Clinical Geropsychology News

Society of Clinical Geropsychology

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Please contact Erin Woodhead at Erin.Woodhead@va.gov or Kaci Fairchild at JenniferKaci.Fairchild@va.gov 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: The Long Haul

Erin Emery, Ph.D.

The road to recognition of geropsychology as a specialty has been a long one. But geropsychologists have persisted from before the first Older Boulder conference through Pikes Peak and now on to board certification through ABPP. We made a commitment to provide training and research opportunities, to mentor those entering the field at any stage, to develop evidence-based treatments for older adults, to identify and measure competencies – all to assure that older adults were understood as clearly as possible and getting the best specialty services that geropsychology could provide. While some of those involved in the earliest efforts at specialty recognition are retiring now, they have cultivated generations of geropsychologists to continue the journey – to be in it for the long haul.

I was thinking about this as I just finished my first marathon. Having had knee issues my whole life, I never thought that would have been possible. But I figured out that I could walk as fast as some people run – fast enough to finish a race – and not be last! I'll never be a Kenyan, but I got my medal and my sense of accomplishment. There seemed to be some parallels between these 26.2 miles and our professional journey.

1. There will always be setbacks, but they don't have to stop you. I injured my knee in the early part of my training (I'll admit I was salsa dancing for too long in heels that were too high), and needed to go through physical therapy to rebuild in order to keep training. Later in my training, I had a couple of other health issues that slowed me down a good bit. Thankfully none were show-stoppers, but they were certainly disheartening. I still finished the race. And if I had been whining at all, I only needed to hear about the woman who was 39 weeks pregnant, finished the marathon (with her doctor's blessing, lest anyone start filing abuse charges), grabbed dinner, then gave birth that day.

Geropsychology has been trying to become recognized for years as a specialty, and has been turned down or sent back to the drawing board multiple times. We are now an APA specialty, and are even beginning the process of board certification.

2. When it seems a solitary journey, look up. As I began to feel the pain in my legs, the blisters growing on my feet, and my breath growing short, I found myself so focused on my body that I wasn't aware of what was going on around me. When I finally looked up, I saw that I was keeping pace with the woman jogging next to me, and recognized her as one of the coaches I met at a training event. We were both huffing and puffing along – and both continuing on. I only needed to look up to see that I wasn't alone in my suffering, and in my persistence. I also saw the thousands and thousands of spectators cheering, "you GOT this! ... you're doing it! … (and, yes) there's beer at the end! Don't stop now!" Anyone who has done a race knows that the cheers and the music of the people around the course make a huge difference in keeping the pace.

I am constantly amazed at the wonderful, welcoming group of people that geropsychology includes. One of the main concerns of many in the ABPP process was that it would make geropsychology become exclusionary. How many other specialties care about this, much less consider it a negative consequence of board certification? Further, because we are such a small group at this point, many of us are the only geriatric specialists in our institutions, which can feel very isolated. Being a part of a national organization of specialists can be key in doing the work we need to do.

3. Remember why we're doing this. I raised money during my training for the Leukemia and Lymphoma Society through Team in Training (TNT). Around mile 12, another TNT runner came up behind me and asked, "have you been thanked by a survivor today?" I hadn't. She looked intently at me and said, "thank you." I got choked up. And I get choked up every single time I think about it. That gratitude and the reminder of why I started this journey kept me going at mile 25 – our last mile was as fast as our first.

While clinicians sometimes get thanked by our clients, researchers, policy makers, professors, and those working to take the specialty forward rarely get thanked. So to each and every one of you who has been, and will be a part of this collective journey – a deeply sincere Thank You.

Officers of the Society of Clinical Geropsychology

President: Erin Emery
Past President: David Powers
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Interdivisional Healthcare Committee Chairs: Margie Norris and Cheryl Shigaki
Student Representatives: Joe Dzierzewski and Jeffrey Gregg
Diversity Committee Chair: Yvette Tazeau
Continuing Education Committee Chair: Michelle Hilgeman
Website Coordinator: Olga Rosito

The Student Voice

Jay Gregg, MS
Student Representative

Greetings from the hills of West Virginia! I wanted to take a few moments to introduce myself as the new junior student representative for our organization. I am currently a 3rd year graduate student in the clinical psychology program at West Virginia University. My research and clinical interests are broadly focused in clinical geropsychology, with specific interests in the assessment and treatment of late-life depression, risk and protective factors for suicide in later life, and rural aging.

For as long as I can remember, I have always loved interacting with older adults. However, I had no idea that there were opportunities in clinical psychology to specialize with older adults until I "accidentally" took an undergraduate course in geropsychology at the University of North Carolina (UNC). Like many others, I haphazardly stumbled into our field and fell in love with it! Since that time, I have been passionate about working with older adults and sharing that passion with others. Following my undergraduate education at UNC, I applied to doctoral programs in clinical psychology across the country and was fortunate enough to be offered admission to West Virginia University (WVU).

In the program at WVU, I have the great luxury of working with mentors and fellow students who are equally energized about research, practice, and advocacy with older adults. I am a member of Dr. Amy Fiske's Mental Health and Aging Lab (MHAL), where we are currently working on a project examining gender differences in depressive symptoms in younger versus older adults. I am also a secondary member of Dr. Barry Edelstein's lab, where we are working to develop an assessment measure of anxiety symptoms for use with individuals with cognitive impairment. With regard to my own research, I recently defended my master's thesis, in which I utilized the Swedish Twin Registry to examine factors associated with physicians'

detection of depression in late life. In terms of clinical work, I have had the great pleasure of conducting assessment and treatment with older adults and their families in several different settings, including a local nursing home, an outpatient clinic, and a long-term psychiatric care facility. Overall, my experience has been extremely rewarding and I am looking forward to new opportunities that will continue to strengthen my training.

Now that I have had the chance to attend several conferences and to interact with members of our organization, I can report that I am truly amazed by the general warmth and friendliness of clinical geropsychologists and geropsychologists-in-training. As a student in this field, I feel that we are lucky to be surrounded by such supportive leaders and colleagues. I am thrilled to have the opportunity to represent my fellow students to the Division 12/Section II executive board. Joe Dzierzewski and I are currently working to organize a student social at the upcoming GSA conference in Boston, MA. In past years, the social has afforded great networking opportunities for students. We will be contacting you with information about the social soon and hope to see you there!

As always, please feel free to contact us with any suggestions or ideas that you may have to optimize students' experience.

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Jay Gregg: jgregg@mail.wvu.edu
Facebook group: http://www.facebook.com/group.php?gid=53793187809

Division 12/II Student Paper Award

Sheri Gibson, M.A., doctoral candidate in the Department of Psychology at University of Colorado at Colorado Springs, received the Division 12/II Student Paper Award, presented to her by Erin Emery at the APA Conference (pictured at left). Below she provides an abstract for the paper and a brief biosketch. Congratulations to Sheri!

Journal Article Citation
Gibson, S. C. & Greene, E. (in press). Assessing knowledge of elder financial abuse: The first step in enhancing prosecutions. *The Journal of Elder Abuse & Neglect.*

Abstract
Financial exploitation by a family member is the most common form of elder mistreatment, yet is a difficult crime to detect and prosecute. Psychologists have traditionally assisted prosecutors by assessing decisional capacity and opining in court whether an alleged victim was able to consent to the contested transactions. This paper proposes and evaluates a novel form of psychological expertise in financial abuse trials – social framework testimony to reeducate jurors who are misinformed about aspects of this largely hidden crime. Findings suggest that, as in cases of child and spousal abuse, social framework testimony on the general dispositional and situational factors inherent in elder financial abuse may enhance prosecutions.

Biosketch

Sheri is currently a 5th year graduate student in the Ph.D. Clinical Psychology program with a curricular emphasis in Geropsychology at the University of Colorado at Colorado Springs. Her graduate-level research endeavors include a study investigating lay and expert knowledge of issues pertaining to elder financial abuse to form the basis for expert testimony in such cases. This project was recently accepted for publication in the Journal of Elder Abuse & Neglect and is the paper accepted for this year's 12/II Division's research award. Other research endeavors include a study on older adults' comprehension of language contained in wills (and recently accepted by the Journal of Applied Cognitive Psychology) and a theoretical model for family intervention in cases of elder financial abuse. She has co-authored a book chapter with her mentor, Dr. Edie Greene, on the "Experiences of Older Adults in the Legal System" which will be published in Miller and Bornstein's textbook, Trauma, Stress, and Wellbeing in the Legal System (in press). Sheri's dissertation project is in the planning stages and will also focus on elder financial abuse, in particular, testing theoretical notions related to lack of reporting among older adults. Having successfully completed her academic and clinical comprehensive exams, Sheri's direction for the upcoming year includes completion of her dissertation project and application process for internship. Her long-term career goal is to combine clinical practice with continued research and advocacy in the area of elder abuse and on behalf of elderly victims.

Announcements and Member News

This is a new section of the newsletter intended to highlight announcements relevant to the membership and the accomplishments of the Section's members. If you have received any local or national awards, or want to let the Section know about recently accepted publications, or recently published books, please email updates to Erin Woodhead (Erin.Woodhead@va.gov) and Kaci Fairchild (JenniferKaci.Fairchild@va.gov).

Announcements

CMS Announcements: Submitted by Margie Norris

Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse
Posted final decision memo:
https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=249

Screening for Depression in Adults:
Posted final decision memo
https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=251

Intensive Behavioral Therapy for Obesity:
https://www.cms.gov/medicare-coverage-database/details/nca-details.aspx?NCAId=253&ver=2&NcaName=Intensive+Behavioral+Therapy+for+Obesity

Psychodynamic Reading Group: Submitted by Doug Lane

A reading group focused on the application of psychodynamic ideas to working with older adults is open to members of 12/II. The group meets monthly by conference call. All are welcome- from students to the most

seasoned veteran psychologist- and no prior psychodynamic experience is required. If you have an article that you would like to submit, please contact Doug Lane at Douglas.Lane@va.gov.

Update on ABPP

With 62% of 12/II members voting, the motion to move forward with the ABPP process is supported (90 in favor, 21 opposed). The ABPP process will take 3-5 years thus is a long-term goal. The purpose of ABPP in Geropsychology is to establish a publicly sanctioned means of designating specialists who meets the required competencies. Based on these results, 12/II will join Division 20, CoPGTP, and PLTC in financing the initial costs to pursue the ABPP process.

Member News

Awards and Recognitions

Lauren Fox MacMillian was recently inducted into the 4th year class of the APA's Leadership Institute for Women in Psychology (LIWP). The mission of the LIWP is to "prepare, support, and empower female psychologists as leaders to promote positive changes in institutional, organizational and practice settings as well as APA governance, and increase the diversity, number and effectiveness of women psychologists as leaders."

Jon Rose received the 2011 Essie Morgan Excellence Award from the Academy of Spinal Cord Professionals. This award is given to members who demonstrate outstanding leadership in the areas of psychosocial adjustment and rehabilitation of persons with SCI in service delivery, research, education, or administration. A major factor in the selection of Dr. Rose was his application of Geropsychology to SCI rehabilitation and lifetime care. At the APA Convention, Jon was also presented with a gavel in recognition for his past service as President of 12/II.

Michele Karel was recently selected as lead psychologist for the VA's Home Based Primary Care Program (HBPC). This is a national position out of VA Central Office (VACO). The VA's HBPC program serves chronically ill Veterans in their homes. In addition to primary care services, the program also includes services such as palliative care, therapy, disease management, and coordination of care services.

Antonette Zeiss has been appointed Chief Consultant for the Office of Mental Health Services in the Veterans Health Administration at the VA. Secretary Eric K. Shineski congratulated her at the VHA's Mental Health Conference in August and stated, "Knowledgeable, thoughtful, caring, patient, and tough, Dr. Zeiss is the first woman and first psychologist to hold this position".

Forest Scogin is the 2011 recipient of the Division 12, Section II (Clinical Geropsychology) Distinguished Clinical Mentorship Award. This award recognizes those clinical geropsychologists who have played

influential roles in the clinical supervision of psychology trainees who provide services to older adults. This award also recognizes those who have mentored trainees interested in a career in clinical geropsychology.

David Guttman received the Division 12, Section II (Clinical Geropsychology) M. Powell Lawton Award for Distinguished Contributions to Clinical Geropsychology at the APA Convention. Dr. Guttman was introduced by 12/II past president, David Powers (seen here).

This award recognizes significant contributions to gerontology through innovation in gerontological treatment, practice or service, prevention, amelioration of symptoms or barriers. This award honours those who exemplify the outstanding professional and personal qualities of M. Powell Lawton. At right is a photo of Dr. Guttman after his Lawton Award Lecture at APA this year (read an abbreviated version of his speech starting on pg. 15 of this newsletter).

Recent Member Publications

Abramson, T., Abel, V., Kanaris, P., Shaw, J.P. (2011). Aging Well: The Role of Mental Health. Presentation at the NY State Society on Aging, Saratoga Springs, NY.

Conway, F. Jones, S. & Speakes-Lewis, A. (2011). Emotional strain in caregiving relations among African American grandmothers raising their grandchildren. *Journal of Women and Aging, 23*(2).

Conway, F., Magai, C. & Jones, S. (August, 2011). Friendships and health among ethnically diverse older adults: Relations between social network changes and physical health in Symposium “Social relations across time and context.” Paper presented at APA 119th Convention in Washington, DC.

Conway, F., Magai, C., McPherson, R. & Milano, K. (2010). Synergy between molecular and contextual views of coping among four ethnic groups of older adults. *International Journal of Aging and Human Development, 70*(4), 319-343.

Gould, C.E. & Beaudreau, S.A. (2011). Dysregulated blood pressure is associated with depression and anxiety. Poster accepted for presentation at the 11th annual meeting of International College of Geriatric Psychoneuropharmacology, Irvine, CA.

Hillman, J. (2011). A call for an integrated biopsychosocial model to address fundamental disconnects in an emergent field: An introduction to the special issue on "sexuality and aging." *Ageing International, 36*, 303-312.

Karel, M.J., Gatz, M., & Smyer, M. (in press). Aging and mental health in the decade ahead: What psychologists need to know. *American Psychologist.*

Karel, M.J., Holly, C.K., Whitbourne, S.K., Segal, D.L., Tazeau, Y.N., Emery, E.E., Molinari, V., Yang, J., & Zweig, R.A. (in press). Preliminary validation of a tool to assess competencies for professional geropsychology practice. *Professional Psychology: Research and Practice.*

Knight, B.G & Sayegh, P. (2011). Mental health and aging in the 21st century. *Journal of Aging and Social Policy, 23*, 228-243.

Committee Updates

Education Committee Update

Submitted by Erin Woodhead and Erin Emery

The Education Committee of the Society of Clinical Geropsychology is continuing with data collection for a survey of students' geropsychology training experiences in the USA, Canada, Australia and New Zealand. The project is funded by an award from the Council of Professional Geropsychology Training Programs. The goal of the project is to assess training opportunities and student competencies in geropsychology and determine the factors that influence students to pursue or not pursue a career in geropsychology. The survey is open to clinical/counseling graduate students, interns, and postdoctoral fellows.

Please encourage your trainees to participate! The link for the survey is http://psy.uq.edu.au/ger

Multicultural Committee Update

Submitted by Yvette Tazeau, PhD, Section Chair

The Multicultural Committee is working to create a list of articles on multicultural issues to be posted on both the 12/II and APA Office on Aging websites. The committee would like to encourage members to send diversity article citations/references for inclusion in this forthcoming website section. Please send your citations to Yvette Tazeau at ytazeau@ix.netcom.com. Thank you!

Website Update

Submitted by Olga Rosito, M.S., Website Coordinator

Dear 12/II Members,

We are now able to process your membership application and fees online. Please visit our website www.geropsychology.org to apply for or renew your membership in the Society of Clinical Geropsychology. You will find a link to the online application on the homepage, on the left panel – please click on "Online Application" to access it. A new browser window should open (if it does not, please make sure pop-ups are allowed for geropsychology.org by reviewing your browser settings).

Please enter your information into the membership application (items marked with a red asterisk are required). Select payment amount and click "Submit." Once submitted, you should receive a "Thank You" page with a link to make your online payment. Click on this link – select payment link in the correct amount and complete your payment with PayPal. Please note that PayPal will allow you to submit a payment using credit/debit card or your PayPal account (if you already have one).

Continuing Education Committee Update

Submitted by Michelle Hilgeman, Ph.D., Committee Chair

Continuing Education Chair, Michelle Hilgeman, officially began her new term in August 2011. The committee is appreciative of past CE Chair, Doug Lane, who successfully served in this role for several years and has agreed to remain on the committee as a member. The CE Committee has met via conference call to discuss recent initiatives including Division 12/II and Division 20 co-sponsored CE Workshops at the Annual APA Convention. Previous topics of interest, challenges with enrollment and cost effectiveness for CE offerings, and recent changes in procedures for these offerings have been reviewed. Correspondence with Division 20 Program Chairs, Division 20 CE Chairs, and the APA CE Chair Dr. Susan Simonian are ongoing and have resulted in exploration of CE programming opportunities outside of the national convention. Collaboration across committees within Division 12/II will also be a top priority this coming year. The CE Committee plans to utilize the website for updates in the future. If you have educational opportunities, workshop ideas, or would like support in developing new CE opportunities feel free to email the committee by contacting Michelle.Hilgeman@va.gov.

Interdivisional Healthcare Committee (IHC) Update

Submitted by Margie Norris, Representative for Division 12-2

Interdivisional Healthcare Committee:
Keeping You Updated

The following are abbreviated minutes from the IHC meeting that took place at the APA convention in August 2011. Please feel free to contact your IHC Representatives, Margie Norris (margienorris@hotmail.com) and Cheryl Shigaki (shigakiC@health.missouri.edu) with any follow-up questions you may have.

Steering Committee for Treatment Guidelines:

Nine people have been identified to be on the APA Guidelines Steering Committee. They are in the process of reviewing what other organizations have already done regarding treatment guidelines and are currently creating a system for topic selection. Once topics have been selected, a committee will be developed for each topic. The current discussion is focused on how to do the research review, and how to translate the reviews into practice guidelines.

It was proposed that the IHC could help divisions become involved in the comment process, and encourage input from divisions with relevant expertise, serving as a "clearinghouse". In this capacity, IHC could bring input from the various divisions together to create joint comment reflecting the relevant expertise of different groups, and could highlight where there is agreement and disagreement about best practices. A motion was passed that the IHC serve as the clearinghouse to address requests for public comment on biopsychosocial guidelines.

ACTION: IHC will write a letter to be sent to division leaderships to ask if they would like to be involved in the review of biopsychosocial guidelines. Then, per Randy Phelps's recommendation, this process will be tested via a sample guideline.

Primary Care Training Initiatives:

Information regarding initiatives to establish more training opportunities in primary care was presented. The committee discussed how the IHC should or should not be involved in issues around training. Comments included that the IHC has championed issues pertaining to the promotion of the biopsychosocial model in the past, but this is a new area, and we will need to consider what the IHC might be able to do. It was agreed to table this discussion until the Mid-Winter meeting, at which time the committee can more thoroughly discuss the issues.

Health Care Reform and Psychologists:

Randy Phelps gave an update on healthcare reform. He noted that primary care and the patient-centered medical home are central to healthcare reform, but expressed some concern that psychology does not yet have as strong a voice as we need in this process, and that physicians and nurses have a lot more power in the proposed systems. He encouraged the group to determine common interests between the divisions, where they can agree and work toward the common goal of having a strong voice in health care reform.

There was also a discussion of how money will flow through the healthcare system. Most new coverage by the healthcare act will be through Medicaid. This is a challenge because states govern Medicaid, thus, there will be 50 states' rules and policies to monitor. It is important for psychology to comment on these payment rules as they are formed at the state level. It was also noted that many states have laws against psychologists forming partnerships with other disciplines, and that these laws need to be addressed to permit psychologists to be part of the Accountable Care Organizations (ACOs) and other healthcare entities.

Health and Behavior Codes Update:

The latest data on H&B Codes utilization in Medicare was reviewed. Use of these codes under Medicare has been relatively stable from 2009 to 2010. We discussed the importance of encouraging people to use the

H&B codes as much as possible. Limited progress has been made to date on getting reimbursement for H&B codes from Medicaid. It was noted that private payers seem to be much more open to the H&B codes.

Neuropsychology Updates:

Steve Honor presented information about various topics that the neuropsychology division is currently pursuing. He noted that neuropsychological evaluations are now often paid under medical coverage rather than behavioral health, negating the need for precertification. Neuropsychologists are able to use ICD-9 codes (typically neurology codes) for reimbursement, whereas there were some historical issues with this. The issue appears to have been resolved.

State legislatures are passing "Concussion Bills" to legislate how athletes are evaluated and treated post-concussion. National Academy of Neuropsychology (NAN) and state neuropsychological associations have been working to ensure that they have a role in these evaluations with varied success. For example, it appears that the NY bill being formulated will not include psychologists in the mandated care.

Medicare is working to limit number of hours for neuropsychological evaluation and hours for feedback of evaluations. Randy Phelps noted that neurologists are supporting psychologists to increase reimbursement for evaluation feedback session, in that they don't feel comfortable interpreting results.
The New York State Association of Neuropsychologists is developing a position paper on who should do IME's or peer reviews on head injury cases. There is a desire for these determinations to be managed by qualified providers, and the paper will define these qualifications.

ICD Revision Update:

Geoff Reed discussed classifications of neurological and neuropsychological "brain disorders". He requested that the IHC address how we would like to see changes in the nervous system ICD codes.

Geoff discussed how ICD codes are likely to become the standard in the US, replacing the use of DSM. Geoff asked for input regarding descriptions of ICD codes or specific diseases. This is important because describing the psychological or behavioral aspects of a disorder would create the rationale or clarify the need for psychological intervention. ICD codes are under review, so there is an opportunity to develop additional codes that would document more precisely when and why psychological intervention is appropriate and make the codification system more "psychology friendly."

ACTION: Geoff Reed will supply the WHO form to IHC, and the IHC representatives can take this information back to their divisions for comment.

Louisiana Medical Psychology Issue Update:

Further review of the law passed indicates that medical psychologists can supervise masters-level clinicians, but licensed psychologists cannot.

It was noted that IHC's concerns about the Louisiana Model have received considerable support from various APA groups. A motion was made that IHC write a letter to the APA Council of Representatives to amend the Model Practice Act regarding prescription authority, to ensure that prescribing psychologists are not licensed under a medical board, and that the term "medical psychology" should not be codified to refer to prescribing psychologists only.

ACTION: IHC will draft a letter recommending that APA Council of Representatives amend the Model Practice Act regarding prescription authority, adopting CAPP's language, and forward this to the IHC member divisions, and to Council members.

Next IHC meeting: February 2012.

Division 12 Update

Submitted by Brian D. Carpenter
Section II Representative

Division 12 Board Meeting
Washington, DC
August 7, 2011

Below is a summary of topics discussed at the abridged Board meeting held at the APA conference.

CRSPP Petition

Dr. Irv Weiner described ongoing efforts to assemble the clinical psychology specialty petition. All required materials have been assembled, and we are ahead of schedule in anticipation of the January 1 submission deadline.

Practice Directorate

Dr. Katherine Nordal attended the meeting and provided brief information on the Practice Directorate, including a request for nominations for next year's practice-related awards. The Advisory Steering Committee on Treatment Guidelines is moving ahead with its work, although the work remains in its preliminary stages. The Committee expects to work on guidelines associated with not only behavioral and mental disorders but also health-related disorders (e.g., obesity, diabetes). Having these guidelines will grow increasingly important, as psychiatry and private companies have started to develop proprietary assessment and treatment guidelines, many of which severely limit practice opportunities for psychologists. In the next wave of healthcare reform, much of the implementation will take place at the state level, which is why the directorate is nurturing relationships with state-level policy developers.

In other efforts, APA is supporting development of updates to the International Classification of Diseases (ICD) and International Classification of Functioning (ICF), though it's unclear what impact this will have on the influence of DSM.

Council Report

Council has been discussing how to improve the convention, focused on reducing the number of offerings and encouraging more cross-cutting sessions. One possibility is reducing the number of program hours available to the Divisions, with Division 12 taking the largest hit in reduced hours among all divisions. With strong advocacy by Council Division 12 Representative Larry Beutler, the changes will not start until 2014, and they will be phased in over three years. Regardless of actual hours, the division should begin thinking about offerings that are cross-cutting in order to respond to the new emphasis proposed by APA. The timing

for conference preparation will be shifted much earlier (at least a year, since the Division program chair will attend a leadership meeting 1.5 yrs before the actual convention), and there are obvious implications for the hours that will be available to sections as well.

APA Office on Aging and Committee on Aging Update

Submitted by Deborah DiGilio

This has been quite a busy year! As described in the last newsletter, the Office on Aging is devoting considerable energy to assure that Psychology is given significant attention in the report being developed by the Institute of Medicine (IOM) Committee on the Mental Health Workforce for Geriatric Populations. APA submitted a white paper, Psychology's Role in Addressing the Mental and Behavioral Health Needs of the Geriatric Population (http://www.apa.org/pi/aging/resources/psychologist-role-geriatrics.pdf) and the IOM Health Care Workforce Data Collection Form in June. In October, we provided additional information on Innovative Models of Geriatric Mental and Behavioral Health Programs Incorporating Interdisciplinary Team Care (those including psychologists, of course) and descriptions of Geropsychology training programs at the level of Doctoral, Internship/Postdoctoral, and Post Licensure. We will also be sending new data from the Survey of Professional Geropsychology Training and Experiences recently conducted by the Office on Aging and APA Education Directorate in collaboration with Divisions 12, 12/II and CoPGTP. We have been informed that the IOM report will be released in April 2012.

This fall, the Office on Aging was pleased to cosponsor two well-received webinars. On September 14, over 360 aging and health service providers and local and state aging agency staff participated in a 2-hour webinar, "Mental Health Needs of Family Caregivers: Identifying, Engaging and Assisting", cosponsored by the U.S. Administration on Aging (AoA). Presenters were William E. Haley, PhD, Professor, University of South Florida, School of Aging Studies, Barry J. Jacobs, PsyD, Director, Behavioral Sciences for the Crozer-Keystone Family Medicine Residency Program in Springfield, PA, and I. The moderator was Greg Link, who heads up the National Family Caregivers Program at AoA. Topics included: (1) strategies to identify and engage family caregivers to overcome reluctance to utilize services and to refer to mental health services when needed; (2) effective interventions in addressing caregiver stress and burden, and (3) an overview of the wealth of resources available in the APA's Family Caregiver Briefcase. This was an excellent way to bring geropsychology out to the front line. The attendee evaluations were excellent and there was strong interest in additional webinars on memory and aging, dementia, capacity for decision-making, stress and anxiety, and bereavement and grief. We hope to offer future programs with AoA. The Webinar is archived on the Briefcase's homepage (http://www.apa.org/pi/about/publications/caregivers/index.aspx).

The second webinar held on October 3, was cosponsored by the APA Public Interest Directorate (within which the Office on Aging resides) and the Science Directorate. More than 400 registered and over 350 attended "New Alzheimer's Guidelines: How Will Research and Practice Be Affected?" Glenn Smith, PhD, (Mayo Clinic School of Medicine) moderated the 90-minute webinar. Five speakers, each of whom had a role in formulating the new NIA/Alzheimer's Association guidelines, were featured: Creighton Phelps, PhD, and Molly Wagster, PhD (both of NIA), Marilyn Albert, PhD (Johns Hopkins University), Yaakov Stern, PhD (Columbia University), and Sandra Weintraub, PhD (Northwestern University). Attendees were equally pleased with this webinar and offered comments such as: "The format and presenters were excellent. This is a great delivery vehicle and I hope it will be used in the future for similar webinars." This webinar is archived on the Office on Aging homepage (http://www.apa.org/pi/aging/index.aspx). Related to Alzheimer's disease, the APA Guidelines for the Evaluation of Dementia and Age-Related Cognitive Change (2011), an update of the original 1998 Guidelines is now available at: http://www.apa.org/pi/aging/resources/dementia-guidelines.aspx.

CONA members, Sara Qualls, PhD (Chair), Patricia A. Areán, PhD, Adam Brickman, PhD, Kelly O'Shea Carney, PhD, Neil Charness, PhD (Chair-elect) and Manfred Diehl, PhD, also have a very full agenda. Their 2011 APA Convention offerings were very well attended and plans are underway for 2012. At its annual Conversation Hour, the CONA Award for Advancement of Psychology and Aging was presented to Anderson Dodd Smith, PhD in recognition of his extraordinary leadership across the domains of research, education, and institutional development in the psychology of aging. The award text notes that Dr. Smith's research on memory and aging established foundational structures in that field that stimulated a great deal of subsequent research and benefits scientists to date. CONA last met in September when it decided to target its next year's efforts on Priming the Geropsychology Pipeline, Integrated Health Care, Increasing External Visibility for Psychology, and Improving Access to Care. For more information about current activities, visit the Office on Aging website (http://www.apa.org/pi/aging/index.aspx).

Updates from the Board

Membership Update
Submitted by Rebecca Allen and Casey Azuero

Recently there have been some upgrades to the 12/II website. Take a moment to check-out the following changes. PayPal is once again active, making it a great time to renew your membership with ease! Not sure if it is time for you to renew? Then check-out the online list of active members. If you do not see your name, then it is time to pay your dues for a 1 or 3 year membership.

Division 12/II currently has 178 faculty members and 28 student members that are active. Faculty members, please encourage your students to join because as you already know, this a great opportunity for students to inexpensively (only $10!) join professional organizations and supplement their education with valuable listserv posts by the best and brightest in the field! It is also a great opportunity for students to network and begin building a presence in the field in their own right.

As an additional reminder, we will soon be contacting the 99 of you that have let your membership lapse, so if you are not sure about of your status, be on the look-out for a friendly reminder from one of your 12/II affiliates.

We are looking forward to seeing you in Boston at GSA!

Highlights from the 2011 APA Convention Society Board and Business Meetings

Sherry A. Beaudreau and Karyn Skultety

Awards

The following awards were presented at the Society Business Meeting:

David Guttman— *M. Powell Lawton Award*
Forest Scogin— *Distinguished Clinical Mentorship Award*
Sheri C. Gibson—*Excellence in Research by a Student Member*

Elections/Committee Updates

The following changes in positions within the society were reviewed:

1) Martha Crowther resigned as current President. Erin Emery (President Elect) became President at the conclusion of the meeting. David Powers (Past-President) will stay on as Past President for another year.
2) Jon Rose was thanked for his years in presidential service with the ceremonial gavel.
3) The new Secretary-Elect is Sherry Beaudreau
4) Amy Fiske won a very close election for President.
5) Jeffrey Gregg is the new Student Representative
6) Michele Hilgeman from Tuscaloosa VA will be the new CE representative
7) Olga Rosito continues to serve as our Webmaster. She is currently working on getting the Member portion up and running. Rachel Rodriguez and Francine Conway are updating the education program listings on the website.

Treasurer Report

The society continues to be in excellent financial condition. There are currently $33,000 in assets due to conservative budgeting and spending over the years, as well as cutting unnecessary expenses.

Membership

The society membership is steady and beginning to increase. There are currently 178 paid members. There are efforts to contact members who were active in the past but have not been recently.

ABPP

The Society is preparing for a vote from the members regarding support for the ABPP process (including $2500 contribution and letter for support). CoGTP is the sponsoring organization and has already committed $2,500 plus a letter of support. Division 20 and PLTC have voted unanimously to provide $2,500 and letter of recommendation for the ABPP process. $10,000 will be used as follows--$2,500 initial app, $2,500 develop materials, $5,000 to monitor materials of those trying to get ABPP. Many feel that this is positive for the professional development for clinical geropsychology. However, there are concerns regarding cost and what this might mean for those who don't choose ABPP. The process of ABPP coming into effect will be 3-5 years. The next steps will be a survey on the listserv and then a vote from the society membership.

THE DYNAMIC MEMORY IN LATER LIFE

David Gutmann

Introduction and acknowledgements: Some of us study the things that we're afraid of. So I was first attracted to the field of aging psych because I was afraid of getting old. The study of aging did not protect me against the condition that I studied. I am not an old geezer, I'm an archaic geezer.

However, I am still very much connected to those – living and dead -- who helped me when I was a beginning worker in the weedy vineyard of aging studies.

First and foremost: Bernice Neugarten. She turned me loose to chew on a chunk of TAT data from the Carnegie Study that became my life's work. Bernice and I published the study as an APA monograph. More importantly, Bernice Neugarten and Bill Henry, the chair of Human Development at the Univ. of Chicago, told me to write up my notes as a doctoral dissertation.

Like many graduated grad students I spent the rest of my career elaborating on and defending that dissertation. In brief, I secured a 10 yr. Career Development Award to carry out the cross-cultural, comparative research that is required to test a developmental hypothesis.

Together with my grad students at Northwestern Medical school I set out to test out my speculations concerning the sources of late-onset psychopathology in geriatric populations. A senior psychoanalyst, Dr. Jerome Grunes specialized in the treatment of older patients, and he became my mentor in clinical explorations of these populations. Dr. Grunes and I joined our students in exploring this Terra Incognita – the complex and surprising unconscious of the older patient.

My deceased wife, Joanna Redfield Gutmann, completed the Northwestern Memorial Hospital Older Adult Program (OAP) troika. While Jerry and I focused on clinical and research training, Joanna, as the head of our outpatient clinic, managed the treatment side with admirable intelligence, sensitivity and efficiency. This paper is dedicated to Joanna.

The historic dimension of the aging psyche: I will report on some of the OAP's practices that bear on the current field of geropsychology and attempted to provide correctives to some of its deficiencies. Most important: the rediscovery and study of the historic dimension of the aging psyche. A major problem of later life is the loss of history. Older patients can feel locked in a current, obsolescent self. They are, finally, alone with the "bad object." And the bad object is him or herself.

This portentous statement calls for elaboration. The personal history, whether available to consciousness, or buried in the unconscious, is predominantly a compilation of what the Freudians call "objects," but what I prefer to think of as "Presences": the memorialized derivatives, now aspects of ourselves, of those good persons that we have loved and the bad persons that we have hated, and feared. These presences are largely formed in our early years, when the boundaries between subject and object, between self and other are sketchy and permeable, such that our experience of the other can easily merge with our experience of self – and vice versa. Our sense of the significant other – whether negative or positive - becomes part of our own self-awareness. By and large in our formative years we split our ambivalence, such that the Good presences are available to consciousness, and become part of our self-regard: "I have been loved by admirable people." The bad presences are protected against through reaction formations, through denial, and through alliances

with our good presences. The good presences are the foundation of the psychic immune system; they guard against the attrition of the Bad Presences, which are largely -- when the immune system is intact - exiled to the unconscious.

The Presence Immune System (PIS) is maintained through behaviors, cognitions and social ties which memorialize the example and influence of the good presences, and which refute the forbidden temptations pressed on the self by the Bad presences.

Memory forms a vital part of the PIS, in that it refreshes and confirms the personal connection to the Good presences, and provides guidelines- particularly at times of ambiguity and doubt - for laudable behavior in the present: “How would my father have dealt with this mess?”

Shame results when one fails to live up to the example set by the good presences.

In later life it does become harder to live up to the high standards set by our exemplars. We are weakened; we grow tired; death, illness and separation, as well as the difficulties of travel cut us off from those who confirm the best sense of who and what we are. More and more we have to rely on unsupported memory to bolster the presence of our good selves; and the confirmatory memories themselves become foggier, less distinct. As a consequence, the PIS antibodies lose potency, the temptations towards shameful, regressive behavior become more strident, and the Bad, pathogenic presences infiltrate from the unconscious to claim the territory of the conscious self.

Many older patients feel that their own historic narrative seems alien -- belonging to someone else. They are nothing but the shrunken appendage of a forgotten life. Frequently, practice in geropsychology exacerbates this traumatic loss of the historic self. Examine the chart of any hospitalized older patient – Do you find more than superficial reference to significant personal history, to the patient's loves and hates, traumas and triumphs? Probably not. Instead, you find a detailed history of the course of the disease and the clinical interventions: what symptoms and when, in what sequence? What meds, with what consequence? The older patient is presented as the history of his pathology, and of the measures taken against it, rather than as a representative of his unique history as a distinct person. The older patient becomes coextensive with his pathology, rather than with the broader landscape of his life. The so-called cure is iatrogenic, underwriting the pathology.

A brief case study: An example from my own practice is Ira, a Communist in his 70’s. He was divorced and bipolar. Thru his transference I became his younger, radical self (I didn’t disabuse him). He was invited to live with his daughter, causing conflicted feelings and obsessive thoughts about loss of independence.

In one session he began to laugh to himself.
Me: “Why laugh?”
Ira: “You. Young radical in the Bronx.”
Me: “You are the young radical. Why do you give that title to me?”

That was when Ira decided to live with his daughter. No longer feeling weak, he could accept with less shame the daughter's nurturing.

By dealing with the patient as though he were the figure from his own past -- as though in important respects he is still the same person that he used to be, Ira was able to restore a sense of self-continuity and strength.

Implications for practice: How do we reconnect the patient with his history, so that it again becomes a vital, sustaining dimension of his present? When appropriate, begin the treatment by inviting a life review, paying special attention to memories of parents and siblings. Invite a review of the historic background of the disease onset and the symptoms. "What was going on in your life around time of onset? Which people were significant in your life at that time, and in what ways?" Most important: explore the transference as a recapitulation of significant history, usually with parental figures, a history that comes to cluster around the person of the therapist.

History is more than an inert memory bank. It is dynamic; it pushes for expression in the present and finds its representation in contemporary figures who are reminiscent of central figures in the family of orientation.

Energies powering the transference are fungible: can invest significant figures outside of the self, or they can be recaptured, reclaimed for the self. A major task of therapy is to foster this reclamation.

The decoding of the transference, tracing out its historic roots, can put the patient back in touch with his history, thereby adding dimension and fiber to his mental life; on the other hand this work can free the patient from the power of his transferences. He is less apt to be dominated by current representatives of powerful parental figures.

Often the psychic energy has to be reclaimed not from representations of powerful parents, but from idealized versions of the older patient's younger self. These are usually prefigured in the person of the therapist.

Thank You.

CALL FOR ARTICLES

The 12/II Editors are currently seeking:

- Editorials
- Opinion pieces on current issues in geropsychology
- Professional development articles for budding geropsychologists
- Summaries of your geropsychology research
- Critical reviews on innovations and new directions in geropsychology
- Cartoons or other creative pieces on aging

If you have an idea about something you'd like to contribute, run it by us today!
We'd love to hear from you!

Please contact Erin Woodhead at Erin.Woodhead@va.gov or Kaci Fairchild at JenniferKaci.Fairchild@va.gov

APA Division 12, Section II: The Society of Clinical Geropsychology
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