

Clinical Geropsychology News

Society of Clinical Geropsychology

APA Division 12, Section II

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INSIDE*

President's Column.....	1
Editor Comments.....	4
Call for Nominations.....	4
Public Policy Committee Update.....	5
Multicultural Committee Column.....	6
Introducing the New Newsletter Editors.....	8
Student Voice.....	9
Announcements & Member News.....	10
Division 12 Update.....	12
CONA Update.....	13
Committee Updates.....	14
Did You Know.....	16
Membership Renewal Form.....	17

Please contact Erin Woodhead at
Erin.Woodhead@sjsu.edu or Kaci Fairchild at
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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:

*The Road Ahead for Clinical
Geropsychology: Challenges and
Opportunities*

Amy Fiske, PhD



As I have mentioned in previous columns, a focus of my presidential year has been a strategic planning process. The Board, and our Advisory Board, have reviewed the history and current status of the Society. We have evaluated the Society's original mission and we have crafted a vision statement. It is

appropriate that we should now contemplate the challenges and opportunities that face us, as well as the many strengths we bring to the task of addressing these challenges.

As a reminder, here is the vision statement endorsed by the Board: *Fostering the mental health and wellness of older adults through science, practice, education and advocacy.*

There are several major challenges inherent in the pursuit of this vision, the most prominent of which is our size as a workforce relative to the need for our services. As documented in the Institute of Medicine's 2012 report on the Mental Health and Substance Use Workforce for Older Adults, as of 2010, 5.6 to 8.0 million older adults had a mental health or substance abuse problem. By 2030, that figure was projected to grow by 80%. There is currently a dramatic gap between the demand and supply of mental health and substance use providers prepared for work with older adults. Moreover, the non-specialist workforce is not adequately trained to meet the needs of older adults. This shortfall will only be amplified by the projected growth in the older adult population in coming decades.

We also face other daunting challenges, such as lack of sufficient funding for research, low reimbursement rates for Medicare and others.

Yet the opportunities on the horizon are also unprecedented.

The emergence of integrated care as a model of psychological service delivery is likely to improve access to mental health care for many older adults. The Affordable Care Act further promotes integrated care through the medical home model.

The phase-in of the Mental Health Parity and Addition Equality Act, supported by the Final Rule that was issued just this month, will make mental health care more affordable for older adults and others.

Changes in the APA accreditation guidelines have been suggested that, if implemented, could require training programs to prepare future psychologists to work with older adults, just as these programs are currently expected to prepare trainees to work with a range of other types of diversity.

Technological advances and the increasing acceptability of technology by older adults represent an opportunity for improved accessibility of mental health services for older adults. According to Smith and Clurman (2007), fully 90% of baby boomers say they use technology. A petition is currently before the APA to form a new division, the Society for Technology and Psychology.

The establishment of a process for board certification (ABPP) in clinical geropsychology poses an opportunity not only to recognize current clinical geropsychologists, but also to attract new psychologists to the specialty. Thanks to Society member Victor Molinari and others who have spearheaded this effort. Testing of the first set of applicants is scheduled to take place at the upcoming GSA conference.

As we think about how to address the challenges facing us and capitalize on the opportunities, it may be helpful to reflect on our strengths as a Society. Although we may not often focus on them, I would argue that we have specialized strengths as both clinical and geropsychologists. As psychologists generally, we benefit from scientific training as well as a focus on behavioral assessment and treatment techniques that may be overlooked by colleagues from more biologically-oriented professions. As geropsychologists, we have a developmental perspective, and are likely to have experiences that may be less common among our non-gero colleagues. These include providing integrated care in healthcare settings as well as treatment delivery in non-traditional settings such as the patient's home or skilled nursing facility.

I have been giving some thought to how we, as a Society, might leverage our strengths and capitalize on opportunities to address the challenges ahead. In particular, consider the looming issue of the workforce shortfall, as mentioned above. Following are some of the possible ways I think our Society can contribute to addressing this issue.

Expand our Numbers. One way to begin to address the issue is to expand the number of psychologists working with older adults.

We may be able to increase the number of students interested in becoming geropsychologists. This will most likely require enhanced recruitment efforts, at both the graduate and undergraduate levels, and the engagement of more academic geropsychologists in the training and mentoring of students. Continued collaboration with CoPGTP will be important in accomplishing these aims.

We may also be able to encourage and facilitate geropsychology specialization among psychologists who do not currently work with older adults. This would require the engagement of more geropsychologists in serving as consultants and mentors. The new ABPP credential may help the cause by making a gero specialization more attractive.

Another way to expand the number of psychologists working with older adults is to increase gero competencies among non-geropsychologists. Additional involvement of geropsychologists in offering continuing education may be helpful. As a Society, we have already contributed to this effort in numerous ways. These include the launch of the GeroCentral website, a large-scale collaborative effort led by Past-President Erin Emery, and the updated Guidelines for Psychological Practice with Older Adults, authored by Greg Hinrichsen and a team of other Society members and adopted by APA earlier this year.

Involve Others. Another approach to addressing the workforce shortfall is to share geropsychology expertise with individuals from other disciplines who are involved in the care of older adults. Involvement in interprofessional teams provides an opportunity to do this. Additional training of geropsychology students and interns in interprofessional team functioning will be important in this effort. Another strategy may be preparing geropsychology students to serve in consultation, training and supervisory roles.

Promote More Efficient Treatment. In addition to strategies that aim to increase the workforce, our Society can address the shortfall by developing and disseminating more efficient treatments for older adults, or more efficient methods for delivering these treatments. This effort could involve the development of very-brief treatments. It could also entail expansion of research and dissemination of evidence-based treatments for older adults. These efforts will require increased involvement of geropsychologists in clinical research as well as training and dissemination.

I am pleased to report that the Board had endorsed the reinstatement of the Committee on Evidence-Based Practice, and I have named Forrest Scogin as the Chair.

Another strategy for improving efficiencies may be the use of technology, such as the delivery of treatments through telephone, computer, smartphone or other devices. This strategy will require research and development, funding and—above all—imagination. Our members have been actively involved in the development of the proposed new APA Division, the Society for Technology and Psychology.

Promote Prevention. A long-range and often-overlooked strategy for addressing the shortage of geropsychologists to meet the need for mental health services among older adults is to reduce the need for treatment by promoting prevention. This strategy would require greater research funding as well as academic geropsychologists to investigate risk factors and to develop and test preventive interventions.

Considering the strategies outlined above, it is clear that our Society has much to offer in addressing the challenge of the workforce shortfall. It is equally clear that all of us are needed in this effort. Although the

problem is sometimes framed as a shortage of clinical geropsychologists to provide direct service to older adults and their families, we will also need clinical geropsychologists for research and development, training, supervision, consultation and advocacy, among other roles. In short—we need all hands on deck!

Addressing the geropsychology workforce shortfall is one of the challenges we have discussed within the Board. The next steps in the strategic planning process will involve identifying specific goals and objectives for the Society and an action plan for meeting them. We will coordinate these efforts with CONA and the other geropsychology organizations involved the Aging Leadership Team: Division 20, Psychologists in Long-Term Care and CoPGTP. Watch for updates.

It has been my honor and privilege to serve you this year as the President of the Society of Clinical Geropsychology. I would like to extend my heartfelt thanks to all of our members and colleagues who have provided their help and input over the past year, and I look forward to working with Brian Yochim as the new President in January. Meanwhile, I hope to see many of you at the upcoming GSA conference.

Comments from the Editors: Kaci and Erin



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

- Our Multicultural Committee will be contributing a regular column to the newsletter that highlights issues relevant to working with diverse older adults. This is their first column, and we're excited to have this new feature! Thanks for Yvette Tazeau and Tiffany Rideaux for taking the lead on this.
- 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, so contact the newsletter editors if you're interested in advertising.
- Check the announcements section for relevant updates about GSA conferencing
- The awards committee is now soliciting nomination for the 12/II awards (Distinguished Clinical Mentorship Award, M. Powell Lawton Award, and the Student Paper Award). See the announcement below for more information.

Call for Nominations: 12/II Awards

Society of Clinical Geropsychology (APA Division 12, Section II) 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 should be sent in Pdf or Word format, must be received no later than December 31, 2013, and should be sent to Gregory Hinrichsen, Ph. D., Awards and Recognition Committee Chair, at geropsychgah@aol.com

Society of Clinical Geropsychology (APA Division 12, Section II) 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 a letter of nomination and a current vita for the nominee in Pdf or Word format by December 31, 2013 to Gregory Hinrichsen, Ph.D., Awards and Recognition Chair, at geropsychgah@aol.com for consideration.

Society of Clinical Geropsychology (APA Division 12, Section II) Student Paper Award 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 December 31, 2013 to Gregory Hinrichsen, Ph.D., Awards and Recognition Committee Chair, at geropsychgah@aol.com.

Public Policy Committee Update

Note from the Editors: We have included the update from the public policy committee in the main body of the newsletter because the Physician Quality Improvement System (PQRS) deadline is fast approaching!

Did You Know? Physician Quality Improvement System (PQRS) Transitioning From Incentives to Penalties

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

You may be aware that Medicare has various programs to improve the quality of care provided to beneficiaries, such as the Physician Quality Improvement System (PQRS). This program has paid bonuses to some providers, including psychologists, for reporting on the program's quality measures. **What you may not know is that although the PQRS program began in 2007 as a voluntary bonus program, it is transitioning to a penalty program.** Specifically, penalties will be charged in 2015 for failure to report quality measures on claims, but the reporting must begin in 2013 to avoid the penalties. Under the current incentive program, if one participates in PQRS in 2013 and 2014, all Medicare payments will be increased by .5%. This incentive will be replaced with a penalty of 1.5% in 2015 and 2% in 2016. The penalties are based on 2-year ex post facto data, i.e. 2015 penalties are based on 2013 reporting and 2016 penalties are based on 2014 reporting. As with the past incentives, the penalties will apply to all Medicare payments

made to the provider. Providers who are already participating in PQRS must report on 50% of applicable cases to avoid future penalties.

If you were unaware of the PQRS mandatory reporting and concerned about getting involved at this late point in 2013, there is some relief. **In an attempt to introduce providers into the program, CMS allows first-time PQRS participants to report one measure for at least one patient in 2013 to qualify for PQRS participation and thus avoid penalties in 2015 and thereafter.** The bonus payments are paid approximately mid-year following the year of reported data.

What are these quality measures? In 2007, only one mental health measure was available for reporting. Now in 2013, there are 13 mental health measures. Some measures are tied to diagnoses such as assessing for suicide risk in patients with major depressive disorder and assessing for depression in patients with substance abuse disorders. Others are related to preventative care such as screening and follow-up for depression, unhealthy alcohol use, elder maltreatment, tobacco use, or obesity. Still others include pain assessment and documentation of current medications in the medical record. For a full list of measures, please visit the CMS website at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>.

Luckily, the mechanics of participating in the PQRS program are not difficult. There is no enrollment process. Rather, the provider reports having performed the measure on their claim submitted for payment. Excellent resources on PQRS are available from CMS (see the website above) and the American Psychological Association Practice Organization (below). If you have additional questions, please feel free to contact Margie Norris or Mary Lewis, co-chairs of the PPC.

APA Resources

American Psychological Association Practice Organization. (2013). *Quality improvement programs*. <http://www.apapracticecentral.org/reimbursement/improvement/index.aspx>.

American Psychological Association Practice Organization. (2013). <http://www.apapracticecentral.org/reimbursement/improvement/pqri-faq.aspx>.

American Psychological Association Practice Organization. (2013). <http://www.apapracticecentral.org/reimbursement/improvement/pqrs-measures.aspx>.

Multicultural Committee Column

Resources for Working with Culturally Diverse Older Adults

*Submitted by
Tiffany Rideaux, Psy.D., Institute on Aging
and
Yvette Tazeau, Ph.D., ynt consulting*

The older adult population is rich with cultural diversity and provides geropsychologists with numerous opportunities to develop and enhance their cultural competency. Gerodiversity is broad conceptualization of culture and highlights the complexity of providing culturally competent care for older adults. Frameworks, such as that of Dr. Pamela Hays' ADDRESSING model of culture, expands the concept of culture beyond ethnic background to include, age, disability status, religion or spirituality, socioeconomic status, sexual orientation, indigenous heritage, national origin, and gender.

In an effort to help geropsychologists better meet the needs of their culturally diverse clients, the Division 12-II Diversity Committee will be providing a regular column in the quarterly newsletter featuring resources related to gerodiversity. The goal of the column is to help providers increase their awareness, skills, and knowledge related to cultural diversity in older adults. The column will present information on topics such as current research, clinical interventions, upcoming trainings and seminars, job opportunities, and other helpful resources for geropsychologists working with diverse older adults. We welcome and highly encourage input from the 12-II community. Please email us ideas of topics you would like featured or write your own article for the column, or both!

The Diversity Committee is excited to bring this new resource to the 12-II community and we hope you will find the information provided helpful.

Sincerely,

Tiffany and Yvette

Tiffany Rideaux, Psy.D. (tiffany.rideaux@gmail.com)

Yvette Tazeau, Ph.D. (ytazeau@ix.netcom.com)

Working with Interpreters: A Recent Personal Experience

Submitted by

Tiffany Rideaux, Psy.D., Institute on Aging

I had a recent opportunity to use an interpreter during a cognitive evaluation for a monolingual Cantonese speaking older adult. The interpreter, who was hired by the referral source, had no familiarity with cognitive testing. I included the Montreal Cognitive Assessment in my testing battery because there was a Cantonese version of the measure with translated instructions, which appeared to facilitate the flow of testing. Several challenges, however, still presented during the session. For example, interpreting responses impacted the timed verbal fluency task and provided the client with additional exposures to the word list for the verbal memory task. These deviations from the standardized administration were noted in the report and considered during the interpretation of results. Despite the challenges, using an interpreter permitted the client's cognitive functioning to be assessed, which allowed the client to be matched to appropriate resources to stay independent in his home. Without the use of an interpreter, the client may have been prevented from accessing needed health care resources.

As noted by Rachel Casas and colleagues, there is a strong demand for neuropsychological services for monolingual speaking adults, but a dearth of clinically trained bilingual neuropsychologists. Although neuropsychological testing with a bilingual neuropsychologist is the ideal situation, it may not be an option and an interpreter may be required. The shortage of bilingual neuropsychologists raises the need for the use of interpreters during neuropsychological testing.

Casas and colleagues recognize that in many situations, a bilingual psychologist may not be available and the clinician would require the use of an interpreter. The Casas et al. article highlights the importance of meeting with the interpreter before the testing session to provide the interpreter with an overview of the tests and the standardized instructions. It would also be important to alert the interpreter to not provide assistance or feedback to the client during the assessment. In these testing situations it is critical to provide information in the neuropsychological report that an interpreter was used and the impact this may have on test interpretation and reliability of results.

Casas and colleagues examined the effects of using interpreters when conducting cognitive testing and noted that monolingual Spanish speaking adults ages 18 to 64 scored higher on verbally mediated tests, such as the Vocabulary and Similarities subtests on the Wechsler Adult Intelligence Scale, when an interpreter was used compared to using a bilingual test administrator. The use of an interpreter did not impact scores for performance-based measures, such as Block Design and Matrix Reasoning. Thus, when conducting neuropsychological testing with the use of an interpreter, performance or non-verbal based assessment measures may be the most appropriate tests to use, according to Casas et al.

Reference: Casas R, Guzmán-Vélez E, Cardona-Rodríguez J, Rodríguez N, Quiñones G, Izaguirre B, Tranel D. Interpreter-mediated neuropsychological testing of monolingual Spanish speakers. *Clin Neuropsychol*. 2012;26(1):88-101. doi: 10.1080/13854046.2011.640641.

Introducing our new Newsletter Editors!

We have asked our two incoming newsletter editors, Christine Gould and Joe Dzierzewski, to provide a short introduction to the membership. They will start their term with the Spring newsletter in 2014. Welcome to the 12/II board, Christine and Joe!

Christine Gould



I look forward to working with Joseph Dzierzewski, PhD, a fellow alumni of the 2013 Geriatric Psychiatry Summer Research Institute, on the Society of Clinical Geropsychology newsletter. I would like to thank Erin and Kaci for their excellent work as co-newsletter editors and their guidance throughout the transition. I have been involved in the Society as student member at the recommendation of Barry Edelstein, PhD, my graduate advisor at West Virginia University and have also served as the associate editor of the research edition of the Psychologists in Long-term Care Newsletter. I received my Ph.D. from West Virginia University in 2011 and completed my clinic internship with a geropsychology emphasis at the VA Palo Alto Health Care Health Care System. I am starting my third year at the VA Palo Alto Geriatric Research Education and Clinical Center as an Advanced Geriatrics Fellow and I hold a dual appointment as a Postdoctoral Scholar at Stanford University School of Medicine. My research program focuses on the assessment and behavioral treatments of late-life anxiety. I also provide psychotherapy to older Veterans and behavioral health services through our geriatric primary care clinic. In the next year, I will be transitioning to a grant funded position at the VA and will be managing a telephone based socialization program aimed at reducing loneliness in older Veterans in rural areas. Joe and I welcome feedback and suggestions about the newsletter and look forward to serving the Society over the next three years.

Joe Dzierzewski



Hello fellow geropsychologists! I am thrilled to have been appointed co-newsletter editor, serving alongside Christine, for the Society of Clinical Geropsychology. I have been involved in the Society as a student member, then as a Student Representative, and I now look forward to functioning in this new role. I have been involved in geropsychological research since my undergraduate days at the University of Nevada, Las Vegas. I received my Ph.D. in Clinical Psychology from the University of Florida, with an emphasis in Clinical Geropsychology. I completed my clinical internship, again with a geropsychology emphasis, at the Bruce W. Carter VAMC in Miami, FL. I am currently an Advanced Geriatrics Fellow at the Greater Los Angeles VAMC, with a dual appointment as an Assistant Researcher at the David Geffen School of Medicine at UCLA. My position entails that the majority of my time be spent on research activities. My research program focuses on the impact of health behaviors on late-life cognitive functioning, with a special focus on sleep in older adults. Clinically, I conduct evaluations and provide evidence-based interventions for sleep disorders in older adults. I also supervise practicum students and interns as they rotate through our sleep clinic. Again, I look forward to serving the Society as co-newsletter editor and only hope that Christine and I are able to function in this capacity at a level similar to what was achieved by our predecessors – Erin and Kaci.

The Student Voice

Introducing our new Student Representative!

Greetings from St. Louis! My name is Elissa Kozlov, and I am the new student representative for Division 12/II. You've likely already received emails from me advertising our student social at GSA in New Orleans (November 21st at the Oceana Grill from 5:30pm – 7:30pm)! In addition to introducing myself to you via newsletter, I hope to have the opportunity to do so in person in New Orleans.

I am a 4th year Clinical Psychology PhD candidate at Washington University in St. Louis under the mentorship of Brian Carpenter, PhD. I have a difficult time pinpointing when my interest in working with older adults first started. I was an actress throughout high school and college, and, despite my youthful appearance, I was repeatedly “type cast” as an older adult – both male and female – in the vast majority of the plays I performed in. Whether my type casting was the reflection of or the catalyst for my interest in older adults is not quite clear, likely some combination of both. However, when I entered college, I repeatedly chose projects and coursework that would allow me to research and engage with older adults. This culminated in my senior Honors thesis entitled *Aging While Incarcerated*, a qualitative study of growing old while in prison. After college, I took a job at the Weill Cornell Institute for Geriatric Psychiatry and worked with home-bound depressed older adults on brief intervention studies. Presently, my research and clinical interests revolve around late life family decision making, palliative care utilization and awareness and knowledge of palliative care services.

My commitment to clinical geropsychology means not only pursuing my own career focused on older adults, but also recruiting, educating, and inspiring future generations of geropsychology researchers and practitioners. I am excited to join the board of 12/II because I want to ensure that students pursuing careers in clinical geropsychology continue to feel valued, supported, and encouraged by the society. If you have any ideas or suggestions about how to continue to improve the student experience for 12/II members, please

email me or Anne Mueller, and we will make sure your voice is heard. I look forward to working with you, and I hope to meet you in New Orleans!

Elissa Kozlov, MA
Elissa.Kozlov@wustl.edu

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 2013 Guidelines for Psychological Practice with Older Adults are now online!

Go to the following link to view the guidelines: <http://www.apa.org/practice/guidelines/older-adults.aspx>

They will also be published in the *American Psychologist* in December or early 2014.

Many thanks again to the Working Group, Divisions 12/II and 20, CONA, and the APA Council of Representatives for their support.

Check It Out: The APAPO Good Practice Fall 2013 issue includes an important article for geropsychologists:

The article, entitled "APAPO Takes Aim at Declining Medicare Reimbursement" details APAPO's strategy for battling our precipitous fee declines.

Join the 12/II Student Social at GSA!

Who: Both student members and faculty are welcomed and encouraged to attend

When: Thursday, November 21st from 5:30pm-7:30pm

Where: Oceana Grill, 739 Conti Street, New Orleans, LA - the Labo Room

What: Free appetizers and drink specials!!!!

Why: This event is a great opportunity to meet other geropsychologists in training!

RSVP: Please send elissa.kozlov@wustl.edu an email as soon as possible to let me know if you are likely to attend.

APA Committee on Aging Award for the Advancement of Psychology and Aging

The APA Committee on Aging cordially invites you to the presentation of its 2013 Award for the Advancement of Psychology and Aging to:

Michael (Mick) Smyer, PhD
On Thursday, November 21st, 6:00 – 7:00 PM

Salon F at the New Orleans Marriott
 During the GSA Annual Scientific Meeting

Member News

Funding, Awards, and Recognitions

Paula Hartman-Stein, Ph.D. from Kent, Ohio, has been hired as a faculty associate by Arizona State University to develop and teach an online course, Integrated Geriatric Behavioral Healthcare in the new Doctorate of Behavioral Health program.

Marnin Heisel, Ph.D., from Lawson Health Research Institute and Western University, was recently funded by Movember. His project, *Enhancing Psychological Resiliency in Older Men Facing Retirement: Testing a Meaning-Centered Group Intervention*, proposes to enhance mental health and well-being and lower risk for depression and suicidality in soon-to-be or newly-retired men.

Recent Member Publications

Woodhead, E.L., Brunskill, S. R., Tenover, J. L., Huh, J. W. (2013). Improving patient-centered care: Personal models of depression among older male veterans. *Federal Practitioner*, 30(7), 12-17.

Yochim, B. P., Mueller, A. E., & Segal, D. L. (2013). Late life anxiety is associated with decreased memory and executive functioning in community dwelling older adults. *Journal of Anxiety Disorders*, 27, 567-575. doi: 10.1016/j.janxdis.2012.10.010

Yochim, B. P., Rashid, K., Raymond, N., & Beaudreau, S. A. (2013). How frequently are words used on naming tests used in spoken conversation? *The Clinical Neuropsychologist*, 27(6), 973-987. doi: 10.1080/13854046.2013.797501

Committee Updates

Division 12 Update

*Submitted by Michele Karel, PhD, Representative for Division 12/II
Michele.Karel@va.gov*

Section Council. Dr. Mark Sobell, President of the Society of Clinical Psychology (SCP), has sought this year to increase section participation and collaboration in the activities of the division. To that end, a Section Council has been established, composed of the President and Representative to the SCP Board for each section, the President and President-elect of the SCP, and the SCP Administrative Officer. The Section Council will meet quarterly via conference call. Issues discussed to date include ideas for collaborative proposals for APA 2014 convention and potential section contributions to the SCP website, newsletter, and other SCP activities.

FYI, the SCP sections are (see <http://www.div12.org/sections/>)

- Section 2 - Clinical Geropsychology
- Section 3 - Society for a Science of Clinical Psychology
- Section 4 - Clinical Psychology of Women
- Section 6 - Clinical Psychology of Ethnic Minorities
- Section 7 - Section for Clinical Emergencies and Crises
- Section 8 - The Association of Psychologists in Academic Health Centers
- Section 9 - Assessment Psychology
- Section 10 - Graduate Students and Early Career Psychologists

SCP Website Update. SCP will be launching a new website in the coming weeks; Dr. Damion Grasso is overseeing this effort. Dr. Grasso would like to include regular section updates/resources on the new website as well as brief educational video clips that perhaps sections might wish to contribute. If you have ideas about how to “get the word out” about clinical geropsychology and the activities of our section to a broad audience of clinical psychologists, please let me know.

Continuing Education Initiative. The Division continues to plan a monthly webinar series, to include both luminary speakers and offerings on early career/professional development. The project committee, chaired by Dr. Deb Drabick, will be reaching out to Sections to contribute possible speakers or professional development topics. Please let me know if you have ideas for topics or speakers to highlight important geropsychology issues.

Next SCP Board Meeting: The SCP Board of Directors meeting will be held February 1-2 in Fort Myers, Florida. I plan to attend to represent our section and will file a detailed report thereafter!

APA Office on Aging and Committee on Aging (CONA) Update

Submitted by Deborah DiGilio, MPH, Director, APA Office on Aging

I would like to highlight a few of the issues currently being worked on by the Office and Committee on Aging.

APA Guidelines for Psychological Practice with Older Adults were adopted as policy by the APA Council of Representatives in August. These guidelines replace those initially adopted in 2003. The members of the Revision Working Group were: Gregory Hinrichsen, PhD (Chair), Adam Brickman, PhD, Barry Edelstein, PhD, Kimberly Hiroto, PhD, Tammi Vacha-Haase, PhD, and Richard Zweig, PhD. Funding for the update of the guidelines was graciously provided by Divisions 12-II and 20 and the APA Council of Representatives. The guidelines are available online and will be published in the *American Psychologist* shortly. An effort is underway to promote the guidelines and other geropsychology resources to state and regional psychological associations.

Committee on Aging 2013 Award for the Advancement of Psychology and Aging will be presented to Michael (Mick) Smyer, PhD at GSA on Thursday, November 21st at 6:00 p.m. in Salon F at the New Orleans Marriott. Please join us in recognizing Dr. Smyer's significant contributions to research, education, practice, public interest, and public affairs in psychology and aging throughout his career.

Multidisciplinary Competencies in the Care of Older Adults at the Completion of the Entry-level Health Professional Degree is a document CONA is currently shepherding through APA Governance in hopes of APA endorsement. It was developed by American Geriatrics Society convened [Partnership for Health in Aging](#) (PHA), APA participated in their development. APA was unable to endorse when initially asked as the time was insufficient to allow governance review. As noted in the item to the Board of Directors, endorsement now will convey that psychological research and practice are critical to national efforts to improve the health and well-being of older people, and allow us to be involved in future efforts with PHA.

Efforts to Promote the Inclusion of Geropsychology in National Efforts

APA is a member of multiple coalitions to assure the inclusion of psychology in national aging-related efforts. Deborah DiGilio, represents APA on the governing boards of [National Coalition on Mental Health and Aging](#), the [Eldercare Workforce Alliance](#), and in December will attend her first meeting as a member of the Board of Directors of the [National Alliance for Caregiving](#). APA is represented in the above mentioned PHA by Catherine Grus, PhD of the Education Directorate, an expert in competencies development. APA is also a member of the [Elder Justice Coalition](#) and the [National Respite Coalition](#). This year, APA is an organizational supporter of [National Memory Screening Day](#) an initiative of the Alzheimer's Foundation of America. (We successfully requested that their web site be more inclusive of psychologists prior to our participation.) CONA co-chair, Kelly Carney, PhD and Deborah DiGilio are involved in the CMS National Partnership to Improve Dementia Care in Nursing Homes. To inform this effort of the wealth of psychological research on behavioral and environmental interventions for dementia, the APA [Psychological Services in Long-term Care Resource Guide](#) was updated by Drs. Carney and Victor Molinari and is now included on the CMS Resources web page. Last month, I served on a reactor panel at a GSA National Summit on OTC Sleep Aids and Sleep Health in Older Adults. I had registered for the summit and in my registration commented on the lack of inclusion of behavioral interventions for sleep disorders in their announcement. I was invited to serve on a reactor panel and my remarks focused on the effectiveness and underutilization of psychological interventions for insomnia and other sleep disorders.

CONA and APA also nominate individuals with aging expertise at every opportunity to APA, IOM, and other working groups. Just this month individuals were nominated for President-elect Kaslow's initiatives.

We are also very pleased that CONA early career member, Kimberly Hiroto, PhD, is also co-chair of the Presidential initiative on Patient-Centered Medical Homes. CONA also nominated individuals to the IOM Committee on The Public Health Dimensions of Cognitive Health and Aging and the IOM Expert Panel on Advanced Dementia.

2013 Committee on Aging members are: Kelly O'Shea Carney, PhD, CMC (co-chair), Manfred Diehl, PhD (co-chair), Kimberly Hiroto, PhD, Jennifer Moye, PhD (2014 chair-elect), and Karen Roberto and Glenn Smith, PhD.

New Resources

Blueprint for Change: Achieving Integrated Health Care for an Aging Population is now online as a book-based exam for 2 CE credits

Training for integrated care with older adults: Real world implementation and the path forward. If you missed it at this year's APA Convention, Division 12-II and CONA co-sponsored this symposium that focused on real-life challenges for implementation of integrated care training at the graduate school, externship, internship, fellowship, and post-licensure levels. The Power point presentations of the presenters, Patricia A. Areán, PhD, Erin E. Emery, PhD, Brian D. Carpenter, PhD, Richard A. Zweig, PhD and discussant Antonette M. Zeiss, PhD are available online. The session was chaired by Jennifer Moye, PhD.

Check out the landing page for all CONA integrated health care materials. Related to this topic, you might also be interested in the APA Center for Psychology and Health's web page. The Office on Aging and CONA are working to ensure that the long-term involvement and expertise of geropsychology informs these broader efforts.

Continuing Education Committee Update

Submitted by Michelle Hilgeman, PhD

The Continuing Education Committee **welcomes a new member** to our small committee: **Dr. Meghan Marty**, a former 12/II student member and graduate from the University of Colorado at Colorado Springs who is now working as a Clinical Geropsychologist in Portland, Oregon. Dr. Marty began working with the CE Committee in October 2013.

The fall has been an active time of year for the CE Committee. The call for CE Workshop Proposals for the **2014 APA Convention** was due earlier this month (11/11/2013). In addition, the CE Committee collaborated with members of the 12/II Board and leadership in Division 12 to identify and facilitate opportunities for Collaborative Programming Submissions for the 2014 APA Convention. Submissions included proposals on aging and technology, suicide across the lifespan, and lifelong training and development. For more information about the 2014 Convention see: <http://www.apa.org/convention/>

The CE Committee is planning their next meeting at the upcoming **Gerontological Society of America Meeting (GSA) in New Orleans, LA November 20-24**. We would like to remind members that up to 30.5 hours of APA accredited CEUs can be earned at this meeting! Obtaining CE Opportunities at GSA is easier than ever before (e.g., even attendance at poster sessions is worth CEs this year!). Simply track your attendance while you are at the meeting and then log on to www.annenberg.net/ce/5142 after the meeting to record your attendance. Debbie Price (760-773-4514) is listed as the point of contact if you have difficulty with the CE Certificate process. We look forward to seeing many of you in New Orleans.

Membership Committee Update

Submitted by Rebecca Allen, PhD and Morgan Eichorst

Current Membership

280 Paid Members (333 Summer 2013)
-213 Regular Members (246 Summer 2013)
-67 Student Members (87 Summer 2013)

Membership is disappointed to report a slight decline in our numbers due to several factors including expiring memberships and more up-to-date records.

However, before the transition to the new Membership Chair in January, the current Membership Committee is in the process of contacting nearly 200 student members who have not renewed memberships and been lost to our contact! We hope to head out on a high note, boosting student numbers back into the triple digits.

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) ___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 ()		Cell ()
E-mail _____ (Note: Your email address 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 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) ___Clinical practice ___Research ___Teaching ___Administration				
PAYMENT OF DUES (USD) – Please check one of the following boxes: <input type="checkbox"/> \$35 for 1-year membership <input type="checkbox"/> \$100 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
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 <i>Please be aware that an \$0.85 stamp is required if mailing from the U.S.</i>				