

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:

**12-II at 20: Reflecting on our Past and
Planning for our Future**

Amy Fiske, PhD



This year marks the 20th anniversary of the formation of Section 2 of Division 12, now the Society of Clinical Geropsychology. A letter announcing the new Section, dated May 19, 1993, indicated that the purposes of the Section would be to:

- support and encourage the evolution and development of the subspecialty of clinical geropsychology in both its scientific and professional aspects;
- increase scientific understanding of the mental health of older adults;
- promote the development of models for the delivery of psychological services to older adults as well as other ways of enhancing the welfare and mental health of older adults;
- foster collaboration and the sharing of information among clinical geropsychologists;

- increase the quality and availability of training opportunities in clinical geropsychology.

The letter was signed by the Ad Hoc Steering Committee for Section II:

Barry A. Edelstein, Ph.D.
Margaret Gatz, Ph.D.
George Niederehe, Ph.D.
George Striker, Ph.D.

Dolores Gallagher-Thompson, Ph.D.
Alfred W. Kazniak, Ph.D.
Michael A. Smyer, Ph.D.
Linda Teri, Ph.D.

The launch of the new Section was highly successful. By the end of the first year, more than 200 members had joined. (Fifty-six of these founding members are still 12-II members today.) Mick Smyer was elected the Section's first President.

This milestone anniversary provides an occasion for reflecting on where we have been and where we are going. To what extent are we achieving the objectives for which 12-II was founded? Should our goals be revisited in light of the myriad changes in the past 20 years—demographic shifts, scientific findings, technological advancements, policy changes—which have presented not only challenges but also new opportunities. Are there changes on the horizon that we should be anticipating and planning for? How can we most effectively work with other professional organizations that share some of our goals?

To begin to address these questions, I am initiating a strategic planning process. I am currently assembling an Advisory Committee, comprised of founders and other prominent members of the Society, which will meet regularly to assist in strategic planning efforts.

In a related development, we have recently agreed to join forces with the Committee on Aging (CONA), Psychologists in Long-Term Care (PLTC), APA Division 20, the Council on Professional Geropsychology Training Programs (CoPGTP), and the APA Office on Aging to coordinate efforts toward meeting our shared goals. The CONA strategic plan will serve as the overarching plan for all of our groups, with each group also maintaining its own strategic plan. Regular meetings of the leaders of these groups (known as the Aging Leadership Team) will provide a forum for ongoing communication.

Watch for updates in future newsletters as the strategic planning process moves forward.

Meanwhile, there has been much activity and many accomplishments within the Society, as you can see from the pages of this newsletter. In addition, we are planning a full program for the APA convention in Honolulu in August. Of special note is the CONA-organized symposium that we are co-sponsoring, along with Division 20: "Training for integrated care with older adults: Real world implementation and the path forward." Chaired by Jennifer Moye, the symposium will feature talks by Pat Arean, Erin Emery, Brian Carpenter, and Rick Zweig, with Toni Zeiss serving as discussant. Another highlight of the conference will be our annual social event, which is being planned this year by Brian Yochim. Hope to see you there! Or, as friends of mine who live in Hawaii say it: "You go stay go, I go stay come!" Aloha!



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Disorder

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Comments from the Editors: Kaci and Erin



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

- Are you a student interested in getting involved in 12/II? The Diversity Committee invites students who are interested in gerodiversity issues to contact Yvette Tazeau (ytazeau@ix.netcom.com) for creating new gerodiversity ideas/projects for the division.
- Don't forget to "like" 12/II on Facebook: <https://www.facebook.com/#!/ClinicalGeropsychology>
- We are now accepting advertisements in the newsletter! Various sizes are available (see ¼ page example above), so contact the newsletter editors if you're interested in advertising.
- Please consider nominating an individual for the awards that were recently announced on the listserv: the *M. Powell Lawton Award for Distinguished Contributions to Clinical Geropsychology (nominations due April 15, 2013)*, the *Distinguished Clinical Mentorship Award (nominations due May 1, 2013)*, and the *Student Paper Award (due May 1, 2013)*. Send entries and nominations to Barry.Edelstein@mail.wvu.edu (more information provided on pg.13).

Report: Primary Care Psychology Practice

Inter-Organizational Work Group on Competencies for Primary Care Psychology Practice

Submitted by Michele J. Karel, PhD and Sara H. Qualls, PhD

Note from the Editors: This article is published in the recent Division 20 newsletter. We include it here also due to the relevance of it to the interests of our membership.

As one of her presidential initiatives, 2012 APA President Suzann Bennett Johnson convened an inter-organizational work group to articulate the professional competencies fundamental to psychological practice in primary care settings. With health care reform facilitating models of integrated behavioral health care, psychologists should have increasing opportunities to practice in primary care settings. However, most psychologists have not been trained to function in this care setting. To guide education and training,

competent professional practice, and policy advocacy about the important role of psychologists in primary care, it was important to define the competencies for primary care psychology practice.

Integrated, interdisciplinary care is core to professional geropsychology practice (Knight et al., 2009). However, relatively few geropsychologists to date have been trained nor work in primary care settings (Karel, Gatz, & Smyer, 2012), with some notable exceptions (e.g., Arean et al., 2008; Haley, 2004; Karlin & Zeiss, 2010; Zeiss & Karlin, 2008; Zweig, Seigel, & Snyder, 2006). Geropsychology training tends to focus in specialized geriatric care (e.g., outpatient geriatric/memory evaluation programs, PACE programs, nursing homes), mental health (e.g., inpatient psychiatry, outpatient geriatric mental health) or tertiary medical care settings (e.g., rehabilitation units, consultation-liaison services). Of course, most older adults receive health care, including mental health care, in primary care settings. Ideally, geropsychologists will have growing opportunities for training and practice in primary care, and primary care psychologists - who really address the lifespan - will have growing opportunities for geropsychology training.

In forming the Inter-Organizational Work Group on Competencies for Primary Care Psychology Practice, Dr. Bennett Johnson sought participation from multiple organizations with interest and expertise in integrated care, including those focused on both pediatric and older adult issues. Michele Karel and Sara Qualls represented Division 20 on the Work Group. Other participating organizations were: APA Division 38, Health Psychology; APA Division 54, Society of Pediatric Psychology; Association of Psychologists in Academic Health Centers (APAHC); Collaborative Family Healthcare Association (CFHA); Council of Clinical Health Psychology Training Programs (CCHPTP); Society of Behavioral Medicine (SBM); Society of Teachers of Family Medicine (STFM); and the VA Psychology Training Council (VAPTC). Susan McDaniel of the University of Rochester chaired the work Group. The APA Education Directorate, led by Catherine Grus, provided administrative and technical support for the group's work.

The Work Group met initially via monthly conference calls and e-mail discussion to review the existing literature on competency models in professional psychology and primary care psychology competencies. The Group adopted the Competency Benchmarks Work Group framework (Hatcher et al., in press) to organize the work. In this framework, there are six broad competency clusters: Science, Systems, Professionalism, Relationships, Application, and Education. Within each cluster are several competencies, each of which are broken down into essential components and then behavioral anchors that illustrate the operationalization of those components. The goal was to define competencies specific to primary care practice, not to repeat the broad competencies that have been defined for professional psychology practice in general (Hatcher et al., in press). The Work Group broke into smaller groups to draft the essential components and behavioral anchors for competency cluster areas. Sara served on the Science group, and Michele served on the Systems and Relationships group. During a face-to-face meeting in September 2012, the entire Work Group reviewed and revised the draft. We sent this draft to Division 20 leadership for review and comment, and sent those comments back to the final writing group. A final version of the primary care psychology competencies was completed in December 2012 and a manuscript submitted for initial dissemination (McDaniel et al., 2012). A detailed report of the Work Group, including additional examples of behavioral anchors for each competency, will also be posted at the APA website.

Of note, the Competencies document, as organized, did not focus on particular clinical populations or problems. Therefore, an interested geropsychologist will not see primary care competencies specifically related to older adults, or to pertinent clinical issues such as dementia or late life mood disorders. Rather, we advocated that at least several of the behavioral anchors to illustrate the competency's essential components included issues related to the care of older adults. Here are two examples to give you a sense of how the document is organized.

In the **Systems** cluster, one of the competencies is **Interdisciplinary Systems** (appreciation of systems of care). An essential component of this competency is, “*Appreciates that primary care takes place in the larger ‘healthcare (medical) neighborhood’ within the community and social context.*” One of the behavioral anchors to demonstrate this essential component was “*Demonstrates understanding of long-term care needs and options including in-home care, assisted living, and nursing home care.*”

In the **Application** cluster, one of the competencies is **Assessment**. An essential component of Assessment is “*Selects and implements screening methods using evidence-based assessment measures to identify patients at risk or in need of specialized services.*” One of the behavioral anchors illustrating this essential component was “*Recognizes signs of cognitive impairment (e.g., dementia, TBI), evaluates with brief assessment tools with norms appropriate to the population, and refers for more comprehensive cognitive evaluation as indicated.*”

The Primary Care Psychology Competencies developed by this group aims to inform practice, training, research, and policy advocacy for psychological practice in primary care. For geropsychologists interested to practice in primary care, this document should provide a helpful supplement to the Pikes Peak professional geropsychology competencies (Knight et al., 2009) for evaluating one’s readiness and training needs to practice in primary care.

For more information, please contact Michele Karel (Michele.Karel@va.gov) or Sara Qualls (squalls@uccs.edu).

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Recognizing our Long-Term Members

In recognition of the 12/II's 20th anniversary, we present those who have been members for 20 years.

| | | | |
|--------------------|---------------------|---------------------|------------------|
| Norman Abeles | Barry Ginsberg | Bob Knight | Jon Rose |
| Rebecca Allen | Jeffrey Gold | Nanette Kramer | Forrest Scogin |
| Harriot Aronson | Sanford Golin | Robert Maiden | Michael Smith |
| J. Gayle Beck | Linda Gonzales | John Mallet | Melinda Stanley |
| Louis Burgio | Gloria Gottsegen | Viola Mecke | William Stearns |
| Laura Carstensen | William Haley | Suzanne Meeks | Catherine Strong |
| Susan Cooley | Mary Harper | Elizabeth Midlarsky | Clifford Swensen |
| Barry Edelstein | Paula Hartman-Stein | Victor Molinari | Yvette Tazeau |
| Susan Eklund | Gregory Hinrichsen | Jennifer Moye | Larry Thompson |
| F. Richard Ferraro | Irene Hulicka | George Niederehe | Susan Whitbourne |
| Dolores Gallagher- | Robert Intrieri | Margaret Norris | Paul Wohlford |
| Thompson | Scott Jones | Philip Pierce | Steven Zarit |
| John Gam | Charles Kapotes | Sara Qualls | Antoinette Zeiss |
| Margaret Gatz | Julia Kasl-Godley | Stephen Rapp | Richard Zweig |
| Michael Gilewski | Deborah King | Manny Rich | |

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. The first installment of this new column was introduced in the Spring 2012 newsletter. For the third installment, we profiled Sherry Beaudreau (received award in 2001) and Brian Yochim (received award in 2002). Here we publish the abstracts from their award winning work, and follow-up with questions about their current activities.

Sherry Beaudreau, Ph.D.
Licensed Clinical Psychologist, Palo Alto VA
Associate Director, VA Advanced Fellowship Program in Mental Illness
Research and Treatment, VA Palo Alto
Clinical Associate Professor (affiliated), Department of Psychiatry and
Behavioral Sciences, Stanford University School of Medicine



Beaudreau, S.A., Storandt, M., & Strube, M.J. (2006). A comparison of narratives told by younger and older adults. *Experimental Aging Research*, 32(1), 105-17.

The few studies that have examined verbal discourse in both young and older adults have yielded inconsistent results with respect to talkativeness and story quality. The disparity may arise from methodological differences. In this study the authors examined word count, irrelevant utterances, and ratings of quality of stories told by 24 young (mean age = 19.21) and 24 old (mean age = 72.13) adults. The authors found minimal age differences. A separate sample of 10 young and 10 older adults of ages similar to those of the storytellers read and rated all the stories. Raters were highly variable in their subjective evaluations of story quality, although satisfactory generalizability coefficients can be achieved with a sufficiently large number of raters. Most studies of discourse quality, however, use few raters, which produces unreliable measurement that can contribute to the inconsistent results reported in the literature.

Interview Questions for Dr. Beaudreau:

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

I joined 12/II in my first year of graduate school in order to connect with the clinical geropsychology community. 12/II has assisted with my professional development through opportunities to network with clinical geropsychology clinicians and researchers whose works I had avidly read and to meet other clinical geropsychology peers who have since become collaborators and close friends. It is such a welcoming and close knit group that I like to think of it as my home-base when I attend APA or GSA.

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

My interest in aging solidified for me when I was a research technician at the National Center for PTSD at the VA in Jamaica Plain, MA. I was a psychometrician for the weekly assessment clinic. My interactions with Veterans during this clinic really highlighted the striking differences between the younger and older cohorts of Veterans. My clinical interactions with older Veterans were much different and how they responded on the assessment also differed. This led to a lot of questions for me about how anxiety symptoms and disorders differ in older Veterans and interest in how this might impact their cognitive functioning.

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

I hold two primary roles at the Palo Alto VA Health Care System. First, I serve as Associate Director of a large national VA mental health research fellowship for PhD- and MD-level clinicians. My duties are primarily educational in this role. Second, I am a Clinical Investigator at the Sierra Pacific Mental Illness Research Education and Clinical Centers (MIRECC). In this role I supervise research trainees (practicum students, psychology interns, and postdoctoral fellows) and conduct clinically relevant research on aging. I am also Clinical Associate Professor (affiliated) through the Department of Psychiatry and Behavioral Sciences at Stanford University School of Medicine. My duties in this role focus on both education and clinical training in the service of the department.

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

My most memorable experience was an interview I conducted with a centenarian for a class research project. I was astonished to discover that she looked not a day over 75 and walked faster than I did down the hallway! Her perspective on technological changes over the past century and how that has influenced the women's liberation movement was enlightening. She shattered a lot of the stereotypes I had in mind for someone who had lived that long. She taught me that you can be vibrant at any age.

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

12/II is a great way to get to know the geropsychology community. Members are very passionate about their work. Plus, you can't beat the student rates, which also gives you access to the newsletter and

award opportunities. Joining also shows a real commitment to the field and definitely is looked upon favorably by other geropsychologists who might review your CV for training opportunities, and clinical and research positions.

Q: Do you have any tips for emerging geropsychologists?

Not only should you join 12/II but also get involved with the section! There are lots of opportunities, not only for Student Representatives but also for volunteers. Ask one of the board members if you would like to get involved! I am currently Secretary and the Section Archivist. I have also served as a Student Representative and as Newsletter Editor. Service to the section is both fun and rewarding.

Q: Tell us about your most recent activities.

I just completed data collection for a study funded by an Alzheimer's Association New Investigator Research Grant to examine anxiety and depressive symptoms as predictors of cognitive performance in community residing older adults. I foresee lots of studies stemming from these rich data.

I am also developing a research grant proposal to NIH for secondary data analysis related to my anxiety and cognition interests.

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

It's hard to pick just one! I have had a number of amazing clinical supervisors and research mentors committed to aging from practicum to postdoctoral fellowship. If I were to pick one person though, it would have to be Martha Storandt. She is a great role model for women trying to break into academia. She always gave honest feedback, was invested in producing the highest quality aging research, and instilled in me a confidence about my abilities. She did all of this with a sense of humor, too, which I think you need sometimes to deal with the inevitable rejections we all face in this career. I'm sad that she has since retired, but her legacy lives on with the army of geropsychologists she has trained over several decades. She is a true pioneer in aging research and I am so lucky to have had the opportunity to have worked with her.



Brian Yochim, Ph.D., ABPP
Clinical Neuropsychologist, Mental Illness Research, Education, and Clinical Center (MIRECC), VA Palo Alto Health Care System
Clinical Assistant Professor (Affiliated), Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine

Yochim, B. P., Kerkar, S. P., & Lichtenberg, P. A. (2006). Cerebrovascular risk factors, activity limitations, and depressed mood in African American older adults. *Psychology and Aging, 21*(1), 186-189.

This study investigated the association between cerebrovascular risk factors (CVRFs), physical activity limitations, and depressed mood. The 12-item Short-Form Health Survey (SF-12) was administered to 1,034 urban African American older adults. A chi-square analysis demonstrated that the prevalence of depressed mood among those with high CVRF burden (13.4%) was significantly higher than among those with low vascular burden (7.6%). Physical activity limitations also predicted depressed mood, but this relationship did not mediate the relationship between cerebrovascular burden and depression. These findings highlight the relationships among cerebrovascular burden, physical activity limitations, and depressed mood among African American older adults.

Interview Questions for Dr. Yochim:

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

I wanted to become an active member of our field and do my share of contributing to help our profession make a difference in the lives of older adults. I thought it would also be a great way to meet colleagues and expand my professional network. I have made some close friends by networking in our Society.

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

I was accepted into the PhD program at Wayne State University in 1998 and wanted to do research in clinical neuropsychology and aging. I began working with Peter Lichtenberg at the Institute of Gerontology there, who introduced me to the fascinating world of aging. Ever since then, I've stayed involved in both clinical geropsychology and neuropsychology, seeking training and job opportunities where I get to be involved in both worlds.

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

I work in the Mental Illness Research, Education, and Clinical Center (MIRECC) at VA Palo Alto Health Care System with an appointment as Clinical Assistant Professor (Affiliated) in the Department of Psychiatry and Behavioral Sciences at Stanford University School of Medicine. I perform research in the neuropsychological assessment of older adults, and train postdoctoral fellows, psychology interns, and practicum students who perform neuropsychological assessments for older adults in my clinic.

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

That's a tough question to answer, because there have been so many memorable experiences. Maybe the most exciting time was during graduate school, when I was learning so much about gerontology yet becoming aware of how we know so little about Alzheimer's disease and other causes of dementia. It will be exciting as our field learns more about these disorders in the coming decades. I also have many happy memories of working with other colleagues and students in the field, at the University of Colorado at Colorado Springs (UCCS) and here at VA Palo Alto Health Care System. My most rewarding experiences have been mentoring Katherine Kane, Annie Mueller, Lisa King, and Brooke Zumas at UCCS and supervising interns Michelle Madore and Sheri Gibson here at VA Palo Alto. I am so proud of all that they have accomplished!

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

If you would like our field to make a difference in the lives of older adults, then you should join this group to help accomplish that. We cannot do it without the help of many people. It also helps students to meet other professionals in the field and to begin to establish their professional network. These are the peers with whom you will work for the duration of your career. On an interpersonal level I have found members of this Society to be some of the kindest, most thoughtful psychologists I have met.

Q: Do you have any tips for emerging geropsychologists?

Do what you are most passionate about. Publish as much as you can. Seek feedback and use it to improve your work. Find good mentors and stay in touch with them. Consult with them before making major decisions. Contribute to the larger field, but do not commit to more than you can do. (Gosh, this is starting to sound like a graduation speech!)

Q: Tell us about your most recent activities.

First, I am very excited to become President of our Society in 2014! In the research realm, I am

applying for funding to develop a new neuropsychological measure for diagnosing dementia. It's amazing how little our assessment technology has changed since the 1970s, and how accepted this is. Neuroimaging, on the other hand, undergoes enormous changes over the span of several years and it is assumed that newer technology is better. In my clinical duties, I try to provide state-of-the-art evaluations in our clinic while also providing high-quality training in neuropsychological assessment. Lastly, I am the lead author on the Neurocognitive Disorders chapter of a workbook that will be published soon after the DMS-5 is released, to help all mental health professionals learn about the updated diagnostic criteria.

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

That's an easy question to answer. Peter Lichtenberg has been my foremost mentor since 1998. He has had a tremendous influence on my career and I am eternally grateful for his mentorship. I feel fortunate that we continue to collaborate on projects. In addition to him, I have had other mentors at the University of Colorado at Colorado Springs (Sara Qualls, Dan Segal, Charles Benight, and Kelli Klebe) and VA Palo Alto Health Care System (Jerome Yesavage). And colleagues in the Society have provided great support over the years too.

Thank you for the opportunity to share my thoughts in this Newsletter; it is quite an honor!

The Student Voice

*Submitted by Annie Mueller, MA
12/II Student Representative*

Practical Advice and Suggestions for Internship Interview Travel

Every year in December and January, thousands of clinical psychology students help stimulate the travel economy as they interview for internship. As the internship interview invitations come in, it can be overwhelming to coordinate travel to multiple geographic locations within a short timeframe. At the same time, it is incredibly exciting to travel to new places and learn more about the programs to which you applied. The following is a list of "lessons from the road" and other practical suggestions to consider for internship (or post-doc) interview travel. It is our hope that this list will help provide you with some ideas in regards to how to save money and make traveling a bit more enjoyable.

- 1) Having an airline credit card can end up saving you a great deal of money. These credit cards often offer perks including free checked luggage, passes to the airline lounge, and priority boarding. You may also be more eligible for upgrades and seats with more legroom. This is also a great way to rack up frequent flyer miles quickly, which can result in free flights for interview travel. It is also a good idea to enroll in a hotel rewards program, especially if you travel frequently and use the same hotel chain.
- 2) If you have a smart phone, try to make use of airline mobile apps. United and Delta both offer mobile boarding passes, which saves you some time at the airport as you do not need to print any boarding passes.
- 3) Did you know that you are allowed to take a full-sized bottle of saline solution in your carry-on baggage?
- 4) Some sites have one interview day, some sites offer multiple dates, and others offer great flexibility in scheduling interviews. If possible, try to "lump" your interviews by geographical location (East Coast, Midwest, West Coast, etc.). This can end up saving you both time and money.

- 5) Some sites offer interview dates in December. While this is a busy time of the year due to finals and holiday travel, it is a good idea to schedule at least one interview during December. This can reduce the amount of traveling you will have to do in January, and can also build your confidence for later interviews.
- 6) Hand sanitizer, vitamins, and zinc lozenges should be your best friends during interview month. Many people you encounter at the airport and interview sites will be in the midst of or recovering from the cold or flu. Wash your hands constantly, especially before eating!
- 7) Since you will already be in a new city, try to squeeze in some sightseeing during your stay. During my interview travel, I also dipped my feet in both the Pacific and Atlantic oceans, saw redwood trees for the first time in the Bay Area, and had my first experience eating oysters in Boston. This was a great way to counterbalance the stress of interviewing and traveling.
- 8) Try to keep your routine as normal as possible. If you exercise regularly, try to fit it in whatever you can, whether that's at the hotel gym, a nearby yoga studio, or simply walking laps around the airport during your layover. Bring your favorite pajamas with you. Eat what you normally eat. Try to go to bed at the same time as you normally would if you are in a different time zone. By keeping your routine similar, the shock of travel will be less extreme. This will also reduce your chances of getting sick!
- 9) The night before an interview, prioritize a good night of sleep above all else. It will make a huge difference in your energy level if you can get more than a few good hours of shut eye.
- 10) Bring a car charger for your cell phone. Between using the GPS and camera, the battery will drain quickly. You do not want to get stuck in LA rush hour traffic with a dead cell phone and no idea where you are going!
- 11) Don't be afraid to ask others for help. My peers in Colorado Springs were more than happy to give me rides to the airport, watch my cat, and help me out in other ways while I was gone. Other friends and family graciously offered me couches to sleep on while I was traveling. Your friends and family are there to support you, so take advantage of it! Conversely, while it's a great idea to stay with friends or family, you should also be sensitive to the fact that you will be very tired from traveling, time zone changes, and interviewing. If you are more introverted, it may be a good idea to spend the extra money to have your own hotel room.
- 12) Just roll with it. You will inevitably have a delayed or canceled flight. You will find yourself sprinting full speed across the Denver airport, only to find you missed your connecting flight by a few minutes. You will forget something important in your hotel room. You may get lost trying to find the interview site. You might spill something on your dress shirt while eating breakfast. (These are all hypotheticals, of course.) There's not much you can do when these things happen aside from laugh and move on. It'll be a good story later!

Annie Mueller: amueller2@uccs.edu

Jay Gregg: jgregg@mail.wvu.edu

[Click to go to our Facebook Group](#)

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

The Alzheimer's Association Releases 2013 Facts and Figures

The Alzheimer's Association has released the annual report, *Facts and Figures*, for 2013. This report, as well as a briefer version, *2013 Alzheimer's Disease Facts and Figures Fact Sheet*, can be found online at www.alz.org.

APA Convention Program Updates

CONVENTION PROGRAMMING UPDATE

Brian Yochim, PhD, ABPP
President-Elect

Aloha Clinical Geropsychology colleagues!

The APA conference in Honolulu will take place over five days (Wednesday July 31-Sunday August 4) to allow more relaxation time in Hawai'i.

Below is a preview of some of the Clinical Geropsychology programming:

Thursday, August 1, 8:00-9:50:

Training for Integrated Care with Older Adults:
Real World Implementation and the Path Forward

Thursday, August 1, 5:00-7:00

Social hour, to be held in conjunction with Psychologists in Long-Term Care,
Rum Fire, Sheraton Waikiki, 2255 Kalakaua Avenue
Enjoy networking with colleagues overlooking the ocean and Diamond Head.

Friday, August 2, 8:00-9:50

Presidential Address and M. Powell Lawton Award

These events will be nestled within a multitude of other Clinical Psychology sessions.

Member News

Awards and Recognitions

Antonette Zeiss will receive the APA Award for Outstanding Lifetime Contributions to Psychology at upcoming APA Convention in August 2013. This award is in recognition of her “three decades of trailblazing leadership in Geropsychology” and commitment to veteran’s mental health. Dr. Zeiss will receive the award as part of the Opening Session of the Convention on August 1st.

And, welcome to new 12/II Committee Chairs, **Julia Kasl-Godley**, (Mentoring Committee) and **Barry Edelstein** (Awards and Recognition Committee)!



Dr. Kasl-Godley is a Clinical Psychologist at the VA Palo Alto and VA Hospice and Palliative Care Center. She is also the Coordinator of Psychology Training in the Palo Alto Veterans Administration Inter-Professional Palliative Care Fellowship Program, Palo Alto, CA.

Dr. Edelstein is the Eberly Family Professor of Clinical Psychology and the Director of Graduate Training in the Department of Psychology at West Virginia University.



Recent Member Publications

Gould, C. E., Gerolimos, L. A., Ciliberti, C. M., **Edelstein, B. A.,** & Smith, M. D. (2012). Initial Evaluation of the Older Adult Social-Evaluative Situations Questionnaire: A Measure of Social Anxiety in Older Adults. *International Psychogeriatrics*, 24, 2004-2019
doi:10.1017/S1041610212001275.

Gould, C.E., & Beaudreau, S. A. (2013, *in press*). Association between depression and anxiety on blood pressure dysregulation and pulse in the Health and Retirement Study (HRS). *International Journal of Geriatric Psychiatry*. doi:10.1002/gps.3926

O’Rourke, N. & Hatcher, P. (2012). A Step-by-Step Approach to Using SAS for Factor Analysis and Structural Equation Modeling (2nd ed). Cary, NC: SAS Institute.

Sageyh, P. & Knight, B. (2013). Cross-cultural differences in dementia: The Sociocultural Health Belief Model. *International Psychogeriatrics*, 25, 517-530. doi:10.1017/S104161021200213X

Whitbourne, S.K. & Halgen, R.P. (2013). *Abnormal Psychology: Clinical Perspectives* (7th ed.). New York: McGraw-Hill.

Committee Updates

Awards Committee Update

Submitted by Barry Edelstein

Division 12, Section II (Clinical Geropsychology): M. Powell Lawton Award for Distinguished Contributions to Clinical Geropsychology

Nominations are sought for The M. Powell Lawton Award for lifetime contribution to Clinical Geropsychology. Division 12, Section II members are encouraged to send nominations by April 15, 2013 barry.edelstein@mail.wvu.edu for consideration by the Awards and Recognition Committee. Only the name of the nominee is required.

Previous recipients (not an exhaustive list!) include the following distinguished colleagues:

| | | | |
|----------------|------------------|-----------------|----------------------------|
| Bob Knight | David Gutmann | Martha Storandt | Robert Kastenbaum |
| Larry Thompson | John Santos | Steve Zarit | Dolores Gallagher-Thompson |
| Margie Gatz | George Niederehe | Norman Abeles | |

Division 12, Section II (Clinical Geropsychology): Distinguished Clinical Mentorship Award

Nominations are sought for the Division 12, Section II Distinguished Clinical Mentorship Award. The purpose of the award is to recognize clinical geropsychologists who have played important roles in the clinical supervision of psychology graduate students, interns, and/or postdoctoral fellows who provide services to older adults. It also recognizes individuals who have played mentoring roles for graduate students, interns, and fellows interested in a career in clinical geropsychology. Nominations can be made by members and student members of Section 2. Nominees must be a member of Section 2. Nominations should be accompanied by letters from at least three current/former supervisees attesting to the abilities of the nominee as a supervisor/mentor. **Previously submitted nominations remain active for a total of three years; however, nominators are encouraged to contact the Awards and Recognition Committee Chair and update their materials as needed.** Nominations for this award must be received no later than May 1, 2013 and may be sent to the Awards and Recognition Committee Chair via email at barry.edelstein@mail.wvu.edu

Call for Student Paper Award Entries: Division 12, Section II (Clinical Geropsychology)

Division 12, Section II invites entries for its Annual Student Paper Award Competition. The award is for exemplary student research papers, and the winner will receive a \$250 check and plaque in recognition of the achievement. Entries need to be reports of original research for which the student is the senior author, and all entries should be in journal submission format. If the paper is co-authored, the entry should be accompanied by a letter from the mentor stipulating that the work was conducted primarily by the student.

Please submit your entry in Word or PDF format by May 1, 2013 to Barry Edelstein, Awards and Recognition Committee Chair: Barry.Edelstein@mail.wvu.edu. The award winner will be announced in June 2013.

Interdivisional Healthcare Committee (IHC) Update

Submitted by Margie Norris, Representative for Division 12/II

The IHC held its mid-year meeting in February and Margie Norris attended as the representative for the Society for Clinical Geropsychology. Although minutes from the meeting have not yet been finalized, below is a brief summary of issues discussed at the meeting.

Lynn Bufka from APA Practice Directorate had requested IHC members to draft “Briefing / Fact Sheets” on psychology’s role in treating medical problems. The initial goal was to draft four fact sheets with the intention to use these for APA’s federal advocacy efforts. The highly productive IHC members produced more than the requested four fact sheets, including ones covering psychology’s role in treating cancer, sexual dysfunction, perinatal depression, chronic pain, pressure sores, pediatric cancer, and pediatric sleep disorders. Lynn was so impressed with the submissions that their use will be expanded to several APA offices including Healthcare Financing, Public Relations, and Communications. There was also discussion of using them for blogs that APA may develop in the future and writing versions modified for agencies, APA members and consumers.

The APA Advisory Steering Committee is developing policies and operational procedures for composing clinical practice guidelines. This committee selected three domains for guideline development: depression, obesity, and PTSD. A clinical geropsychologist, Forrest Scogin, and a geropsychiatrist, Charles Reynolds, are members of the depression guideline committee.

IHC member Barry Nierenberg attended the Interprofessional Education Consortium (IPEC) conference in October. He reported that mental health and psychology are very poorly represented in this consortium. Representatives from over 100 different universities attended and represent a wide range of health disciplines (medicine, nursing, OT, PT, ST, audiology, hospital administration, dentistry, pharmacy, public health, etc.). The IHC and APA Practice Directorate will work on strategies for gaining better psychology representation at the IPEC.

Margie Norris submitted a spreadsheet documenting further declines in Medicare reimbursements from 2012 to 2013. Rates for almost every procedure (except brief psychotherapy) declined 1%-2%. While this may seem small, the fees have been declining every year since 2006 with cumulative declines of approximately 25%. Members were informed that these declines are not unique to Medicare as almost all private and public insurance agency bases their fee schedules on the Medicare fee schedule. Hence, the fee reductions are ubiquitous to all psychologists. Margie will follow up APA Practice Directorate to bolster knowledge and awareness of the cumulative fee declines, and to devise strategies to educate psychologists about the clinical benefits of using brief psychotherapy sessions.

The IHC will develop a list of services that psychologists provide but do not receive reimbursement. The intention is to request new CPT codes from the AMA. The IHC has a history of success in doing so as the Health and Behavior Assessment and Intervention codes were developed in the IHC.

Public Policy Committee Update

Submitted by Margie Norris, PhD and Mary Lewis, PhD, Committee Co-Chairs

New Web Postings from the Public Policy Committee

We are pleased to announce that information and links for all the Medicare MACs will soon be available on the web sites for 12/II, PLTC, and GeroCentral. MAC information for each state will include the MAC's name, web address, and phone number and the links for the Local Coverage Determinations (LCDs) for diagnostic and outpatient therapy, health and behavior services, psychological and neuropsychological testing, incident to, group therapy, family therapy, and biofeedback. Not all MACs have LCDs for each of these services but the posted information will include all of the LCDs that we could identify, as well as their effective dates.

In addition, we will be posting an extensive list of organizations relevant to aging, mental, and long-term care. Links for the organizations' websites will also be included.

We hope that our members find these postings helpful and informative. People often ask questions on the listserv such as, "Does Medicare cover _____?" or "Where can I get information about _____?" The postings on our websites should make it convenient and easy to access links to answer these questions. Of course, the information will need to be periodically updated and we ask members to always let us know when they see something that needs updating. We hope to have these postings on our web page in April.

Division 12 Update

Submitted by Michele Karel, Representative for Division 12/II

Meeting of the Society of Clinical Psychology Board of Directors
February 9-10, 2013
Los Angeles, CA

The Board of Directors Meeting was attended by: Mark Sobell, Ph.D., President, David Tolin, Ph.D., President-elect, J. Gayle Beck, Ph.D., Past President, Barbara Cubic, Ph.D., Treasurer, John C. Linton, Ph.D., Secretary, Larry Beutler, Ph.D., APA Council Representative, Irving Weiner, Ph.D., APA Council Representative, Danny Wedding, Ph.D., APA Council Representative, Cheryl Boyce, Ph.D. – Diversity Committee Chair (and sitting in as Section 6 rep), Michele Karel, Ph.D., Section 2 Rep, Elaine Burke, Ph.D., Section 4 Rep, Marc Hillbrand, Ph.D., Section 7 Rep, Sharon Berry, Ph.D., Section 8 Rep, Paul Arbisi, Ph.D., Section 9 Rep, Christopher Cutter – Section 10 Rep, Lynn Peterson, Administrative Officer. Section 3 Rep was unable to attend due to east coast blizzard. Remarkably, several of us from the east coast made it out to Los Angeles just in the nick of time!

Section Caucus. Section representatives meet early on the first day to discuss section issues and concerns. Topics discussed included membership, the Division 12 website, and communication with the public. Discussed what section information resources we might wish to post on the Division 12 website, and what resources at Division website should be available for members versus nonmembers. Discussed strategies for recruiting and maintaining membership, with a focus on Section 10 – Graduate Students and Early Career. Section 10 has 550+ members, many of whom do not end up joining APA. Discussed possibility of Section liaisons to Section 10, and potential Section 10 liaisons to other Sections. Discussed idea of personal invitation e-mailed to early career folks by prominent people in the field, encouraging them to remain part of APA/Div 12/Sections. Discussed issue of information available to the public, e.g., via Wikipedia. None of

the Sections are checking/providing updated information regarding our specialty areas on Wikipedia. Tech savvy members recommended that we may wish to create our own bios on Wikipedia, rather than have them created by others.

President's comments. Mark Sobell spoke of the changes in our field (e.g., psychology as a health profession, integrated healthcare, telehealth, many specialties) and his desire to form a task force to consider the future of Clinical Psychology in these contexts. Discussed that there is a historically narrow view of what clinical psychologists can do. Interested to consider how the Division can best be organized to address these changes.

President-elect David Tolin also shared some ideas for the coming year, including: effort at membership cross-pollination with the Association for Behavioral and Cognitive Therapies (ABCT); working to define evidence based continuing education in Clinical Psychology; developing list of evidence based procedures to treat various syndromes rather than particular DSM diagnoses.

Membership. Extensive discussion about Division 12 losing members disproportionately (~7% per year recently) relevant to APA membership loss. The typical Division member is a 66-year-old white male. Several meeting participants, especially those who were younger and from diverse groups, reported sense that Division 12 seems inaccessible – sense that its members are all “famous old psychologists” and “I don’t belong there.” Discussed need to take an active stance towards membership maintenance, reaching out to those who have left. Critical importance of outreach to early career folks and making people feel welcome. Discussed role for Div 12 leaders in reaching out to early career members.

Finance and Treasurer's Report. Treasurer Barbara Cubic reviewed the 2013 budget proposed by the Finance Committee. The Board discussed and approved the balanced budget, totaling approximately \$300,000 each in income and expenses.

Publications Committee. There is current search for new editor for *Clinical Psychology: Science and Practice* as Ed Craighead will be stepping down. Three former editors have formed a search committee. The editors of *The Clinical Psychologist* requested reducing publication from four to three times per year. Board discussed possibility of creating a shorter newsletter that continues to be sent 4 times (to maintain communication with membership). Discussion ensued re: whether TCP should be available only to members on the website. Discussion that perhaps Sections could contribute to newsletter ~once/year highlighting a substantive issue in that area that may be of interest to broader Div 12 membership. Danny Wedding reported that the Hogrefe and Huber Evidence Based Therapy books series is doing very well (see <http://www.hogrefe.com/program/books/book-series/advances-in-psychotherapy-evidence-based-practice.html>). Books in preparation include diabetes, headache, and prostate cancer. He is eager to know if folks have suggested topics for future books (anyone interested to propose a geropsychology topic and write a book?)

Committee on Diversity. Committee Chair Cheryl Boyce proposed establishing Section liaisons to the Div 12 Diversity Committee. She will send a note to the Section reps, asking us each to nominate a liaison from our Sections. (In the meantime, thanks to Yvette Tazeau, Chair of the 12-2 Diversity Committee, for volunteering to serve as our liaison to the Div 12 Diversity Committee). Dr. Boyce suggested avenues for collaboration, including a several Sections co-sponsoring an APA symposium with a diversity theme, considering an interdivisional grant to pursue a diversity project, and nominating diverse individuals for potential APA plenary speakers.

CE Initiative: Webinar Program. Past-President Gayle Beck reviewed progress on her Presidential Initiative to create a Division 12 CE program, as an additional member benefit. The proposal entails offering alternating monthly CE-eligible webinars by luminaries in the field, including audience participation, with professional development topics for early and mid-career professionals (e.g., writing grants, marketing one's practice, Medicare coding, doing journal reviews, work-life balance). The CE programs would have a minimal fee for members, a somewhat greater fee for non-members. The professional development series would not have a fee, rather be a member service. Group discussed marketing options and how to find a niche that is not being met by the many competing CE offerings out there. One idea proposed is that each Section could be asked to contribute one webinar per year to the Series. The Board voted and approved unanimously to move forward with this initiative.

Principles for Training in Evidence Based Psychology: Suggestions and Models for the Graduate Curriculum. Past-President Gayle Beck provided update on another of her Presidential Initiatives, a draft report of the Division 12 Task Force on Teaching Evidence-Based Practice in Clinical psychology. The Task Force, chaired by Gayle Beck, also included Louis Castonguay, Andrea Chronis-Tuscano, E. David Klonsky, Lata McGinn, and Eric Youngstrom. The group has consulted with the APA Education Directorate about this project, and is working towards publication. Plan will be to post the document and related resources on members-only Section of the Div 12 website. Board discussed the draft report and commended the Task Force for such a thorough, well-balanced (e.g., representing a wide range of theoretical orientations), and useful report.

Program Committee. The Board commended Katie Witkiewitz for putting together a great program for convention this year. Group discussed issue of hospitality suite – how many days to book it for? How might Sections what to use it? Discussed possible use of other spaces for meetings and/or social events, e.g., local university, museum, clinics, etc.

Nominations and Elections Committee. Danny Wedding reported having an excellent slate of candidates for President, Council Reps (both for 3-year term, and 1-year term), and Secretary, with two candidates per position. Board voted to approve all nominees.

Awards Committee. Division 12 award winners have all been announced (see <http://www.div12.org/awards/>). Board discussed strategies for honoring awardees, including features in *The Clinical Psychologist*, notifying their local institutions/newspapers, inviting them to APA social event.

Council Update. Irving Weiner and Larry Beutler provided a number of updates from APA Council. They highlighted that APA is providing \$3 million to support internship programs to pursue accreditation. They provided a detailed update on the APA Good Governance project, which continues to explore various options for changing the way in which APA is organized and governed. An important theme of the effort is to shift the focus of APA to an organization that serves the public good, rather than the profession. Challenge is how to define representation in the organization in terms of roles in serving the public. APAPO would remain in place for representing and advocating the interests of practicing psychologists. At this point, it appears that Directorates and Divisions would remain in place; however, it is not yet clear if or how Divisions would have representation in a newly configured organization.

Section-Division Relations/Membership. The longstanding issue of by-laws requirement that 50% of Section membership also have Division 12 membership was discussed. At this point, not all Sections meet this requirement. Concern is that, if the requirement is enforced, that the Division may lose further members (this is particularly a concern for Division 3, the Society for a Science of Clinical Psychology). Board discussed alternative options, including one proposal to consider changing the by-laws to require that

Sections maintain either a minimum number of Division 12 members or a certain % of Section members as Division 12 members, whichever is lower. Discussion ensued about other aspects of Division-Section relations, and there might be opportunities for greater collaboration. Board discussed that it would help to dialogue with Sections on how to foster collaboration. Mark Sobell will reach out and ask to join Section Board meetings. Discussed also that Div 12 has many members who do not belong to a Section, and how to ensure their perspectives are represented. Group discussed possibility of a member survey. Board will follow up on these issues.

Council of Specialties. Irving Weiner provided an update from the CoS. One current effort is putting together slides from each specialty for high school and community college psychology teaching use. Discussed that the Clinical Psychology renewal application was initially rejected by CRSPPP, in part with feedback that Clinical Psychology needed to make clearer how the specialty is distinct from other specialties. A revised application has been submitted.

Section Updates. Just a few highlights of potential interest to 12-2 members: Section 10 (Students and Early Career) are working on mentorship matching. Does 12-2 wish to reach out to Section 10, with > 550 student members? (12-2 Board will discuss). Section 9 (Assessment) Rep discussed the issue of to what extent assessment remains a core competency for clinical psychology? Note that there is an Assessment breakfast planned for APA convention, co-sponsored with Divisions 5 and 40, during which they provide awards for student posters presented at APA on assessment topics. The breakfast is underwritten by test publishers.

Video games and violence. A request was made to the Div 12 Board to comment on the issue of video games and violence. A 2005 APA policy states in resolution that there is a link between video games and player aggression. However, the scientific evidence on this relationship is not entirely clear. Courts have referred to the APA position as “junk science.” The Board decided not to provide formal comment on this issue given lack of expertise.

The next Division 12 Board meeting will be held via phone conference call on June 12.

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!

2013 Officers of the Society of Clinical Geropsychology

President: Amy Fiske

President Elect: Brian Yochim

Past President: Erin Emery

Secretary: Sherry Beaudreau

Treasurer: Norm O'Rourke

Division 12 Representative: Michele Karel

Nominations and Elections Committee: Erin Emery

Mentoring Committee Chair: Julia Kasl-Godley

Membership Committee: Rebecca Allen (Chair) and Morgan Eichorst

Newsletter Editors: Erin Woodhead & Kaci Fairchild

Awards Committee Chair: Barry Edelstein

Training Committee Chair: Erin Emery

Interdivisional Healthcare Committee Chairs: Margie Norris and Cheryl Shigaki

Student Representatives: Jeffrey Gregg and Annie Mueller

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
RENEW ONLINE AT: <http://www.geropsychology.org/membership-application>

| | | | | |
|---|--|--------------------------|---|---|
| Name (Print) | | Degree | Membership Status (Please check one) <input type="checkbox"/> Renewal <input type="checkbox"/> 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) <input type="checkbox"/> Fellow <input type="checkbox"/> Member <input type="checkbox"/> Associate <input type="checkbox"/> Emeritus (retired member of APA) <input type="checkbox"/> Student Member (graduate, internship, postdoc) | | | | |
| Street Address | | | | |
| | | | | |
| City | | State | | Zip Code |
| Phone () | | Fax () | | Cell () |
| E-mail _____ (Note: E-mail is crucial for our records, and therefore strongly encouraged) <input type="checkbox"/> Check here to opt OUT of the LISTSERV <input type="checkbox"/> Check here to opt OUT of the membership directory | | | | |
| Are you a member of Division 12 (The Society of Clinical Psychology)? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes (as a student) |
| <input type="checkbox"/> No | | | | |
| Please list other Divisions and Societies you are affiliated with: | | | | |
| Please list your special Interests within Geropsychology | | | | |
| What is your PRIMARY emphasis as a Geropsychologist? (Define primary as 51% or greater) <input type="checkbox"/> Clinical practice <input type="checkbox"/> Research <input type="checkbox"/> Teaching <input type="checkbox"/> 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 |
| Faculty endorser (if joining as student) | | Faculty Signature | | Date |
| <p>Mail this form, along with your check payable to “APA Division 12, Section II” to Norm O’Rourke, Ph.D., R.Psych. IRMACS Centre, Simon Fraser University, 8888 University Drive, Burnaby (BC), Canada V5A 1S6</p> <p><i>Please be aware that an \$0.80 stamp is required if mailing from the U.S.</i></p> | | | | |