APA  
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