

Clinical Geropsychology News

Society of Clinical Geropsychology

APA Division 12, Section II

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on the contents of this Newsletter.

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

President's Column By Erin Emery, PhD



The recently released Institute of Medicine report, *The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?*, highlights the lack of funding and training opportunities for geriatric mental health – for mental health specialists, as well as for general health providers and the public (<http://www.iom.edu/Reports/2012/The-Mental-Health-and-Substance-Use-Workforce-for-Older-Adults.aspx>). In addition to multiple federal funding recommendations, the report calls for “organizations responsible for accreditation, certification, and professional examination, as

well as state licensing boards, [to] modify their standards, curriculum requirements, and credentialing procedures to require professional competence in geriatric MH/SU for all levels of personnel that care for the diversity of older adults.” It does appear that both carrots and sticks such as these may be required to assure that psychologists have adequate training for working with older adults. An additional step that I believe is required is a federal policy about telehealth – both regarding service provision and clinical supervision.

As the baby boomers have higher rates of lifetime mental health service utilization than the current cohort of older adults, many adults may age in place with their therapists. This means that many mental health providers who never intended to see older adults will be faced with issues of later life that they were not trained to manage. In the last couple of months, I have received emails from an increasing number of such psychologists across the country, asking for clinical consultation on long-term clients who are aging, and training resources about older adult mental health. And we have all seen referral requests on the listserv for geriatric specialty providers in specific areas of the country – often the closest specialist is many miles away.

The GeroCentral.org [training resource clearinghouse website in development by 12/II, 20, PLTC, and CoPGTP] committee has identified a relatively small number of options for post-licensure training (e.g., APA continuing education workshops at the convention, APA/ASA/AoA/GSA-sponsored webinars and training videos, organizations like CoHealth.com webinars) that can be very helpful for specific topics. GeroCentral.org will provide links to these widely scattered training opportunities in existence, which we anticipate will make a significant difference in the ability to access them. GeroCentral.org will also create and host a variety of new webinars with updated content from international experts.

There is little opportunity, however, for in-depth assessment and intervention training, or clinical geropsychology supervision/consultation outside of post-doctoral fellowships, which most post-licensure professionals are not able or likely to do after being in practice for some time. Nor are there enough fellowships to go around for that level of demand. So what are we to do?

First, as has been called for previously in many contexts, we need to increase the geropsychology training opportunities for current graduate students so those working with adults of any age are better prepared in the future. Accrediting and licensing requirements for such training would certainly facilitate this occurring. One of the barriers to this, as discovered in our 2006 survey, is that most psychology graduate programs do not have geropsychologists on staff to provide geropsychology training or adequately supervise trainees in working with older adults. Thus, consultation, mentoring, and supervision provision from outside the programs may be required, in addition to the syllabi and course materials provided on the Division 20 website.

Second, opportunities for general adult licensed clinicians to obtain training and clinical consultation with geropsychology experts is key. Most geographical areas do not have resident geropsychologists, thus mentoring or supervisory relationships may require crossing state lines. This is complicated by the limited policies about telehealth, and liability laws about providing cross-state services or supervision. A panel at the 2011 APA convention noted that APA is currently drafting policies and recommendations about telehealth, but it will likely take much more time to sort out the regulatory minefield at the state legal level.

Policies and funding at the federal level allowing for telehealth for service provision and supervision would facilitate such training on either of these levels. It would allow for the development of training programs that could operate via telephone and internet, bringing geropsychologists into graduate training programs from across the country, and potentially offset funding for adequate supervision for generalist clinicians in areas without such specialists.

I will look forward to launching the GeroCentral.org website in the Spring of 2013, which will provide a single location for finding geropsychology training resources that are available. I also look forward to hearing from any 12/II member (or future member) about additional creative ways of broadening the scope of geropsychology training across the country – including options for policy reform.

Note: For those interested, the symposium, “Psychology for the Future- APA/ASPPB/APAIT Telepsychology Task Force Draft Guidelines and Relevant Policies” will be Friday, August 3, 2012, 1:00 – 2:50 PM, Convention Center, Level 1, Room W108A.

Comments from the Editors: Kaci and Erin



Welcome to the Summer edition of the 12/II Newsletter! There are a few pieces in the current issue that we would like to highlight:

- As APA Convention is right around the corner, we have included a guide to Geropsychology-relevant posters, presentations, and events as an attachment to the newsletter email. Also see the Announcements section for APA meetings that may be of interest to members.
- Continuing in our efforts to bring you useful and interesting information, we have also included two new features in the current issue. These include Where Are They Now? (pgs. 3-7) and Meet the Board (pgs. 9-11). We

would love to hear of any ideas that you may have for future special features.

- We are committed to increasing member content. Is there someone you would like to profile? Have you had an interesting clinical case or project that you would like to spotlight? Please contact us and we'll work with you on your ideas for submission.

Where Are They Now?

As a new feature in the newsletter, the editors decided to contact prior winners of the 12/II Student Research Award to ask them a few questions about what they're up to now. For the first installment of this feature, we chose the students who received the first awards: Jennifer Hillman (in 1997) and Lynn Northrop (in 1998). Here we publish the original abstract from their award winning work, and follow-up with questions about their current activities.

Jennifer Hillman, Ph.D.
Professor of Psychology at Penn State Berks Campus



Original Abstract

Clinical psychologists' judgments of older adult patients with character pathology: Implications for practice

The most rapidly growing segment of the U.S. population is elderly, and an increasing number of older adults are expected to seek psychological services. Concerns have previously been expressed about the impact of psychologists' attitudes toward elderly patients on their clinical practice. This exploratory study examined the diagnostic, treatment, and attitudinal responses of 186 psychologists toward a patient portrayed in a clinical vignette that varied by age (46, 66, 86 years) and pathology (depression vs. depression with borderline personality disorder). Psychologists with specialized gerontological training were more likely to make age-related diagnostic decisions and treatment recommendations.

Interview Questions for Dr. Hillman

Q: Why did you become a 12/II member and how did 12/II assist you with your professional development?

One of my mentors, George Stricker, recommended it, and I was thrilled to find a group that focused exclusively on geropsychology. When I was in graduate school, my membership in 12/II helped me feel much more at home when I went to my first APA conferences. It also introduced me to experts in the field who I would never have had the opportunity to meet otherwise.

Q: How did you get interested in the field of aging?

My grandparents were amazing, so when I was young I always associated aging with working outside in the yard or garden, going out all the time with friends, volunteering at the soup kitchen, singing in the church choir, spending time with family, being president and vice-president of all kinds of community organizations, and traveling to Russia, China, and Egypt. (I've got a great picture of my Nana riding a camel in front of the Great Pyramids). I always wanted to help others have the same opportunity to live such a full life.

Q: What are your key responsibilities at your current job?

Teaching, research, and service. I teach three undergraduate courses a semester, and I am fortunate that I get to teach adulthood and aging, clinical psych, and psychopathology, and health psych among others. My primary areas of research include HIV and aging, sexuality and aging, and assessment and management of problem behaviors in long term care. I also see residents one day a week at a local nursing home. There really are days when I feel like I've won the lottery; at what other job could I get paid to read, write, and talk about things I find amazingly important and interesting?

Q: What has been your most memorable experience in gerontology and aging research?

It's difficult to choose because there are so many! For example, working with students to present and assess the effectiveness of an HIV and Aging primary prevention program has been tremendous. We went to a variety of senior centers and community groups in the community, despite cautionary messages from various program administrators. In the words of one older participant, "I'm so glad you're here. I hate it when [the administrators] treat us like we're kids. We really need this kind of thing!" I also remember being an intern at the VA and conducting a neuropsychological evaluation with a newly admitted resident to the Alzheimer's LTC unit. His pattern of cognitive deficits and a subsequent referral with an MD revealed that he was actually suffering from severe sleep apnea. Once it was treated, he could return to live with his wife at home!

Q: Why is it important for students to join 12/II?

So many things in the field of aging are changing, from the criteria for various types of dementia to emerging public policy initiatives. Being involved in 12/II helps keep you up to date on these important developments. It's a great way to become acquainted with people at the APA conference, and I've obtained a wealth of information from the list-serve. Plus, it seems like everyone I meet at 12/II is really nice!

Q: Do you have any tips for emerging geropsychologists?

Do whatever you can to get practicum and internship training in geropsychology, whether it's in an outpatient, day treatment, inpatient, or long term care setting. Also make sure that your supervisors are trained geropsychologists, and not just someone who "fell into" their position without any specialized training or experience.

Q: Tell us about your most recent activities.

I just published my most recent book, "Sexuality and aging: Clinical perspectives" with Springer. My next research project will focus upon nursing home staff members' perceptions of residents' sexual behavior in LTC.

Q: Have you had an important mentor in your career? If so, how did it make a difference?

I feel so fortunate to have wonderful mentors, including Richard Zweig and Greg Hinrichsen, who are both 12/II members. They have helped me with everything from my clinical skills to advice about research to help with career choices. I would never have made it without them!

Lynn Northrop, Ph.D.
Psychologist, University of California San Diego Health Care System
Director of Clinical Training, Sharp Health Care



Original Abstract

Stress, social support, and burnout in nursing home staff

Burnout represents a danger to the mental and physical health of human-service workers. Burnout often diminishes the quality and efficiency of service provided by workers and thus represents a danger to service recipients and a cost to employers. Repeated studies suggest that workers who report higher levels of job stress and lower levels of social support are more likely to report higher levels of burnout.

Nursing home staff are subject to considerable occupational stress and report high levels of burnout. The extant literature does not address the relations between stress, support, and burnout in these workers. In the present study relations between burnout, support, and stress were examined. Work and nonwork sources of stress and support were examined. During breaks and between shifts, nursing-home staff members (n = 216) completed the Maslach Burnout Inventory, the Daily Stress Inventory, the Social Provisions Scale, and newly developed measures of occupational stress and support.

Subjects reported high levels of stress and burnout relative to norms. Higher levels of burnout were associated with higher levels of stress and lower levels of support. Work and nonwork sources of stress contributed to burnout. Support from work and nonwork sources had important relations with stress and burnout, although support from supervisors was particularly powerful. Results suggest that support can have both direct and buffering effects, and thus, that the direct-effects and buffering models of support are not mutually exclusive.

The findings of the present study and future research and intervention/prevention programs which might follow could have wide ranging benefits in nursing homes. Staff who report high levels of stress and burnout have the potential for the most direct benefits. In addition, the employers stand to benefit, given previous research which relates employee stress and burnout to increased tardiness, absenteeism, turnover, theft, and decreased productivity. Finally, the 1.5 million persons currently residing in nursing homes and the 4.6 million persons projected to reside in nursing homes in the year 2040 may benefit through the improved productivity and quality of care which will likely follow decreases in staff stress and burnout.

Interview Questions for Dr. Northrop

Q: Why did you become a 12/II member and how did 12/II assist you with your professional development?

I joined 12/II because Barry told me to. :-) Barry Edelstein was my mentor in graduate school, and is a dear friend and mentor to this day. Joining 12/II and meeting the "great minds" in geropsychology was very important in my professional development. I attended the 12/II meetings at APA, read the articles that were coming out about the standards or competencies in geropsychology. I even coauthored a chapter with Barry in Bob Knight's 1995 book, *Mental health services for older adults: Implications for training and practice in geropsychology*. It was very exciting and inspiring to be involved with people who were defining the direction of my profession. And it was then that I learned that geropsychologists tend to be really nice people.

Q: How did you get interested in the field of aging?

The summer after my freshman year in college, I volunteered at the Westside VA Hospital in Chicago. I was a "patient escort," which means I wheeled patients from their rooms to physical therapy and back again. In the 1980's, unlike today, VA hospitals were almost exclusively the domain of older adult patients and their families. Two people had profound impact on me that summer. One was a 98 year old lady who came every day to visit her 97 year old "little brother" who had had a stroke. This lady was fully cognitively intact and a real fire cracker. She had been widowed in WWI. Her second husband was an officer who died in Vietnam. She had a perfect pyramid of progeny (10 kids, 50 grand kids, 100 great grand kids). She was a walking history book and loved to talk. The second really compelling series of interactions was with a gentleman in his 70's who had had a severe stroke. I connected with him quickly. Even though his language was very impaired and he was profoundly hemiplegic, he had a sparkle in his eye. I watched him struggle and progress. I held his hand when he cried from frustration. Just before he "graduated," he thanked me for "treating him like a human being." I was struck by how simple it is to make a difference in someone's life. I didn't yet know that psychology would be my field, but I recognized that working with older adults was work I could be grateful for and could grow from.

Q: What are your key responsibilities at your current job?

I have two jobs. I am at UCSD 50% of my time. At UCSD I am a plain old psychologist. I carry a caseload of about 20 individual therapy patients, all of whom are seniors. I use behavioral and cognitive behavioral therapy to treat mood and anxiety disorders. I also work with caregivers of dementia patients who are struggling under the weight of that role. Starting July 23rd, I will also be (back) at Sharp HealthCare 50% of the time. I am pleased to report that I just accepted the position of Director of Clinical Training for Sharp's APA Accredited predoctoral internship program. I am delighted to be back at Sharp. I was a member of that internship faculty for 8 years and left in 2010. I expanded predoctoral training in geropsychology while I was there and created a geropsychology postdoctoral fellowship program. The fellowship went away when I left, but I hope to revitalize it in the next couple years. Stay tuned!

Q: What has been your most memorable experience in gerontology and aging research?

It's hard to single out one experience, but I can tell you that empiricism is the foundation of all that I do. I teach my students about "big E" and "little e" empiricism. "Big E" is the data that is published in peer reviewed journals. It is the science that informs our case conceptualization and the crafting of effective interventions. "Little e" is the empirical data we collect from our patients each time we see them, through direct observation or objective assessment. It is the information we use to evaluate whether our interventions are working for the person right in front of us, and informs treatment planning, treatment modifications, etc. My training as a researcher in grad school is the foundation of this work.

Q: Why is it important for students to join 12/II?

To connect with mentors and peers, to integrate yourself into the guild of geropsychology, to ensure that you are aligned with the standards of competent practice and to help advance the field, for the good of our seniors and of our discipline.

Q: Do you have any tips for emerging geropsychologists?

Learn everything you can about Medicare and get involved in health care public policy/political action. A wise person once said, "no matter how well you play your instrument, you cannot play a symphony without an orchestra." Ultimately, our "orchestra" has to be funded by someone. As geropsychologists, we cannot do our work if Medicare won't pay psychologists or if mental health is not recognized as an essential component of healthcare. If you care about serving older adults and about the profession of psychology, you have to be informed and get active on this level.

Q: Tell us about your most recent activities.

In addition to the things I described in the "current duties" question, I recently accepted the role of Chairperson for the San Diego Psychological Association's Committee on Aging. We just had our first meeting and are defining our vision and goals. I am excited to help harness the energy of psychologists in San Diego to improve the lives of seniors. And I am eager to support a local commitment to the standards and guidelines defined by 12/II, CoPGTP, etc.

Q: Have you had an important mentor in your career? If so, how did it make a difference?

I have had several amazing mentors: Barry Edelstein, Toni Zeiss, Marc Haut, Steve Hayes, Margaret Florsheim, the Gallagher Thompsons, Joe Casciani, Ira Grossman. The foremost of these is Barry. He taught me to be an empiricist. He nurtured my self confidence and my self-discipline. He challenged me and he helped me keep my feet on the ground. He introduced me to leaders in the field and showed me that they and he are simply people trying to do some good in the world. The genuine regard he has for his older adult patients is delightful. And the curiosity and hunger that defines his life-long learning is contagious. He has always treated me with kindness and respect, and from the very beginning of grad school he made it clear that he valued my contributions. I can only hope to be as good a mentor as Barry and the others, and I make that my goal. That is, in part, why I am so excited about my new role at Sharp HealthCare.

ABPP Update

*Submitted by Douglas Lane, Ph.D., ABPP
VA Puget Sound Healthcare System, Tacoma, Washington*

The ABPP application process is moving ahead. The committee itself comprises thirteen people from geropsychology, representing the different professional organizations, including newer and more senior members of the specialty, both in clinical settings and academia. As everyone has seen, the proposed initial criteria for being allowed to sit for further examination are circulating among the listservs of the relevant organizations. The overall perspective is one in which we are trying to be inclusive and recognize that there are multiple paths into the specialty at this point, while also maintaining an appropriate degree of selectivity.

The Student Voice

*Preparing and Applying for Clinical Internship
Jay Gregg, MS*

Each autumn, approximately four thousand clinical psychology graduate students apply for clinical internship through the Association of Psychology Postdoctoral and Internship Centers (APPIC). For students participating in the match, their application represents years of hard work and is usually accompanied by no small degree of anxiety. Will I be offered interviews? Will I match? Where will I be spending the next year (or more) of my life? The purpose of this article is two-fold: (1) To assist early geropsychology students in building a strong application for clinical internship and (2) to offer a few suggestions for those students currently applying for the APPIC match to consider. To make this endeavor possible, feedback was solicited from more seasoned members of our Society, including individuals who recently completed internship, as well as individuals who have served on internship selection committees (currently or in the past). Many, many thanks to all who contributed, including Erin Emery, Erin Woodhead, Kaci Fairchild, Christine Gould, and especially to Michele Karel for speaking with me at length on this topic!

Does my background in geropsychology benefit me at all in the APPIC application process?

Yes! As you probably know, the sheer number of older adults in the U.S. is growing rapidly and there already exists a shortage of geropsychologists. While this is a troubling fact that requires our attention, it is comforting to know that our interest and experience is needed. At present, there are many geropsychology opportunities available at the internship level (especially through the VA system) and only a handful of graduate programs with geropsychology faculty on board. Furthermore, as noted by Dr. Michele Karel, the graduate programs that offer a focus in geropsychology are generally quite strong. Hopefully, this alleviates at least a little anxiety.

What type of internship will best prepare me for a career in geropsychology?

Fortunately for us, there are many avenues to a successful career in clinical geropsychology. Of those interviewed for this article, personal internship experiences included community mental health centers, behavioral medicine tracks, generalist sites, as well as geropsychology specialty tracks. Virtually all interviewees posited that internship is a great time to fill gaps in your experience rather than to specialize (which can be done at the post-doc level). For instance, Drs. Erin Woodhead and Erin Emery both noted that they benefitted greatly from the health psychology experience they obtained during the internship year. Likewise, Dr. Christine Gould noted that, in addition to her gero-specific training at VA Palo Alto, she has appreciated the perspective she gained from her non-gero rotations. Be sure to investigate sites carefully and select internships with opportunities that excite you.

How many clinical hours do I need to match?

Unfortunately, there is no magical number of clinical hours that I can prescribe to guarantee a match. There are students who have accumulated tons of hours who do not match and others who have relatively few hours who are happily paired with an internship. The piece of advice that several internship committee members offered was “quality rather than quantity.” For instance, Dr. Michele Karel offered at least three suggestions regarding hours: (1) seek out a good ratio of supervision to clinical hours, (2) obtain a diversity of experience- both across practicum opportunities, as well as therapy vs. assessment, and (3) strive for a balance between individual and group supervision (i.e., it is important to have some individual supervision). Dr. Karel also noted that “none of these characteristics are make-or-break. We always consider the application in its totality.” Of course, expectations with regard to clinical hours vary greatly by site and it is always important to research minimum requirements prior to applying.

How heavily does my research experience factor into my application?

The easy answer to this question is “it depends.” Internship sites vary widely with respect to their focus on research productivity. Nonetheless, one theme that seems apparent in the internship application process is that well-rounded experience in graduate school certainly does not hurt. That being said, you are probably not a good match for a research-heavy internship site if you have no publications or little interest in research. Likewise, if your life goal is to be a core faculty member at a research intensive university, an internship that adheres to the practitioner-scholar model of training may not be the best fit. For those who are especially excited by research, please note that it is important to express at least some interest in furthering clinical training during the internship application process.

What can I do to personalize my application and “stand out?”

As you may already know, the APPIC internship application typically includes four essay questions. In the past, the first essay has solicited an autobiographical statement. The guidelines are extremely vague and students have approached the task in a variety of ways. Dr. Karel advocated for students to utilize this space to tell the internship selection committee about who they are, both personally and professionally. The first essay represents an opportunity to discuss your interests, values, and inspiration for pursuing clinical

psychology (possibly geropsychology specifically). Dr. Karel added, “be true to who you are and share a bit of that with us.” If nothing else, try to avoid recanting your curriculum vitae in paragraph format.

Is there any other general advice?

Breathe. As noted by almost everyone I interviewed, geropsychology students are quite competitive for internship. Most importantly, there was a clear excitement in each of the interviewees’ responses when discussing their year of clinical internship. Dr. Kaci Fairchild wrote, “Use your internship year as an opportunity to immerse yourself in settings and populations with which you may not be familiar. Allow yourself to be open to new experiences.” It sounds like fun to me.

Meet the Board!

In the last newsletter, we introduced a “Meet the Committees” section so members could get to know the people associated with each committee and the tasks that each committee is undertaking. In this newsletter we’re presenting a Meet the Board section, with photos of each board member and a brief description of their role on the 12/II Board.

President: Erin Emery



The President serves a 3-year term: one as President Elect, one as President, and one as Past President. The President of 12/II oversees board meetings, coordinates programming at APA and GSA, and tackles Presidential initiatives. As President, Erin applied for funding from APA to create GeroCentral, an online resource for geropsychology training materials.

Past President: David Powers



The Past President has many roles, one of which is to serve as the chair of the Nominations and Elections Committee (profiled in the last newsletter). The Past President serves a three year term (one year each as President Elect, President, and Past President), and generally assists the President in transitioning to their role.

President Elect: Amy Fiske



The President Elect spends the first year of the position “in training” for the role of 12/II President. During this year, the President Elect is also the Programming Committee Chair, organizing preconference workshops and other events for APA (including the all important social event!).

Secretary: Sherry Beaudreau



The Secretary records minutes at the bimonthly Board meetings and at the annual Board and Business meetings at APA. In addition, the Secretary updates the Board procedures manual each year.

Treasurer: Norm O'Rourke



The Treasurer maintains the financial side of 12/II, including management of membership dues and other Society expenses. The Treasurer also prepares a yearly budget, and coordinates efforts with the Membership Officer to maintain appropriate records of paid members.

Membership: Rebecca Allen & Casey Azuero



The membership officer (geropsychology@yahoo.com), along with a student assistant, maintains a simple Excel database to track members, updated weekly. He or she also sends out reminders to members prior to the APA and GSA conventions to renew their membership and conducts

membership drives to increase the number of student and professional members in 12/II. Other duties include keeping members' contact information updated for the directory and for the listserv, and encouraging existing members to renew their memberships. The membership chair attends meetings held by the board via conference calls and annual meetings to provide membership reports and solicit ideas for growing membership. You'll notice that the membership office conducts a few "membership drives" throughout the year – this is a great time to renew your membership and encourage your other colleagues to join! In collaboration with the Treasurer, Web Page Administrator and listserv coordinator, the membership officer maintains and updates the new member application form and sends the appropriate form and information to other members of the board and to Division 12 (contact is Lynn Peterson). Issues and questions regarding membership are directed to the membership officer. Payments received from November 1 forward in any given year are credited to the next calendar year and forward for multi-year membership. One area where we believe we lose members is in the conversion from student to PhD. Once per year the Membership Committee will attempt to reconcile lapsed student members from prior years, try and find them, and recruit them into re-joining 12II.

Student Representatives: Joe Dzierzewski and Jay Gregg



The student representatives are chosen by the President and serve three year terms. The goal of the student representative position is to increase student membership and awareness of 12/II. The representatives also plan social events at APA and GSA to increase networking opportunities for student members and others interested in geropsychology. The student representatives contribute columns to the newsletter which address issues relevant to students, including issues related to training, research and clinical work, internship, and postdoctoral positions, among others. Our current student representatives are Jay Gregg (pictured on the right) and Joe Dzierzewski (pictured on the left). As recently announced by Dr. Emery, Annie Mueller is the new 12/II student representative, who will join Jay as he starts his second year. Stay tuned for a future newsletter column introducing Annie! And, thanks to Joe for all this hard work!

Section Representative to Division 12: Brian Carpenter



The Division 12 representative advocates for the visibility of geropsychology in all Division 12 activities and initiatives. The representative serves a three-year term and attends three annual meetings and quarterly conference calls held by the Division 12 Board of Directors. The representative prepares quarterly reports on 12/II activities for distribution to the Board and for publication in *The Clinical Psychologist*. The representative also gathers support from Division 12 for any 12/II initiatives. The representative plays an important role in maintaining ties with the parent Division and providing a geropsychology perspective on issues brought up by the Division 12 Board.

Newsletter: Kaci Fairchild and Erin Woodhead



The newsletter editors serve a three year term. The editors coordinate and organize publication of three newsletter issues per year, one in the spring, one prior to APA, and one prior to GSA. Responsibilities include soliciting newsletter submissions from board members, collecting awards/achievement information from student and professional members, and developing new content for the newsletter.

Announcements and Member News

This section of the newsletter highlights 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@sjsu.edu) and Kaci Fairchild (JenniferKaci.Fairchild@va.gov).

Announcements

12/II Meetings at APA:

12/II Presidential Address:

8/02 Thu: 3:00 PM - 3:50 PM Convention Center Room W105B
Erin Emery, PhD, Rush University Medical Center
Title: Integrating National Geropsychology Training Resources

12/II BOARD meeting:

Friday, 8/3, 12-2 pm
Division 12 Hospitality Room at the Hilton (check your APA program for the exact room number)

12/II BUSINESS meeting:

Saturday, 8/4, 8-10 am
Division 12 Hospitality Room at the Hilton (check your APA program for the exact room number)

12/II Symposium:

Medicare---Reimbursement in the Age of Health Care Reform
8/02 Thu: 3:00 PM - 3:50 PM Convention Center, Room W308B
Chair: Paula E. Hartman-Stein, PhD, Center for Healthy Aging, Kent, OH
Participants: Dean Paret, PhD, Foelker Paret & Associate, LLC, Burleson, TX; Margaret P. Norris, PhD, Independent Practice, College Station, TX

12/II Awards Ceremony:

PLEASE NOTE: ALL THREE 12/II AWARDS WILL BE PRESENTED AT THIS SESSION.
M. Powell Lawton Award for Distinguished Contributions to Clinical Geropsychology: Bob Knight
8/03 Fri: 9:00 AM - 9:50 AM Convention Center, Room W308B.
Title: Clinical Geropsychology: Theory, Research, and Practice

Sara Qualls, PhD will be awarded the 12/II Mentorship Award

Lindsay Gerolimos, MA will be awarded the 12/II student research paper award

Joint Division 20 and 12-II Social Hour

Saturday, 8/4, 6-8 pm
Ming's Court, 9188 International Drive, Orlando, FL 32819
Cost: \$15 (students), \$25 (faculty)

Morgantown, WV 26506-6040
Email: Amy.Fiske@mail.wvu.edu
Phone: (304) 293-1708

The APA Committee on Aging (CONA) cordially invites you to...

CONA Conversation Hour:
The Changing Faces of Aging

Saturday August 4
5:00 – 6:00 PM
Peabody Orlando Hotel
Celebration Room 3

The USA and many other nations are seeing remarkable changes in the composition of their populations with dynamic implications across issues of gender, ethnicity, socio-economic status, sexual orientation, disability status, and urbanization. All of these changes also affect how individuals age in our society. Please join us to explore the implications of the *Changing Faces of Aging* for provision of health care and for work life. Help CONA identify new directions for its theme of multi-cultural competency. *The CONA award for the Advancement of Psychology and Aging will also be presented to Peter Lichtenberg, PhD, ABPP.*

Speed Mentoring for Budding Geropsychology and Neuropsychology Research Careers

Friday, August 3, 2012 12:00 PM - 1:50 PM

Convention Center, Room W311F

Lunch will be served.

Session Organizers:

Adam M. Brickman, PhD: Division 40 and APA Committee on Aging
Robert H. Paul, PhD, ABPP-CN: Division 40 Science Advisory Committee
Brian P. Yochim, PhD, ABPP: Division 20 and 40

Students and junior investigators are invited to join Division 20, Division 40, and the APA Committee on Aging for an interactive mentoring program. The program will include brief presentations demystifying the process of applying for grants. Then, there will be a mock review study section to illustrate the types of issues that arise in the review of grant applications. Senior investigators and NIH program representatives will be on hand to answer questions in informal small-group and one-on-one discussions on issues regarding the development and implementation of early career research programs. Faculty are encouraged to attend with current and recently graduated students.

Sponsored by
Division 20 (Adult Development and Aging),
Division 40 (Clinical Neuropsychology) Science Advisory Committee,
APA Committee on Aging (CONA)

For additional information about this research mentoring program contact: Brian Yochim (byochim@stanford.edu), Robert Paul (paulro@umsl.edu), or Adam Brickman (amb2139@columbia.edu).

Member News

Awards and Recognitions

Sherry Beaudreau, PhD, has received the Alzheimer's Association International Society to Advance Alzheimer's Research and Treatment (ISTAART) Neuropsychiatric Syndromes in Neurodegenerative Disease Professional Interest Area New Investigator Award. Sherry is the Associate Director of the VA

Advanced Fellowship Program in Mental Illness Research and Treatment at VA Palo Alto and a Clinical Associate Professor (Affiliated) at Stanford University School of Medicine.

Bill Haley, PhD, has been elected as President Elect of APA's Division of Adult Development and Aging (Division 20). Bill is a Professor in the School of Aging Studies in the College of Behavioral and Community Sciences at the University of South Florida.

Nancy Pachana, PhD, has been appointed to the Consultation Group on the Classification of Mental and Behavioural Disorders in Older Adults, which will report to the International Advisory Group for the Revision of ICD-10 Mental and Behavioural Disorders. Nancy is a Professor and Director of Clinical Training in the School of Psychology as well as the Co-Director of the Ageing Mind Initiative at The University of Queensland.

Recent Member Publications

Beaudreau, S. A., Fairchild, J. K., Spira, A. P., Lazzeroni, L., & O'Hara, R. (in press). Neuropsychiatric symptoms, apolipoprotein E gene, and risk of progression to cognitive impairment, no dementia and dementia: the Aging, Demographics and Memory Study (ADAMS). *International Journal of Geriatric Psychiatry*.

Chard, K. M., Ricksecker, E. G., Healy, E., Karlin, B. E., & Resick, P. A. (in press). Dissemination and experience with Cognitive Processing Therapy. *Journal of Rehabilitation Research and Development*.

Gould, C. E., Gerolimatos, L. A., Ciliberti, C. M., Edelstein, B. A., & Smith, M. D. (2012, accepted). Initial Evaluation of the Older Adult Social-Evaluative Situations Questionnaire: A Measure of Social Anxiety in Older Adults. *International Psychogeriatrics*.

Karlin, B. E. (in press). Bridging the gap in the delivery of psychological treatments for posttraumatic stress disorder. *Journal of Rehabilitation Research and Development*.

Karlin, B. E., Brown, G. B., Trockel, M., Cunning, D., Zeiss, A. M., & Taylor, C. B. (in press). National dissemination of Cognitive Behavioral Therapy for depression in the Department of Veterans Affairs health care system: Therapist and patient-level outcomes. *Journal of Consulting and Clinical Psychology*.

Scogin, F. & Shah, A. (Eds.). *Making Evidence-based Psychological Treatments Work with Older Adults*. Washington, D.C.: American Psychological Association

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. We are currently recruiting a broader sample of clinical and counseling psychology graduate students.

Continuing Education Committee Update

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

The Continuing Education Committee met by conference call to discuss priorities and timelines for the coming year, including discussion of future postings on the revised 12/II website. The CE Committee would also like to remind members about CE Opportunities at the upcoming **APA Convention August 2-5 in Orlando Florida.**

APA approved CE can be obtained in one of two ways: 1) through free CE sessions offered in collaboration with APA Divisions and APA Directorates / Offices as part of the conference programming (see, <http://forms.apa.org/convention/index.cfm?convention=cesessions>); or 2) through CE Workshops that are offered as half-day (4 hours) or full-day (7 hours) training opportunities (see, <http://forms.apa.org/convention/index.cfm?convention=ceworkshops>). There is an additional fee to attend these workshops. This year's conference includes four Continuing Education Workshops of relevance to work with older adults.

1. Preconvention Continuing Education Program: *What Psychologists Should Know About Working With Older Adults*. Wednesday, 8:00 AM – 3:50 PM; 7 CE Units (for more information and registration see the following link: <http://www.apa.org/convention/ce-workshop/008.aspx>).
2. 1043. Continuing Education Workshop #115: *Working with Adult Trauma Survivors - What Every Practitioner Should Know*. Thursday, 8:00 AM - 3:50 PM
3. 2243. Continuing Education Workshop #139: *Insomnia Across the Adult Life Span - Diagnosis, Assessment, and Treatment*. Friday, 1:00 PM - 4:50 PM
4. 4033. Continuing Education Workshop #172: *Strategies of Grief Therapy - A Meaning Reconstruction Approach*. Sunday, 8:00 AM - 3:50 AM

Other selected symposia offering free CE Credits that may be of interest are listed below:

1. *The Power of Possibility - Holistic Programs That Promote Mind-Body Wellness of Older Adults*. Thursday, 11:00 AM - 11:50 AM
2. *Resilience Across the Life Span*. Saturday, 12:00 PM - 1:50 PM
3. *Innovative Psychotherapy Treatment for Older Adults*. Sunday, 10:00 AM - 11:50 AM

For a full listing of sessions of relevance to clinical geropsychologists, see the **APA Office on Aging's** publication "**Sessions on Aging Issues.**" To learn more about obtaining CE Credits at the upcoming convention, go to: <http://www.apa.org/convention/programming/ce-sessions/index.aspx>. If you have additional questions or would like a copy of the APA Office on Aging's Sessions on Aging Issues, email Michelle.Hilgeman@va.gov.

Division 12 Update
Submitted by Brian D. Carpenter
Section II Representative

Teleconference of the Society of Clinical Psychology (Division 12) Board of Directors
June 1, 2012

Below is a summary of topics discussed during the recent Society Board teleconference.

Elections and Appointments

In recent election results for 2013, David Tolin (Yale University) is the Division's next President Elect, Cheryl Boyce (NIH) will be the new Member-at-Large, and Danny Wedding (California School of Professional Psychology) will be the new APA Council Representative. Barbara Cubic (Eastern Virginia Medical School) has stepped in to fill the vacated Treasurer position.

Membership

The Society's new graduate student Campus Representative Program continues to expand, with 60 current representatives and a target to reach 100 by the time of the APA convention. At convention, campus representatives will have ribbons to identify themselves and will have a social event to encourage networking and sharing of ideas. Interest in the Society's Facebook page has been growing, as new functionality is added, including the ability to renew memberships. There is also an Early Career associates page.

Clinical Specialty Status

The Clinical Psychology Specialty is up for renewal this year, and Dr. Danny Wedding presented feedback received from CRSPPP about additional revisions to the Society's application that are needed. Several Society members and the Executive Committee are drafting the revision.

New Policy for Section Tax Reporting

In order to facilitate timely submission of tax information so that the Society can assemble and pass along Division tax information to APA, the following policy was adopted. Beginning this fall, there will be a mandatory conference call at the end of October dedicated to the topic of Section Taxes. The Society Executive Committee and all Section Representatives and Treasurers will participate in the call. Tax information is due from each Section Treasurer by January 10th each year. Section Treasurers will send the forms to both the Section President and the Section Representative. These individuals will review the information for accuracy and be sure it is balanced. The forms will then be sent to the Central Office, with a copy to the Society Treasurer. The Central Office will combine the section information into the Society tax report and submit to the Treasurer and the Executive Committee. Once approved, the Central Office will submit all reports to APA's accounting firm.

Sections who submit forms on time and whose materials balance will have their Representative's travel compensated by the Society for the first meeting of the new year. Sections who do not submit by the deadline and/or who do not balance will be responsible for the Section Representative's travel costs.

New Policy on Listserv Research Publicity

The Board had a spirited discussion about whether solicitations for research participants should be allowed on the Society's listserv. As an organization that support rigorous research methodology, the Society believes recruitment via the Division listserv is a flawed and indefensible methodology. Several reasons were cited. First, e-mail lists are not an exhaustive, representative list of the members of a group, including the Society. Second, duplication is possible given that APA members can belong to several

Divisions and complete surveys multiple times. The Board felt listserv recruitment was appropriate for only a specific type of research, focused, for example, on how the Division serves its members, why members have joined, or other Division-specific questions. Therefore, the decision was made to disallow research recruitment on the listserv.

Continuing Education

The Society is exploring new continuing education offerings, including print and web-based offerings. A workgroup, chaired by Section 2 Representative Brian Carpenter along with members Marc Hillbrand and Tony Celluci, prepared a report on costs and benefits of various CE options, and the Society's Board is considering where to focus its initial CE efforts.

Publications

Wiley-Blackwell circulated an annual report on the status of *Clinical Psychology: Science and Practice*. The journal has healthy circulation, available by subscription in 3,670 institutions and by philanthropic initiatives in an additional 5,978 institutions in the developing world. Circulation continues to grow each year, as do the number of full-text downloads (in 2011, a 50% increase to 153,552 total downloads). The most downloaded article in 2011 was by Ruth Baer, "Mindfulness training as a clinical intervention: A conceptual and empirical review," downloaded 4,174 times.

APA Convention

The Society has an extensive set of continuing education and conference offerings planned. You can find information about all Division-sponsored convention programs at <http://www.apa.org/convention/programming/divisions/index.aspx>

APA Office on Aging and Committee on Aging Update

Submitted by Deborah DiGilio

The IOM released its report, [*The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?*](#) on July 10th. I am happy to report that Psychology and Geropsychology are highly visible throughout the report (unlike in the [2008 IOM report](#) on the geriatric workforce). APA invested significant effort to provide the IOM with a multitude of background materials and reference articles. The Office on Aging developed a white paper, [Psychology's Role in Addressing the Mental and Behavioral Health Needs of the Geriatric Population](#) and provided models of geriatric mental and behavioral health care that incorporate interdisciplinary teams, descriptions of geropsychology doctoral and internship/postdoctoral training programs, and efforts targeting post-licensure training. A 19-page health care workforce data collection form requested by the IOM was also completed in collaboration with the APA Education, Science and Practice Directorates. I would like to thank all of the 12-2 members, and past and present CONA members, who sent me materials when asked. Much of the information APA provided is incorporated in the report. Nida Corry, PhD, Senior Legislative and Federal Affairs Officer responsible for aging issues in The Public Interest Government Relations Office, is working with Diane Elmore, PhD, in planning a briefing September 19th on Capitol Hill, in partnership with the American Association for Geriatric Psychiatry (AAGP) and the National Association of Social Workers (NASW). The briefing will highlight key findings and recommendations related to the mental and behavioral health care needs of older Americans.

The first [National Plan to Address Alzheimer's Disease](#) (AD) was released in mid-May. The Office on Aging and Science Directorate provided two written comments and two oral comments on earlier versions of the plan since January. These comments were informed by members of the Committee on Aging, Division 40, Division 20, and Division 12 Section 2. The final version of the National Plan was responsive to some of our

concerns. It now explicitly mentions psychologists as a member of the skilled workforce needed to address the needs of individuals with AD and their caregivers. It states that DHHS will disseminate, evidence-based dementia-specific guidelines including those generated by [psychologists](#). The Plan also has a more balanced approach emphasizing behavioral and cognitive research in tandem with research on molecular and cellular mechanisms and genetic epidemiologic research to identify risk and protective factors for AD. The [recommendations](#) of the Advisory Council on Alzheimer's Research, Care and Services were released on the same day as the National Plan. Those recommendations highlight the importance of biological and behavioral markers, as well as behavioral and pharmacologic interventions, throughout. A summary of all APA comments, a synopsis of the changes reflected in the final Plan, and APA dementia resources are available on APA's National Plan to Address Alzheimer's Disease [webpage](#).

In your last newsletter, I mentioned plans for a survey of individuals who requested [Assessment of Older Adults with Diminished Capacity: A Handbook for Psychologists](#) (2008). The survey found that more than two thirds of respondents reported referring to the handbook at least several times yearly or more. 73% reported using the handbook to assist with clinical evaluations, 42% for student/intern training, and 41% for legal or forensic evaluations. 84% of respondents recommended the handbook to colleagues or students. Planning for additional training opportunities, based on the information collected, is currently underway. The 3-handbook series continues to be popular with 27,104 web hits in the first four months of 2012 and over 20,000 hard copies distributed by APA and ABA to date.

Peter Lichtenberg, PhD, ABPP is the recipient of the 2012 *Committee on Aging Award for the Advancement of Psychology and Aging*. Dr. Lichtenberg receives this award in recognition of his outstanding contributions to clinical geropsychology that integrate science, practice, education, public interest, and public policy. The award will be presented at the outset of the CONA Conversation Hour, Saturday August 4, from 5:00 – 6:00 PM at the Peabody Orlando Hotel, Celebration Room 3. Please join us to provide input on the Conversation Hour theme, *The Changing Faces of Aging* following the award presentation.

As part of its Developing and Maintaining the Workforce to Serve Older Adults initiative, CONA is committed to the engagement of early career psychologists in CONA and psychology and aging. Its [2013 Call for Nominations](#) specifies the one of CONA's two slates will be dedicated to early career psychologists. CONA, Division 40 Scientific Advisory Committee and Division 20 are cosponsoring a mentoring event at convention to engage graduate students and early career psychologists in aging research with the *Speed Mentoring for Budding Geropsychology and Neuropsychology Careers* will be held on Friday, August 3rd from 12:00-1:50 pm at the Convention Center, Room W311F.

The 2012 Committee on Aging members are: Neil Charness, PhD (chair), Adam Brickman, PhD, Kelly O'Shea Carney, PhD, CMC, Manfred Diehl, PhD, Jennifer Moye, PhD and Karen Roberto, PhD.

For more information about activities and products, visit the Office on Aging [website](#). As always, please direct your ideas and questions to me at ddigilio@apa.org.

Mentoring Committee Update *Submitted by Amy Fiske, Committee Chair*

The Mentoring Committee has been working with the team that is currently developing the GeroCentral.org website. We have been sharing content as well as updating materials that should be helpful for both

individuals seeking a geropsychology mentor and those wishing to provide mentoring to others. Information will also be posted on the 12-II website. Watch for updates.

Updates from the Board

Membership Update

Submitted by Rebecca Allen and Morgan K. Eichorst

242 Paid Members (273 in April 2012)
- 195 Regular Members (228 in April 2012)
- 47 Student Members (45 April 2012)

As part of a summer effort to increase numbers, the membership committee will contact members whose memberships have lapsed (N = 58) to ask them to renew their membership. It appears that many regular members forget when their current membership expires; we will attempt to create an automated system to remind members some time before their membership expires.

Faculty members, please encourage your students to join because as you already know, this is 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 note, the “Members Only” section of the website is not currently working. Unfortunately, no one on the Membership Committee has the expertise to fix that. We will periodically (once per quarter) send PDF updates to the website coordinator for posting on the 12/II website so that you can check your own membership status. Rest assured, if you have lapsed, we will be contacting you!

Finally, the Membership Committee recently acquired a new graduate student assistant. As Casey Azuero gracefully ducks out of the spotlight following her excellent service to 12-II, Morgan Eichorst is excited to take over her duties. Morgan is a rising second-year graduate student at the University of Alabama with specific interest in death, dying, and grief issues in older adults and families.

Did You Know...

- That the Society has two Facebook pages?
 - One is for all members: <https://www.facebook.com/#!/ClinicalGeropsychology>
 - The second is for student members: <https://www.facebook.com/groups/53793187809/>
- That you can spotlight members with a newsletter submission? If you're interested in doing this, email the newsletter editors!
- That you can receive listserv messages in a daily digest form? Go to <http://listserv.wvu.edu/archives/wvuger-l.html> and click on "Join or Leave WVUGER-L" to manage your listserv settings.
- That you should encourage your colleagues and students to join the Society? Please distribute the membership form on the next page to encourage others to join!

Officers of the Society of Clinical Geropsychology

President: Erin Emery

President Elect: Amy Fiske

Past President: David Powers

Secretary: Sherry Beaudreau

Treasurer: Norm O'Rourke

Division 12 Representative: Brian Carpenter

Nominations and Elections Committee: David Powers and Jon Rose

Mentoring Committee Chair: Amy Fiske

Membership Chair: Rebecca Allen

Newsletter Editors: Erin Woodhead & Kaci Fairchild

Awards Committee Chair: David Coon

Training Committee Chair: Erin Emery

Interdivisional Healthcare Committee Chairs: Margie Norris and Cheryl Shigaki

Student Representatives: Joe Dzierzewski and Jeffrey Gregg

Diversity Committee Chair: Yvette Tazeau

Public Policy Committee: Margie Norris and Mary Lewis

Continuing Education Committee Chair: Michelle Hilgeman

**APA Division 12, Section II: The Society of Clinical Geropsychology
2012 MEMBERSHIP DUES FORM**

Name (Print) _____	Degree	Membership Status (Please check one) ____Renewal ____New Member	
APA Member No. (Required) _____ (You must be a member of APA to join Section II. Student applicants must have their application endorsed by a faculty advisor who is an APA member)			
APA Membership Status (Please check one) ____Fellow ____Member ____Associate ____Emeritus (retired member of APA) ____Student Member (graduate, internship, postdoc)			
Street Address _____ _____			
City	State	Zip Code	
Phone ()	Fax ()		
E-mail _____ (Note: E-mail is crucial for our records, and therefore strongly encouraged) ____ Check here to opt OUT of the LISTSERV ____ Check here to opt OUT of the membership directory			
Are you a member of Division 12 (The Society of Clinical Psychology)?		____Yes	____Yes (as a student)
____No			
Please list other Divisions you are affiliated with: _____			
Special Interests within Geropsychology _____			
What is your PRIMARY emphasis as a Geropsychologist? (Define primary as 51% or greater) ____Clinical practice ____Research ____Teaching ____Administration			
PAYMENT OF DUES (USD) – Please check one of the following boxes: <input type="checkbox"/> \$25 for 1-year membership <input type="checkbox"/> \$75 for 3-year membership <input type="checkbox"/> \$10 for 1-year student membership <input type="checkbox"/> Emeritus members are dues exempt			\$ _____
B. Added Contribution to Section II (donations are strictly voluntary, but greatly appreciated!)			\$ _____
C. Total Amount Enclosed (Please make your check in U.S. dollars payable to APA Division 12, Section II)			\$ _____
Signature			Date
If Student, Faculty endorser (print) _____			
Mail this form, along with your check payable to “APA Division 12, Section II” to Norm O'Rourke, Ph.D. Department of Gerontology, Simon Fraser University - Vancouver Campus, #2800 - 515 West Hastings Street Vancouver, BC Canada V6B 5K3. <i>Please be aware that \$0.80 extra postage will be required if mailing from U.S.</i>			