

Clinical Geropsychology News

Society of Clinical Geropsychology

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*Published articles do not necessarily represent the official views of Society for Clinical Geropsychology

President's Column

Brian Yochim, PhD, ABPP



It is a great honor to serve as the President of the Society of Clinical Geropsychology. I always hoped I would have this opportunity someday, but I also have wondered, "How will I think of something to discuss in the President's column?" It turns out, there are so many exciting things happening in our Society and our field now, this became an easy task for me.

I would first like to thank Dr. Amy Fiske for all her accomplishments as President in 2013, and advising me as I take over from her leadership. We can thank her for many of the things we will accomplish in the upcoming year. Dr. Margie Norris has also proven to be a helpful colleague in her role as President-Elect. Dr. Sherry Beaudreau has provided me key insights and advice in her role as Secretary. Dr. Norm O'Rourke has been managing our finances, keeping us with a positive balance in these difficult financial times. Dr.

Michele Karel has been representing our Section to the larger Society of Clinical Psychology (Division 12), and increasing our visibility and involvement with them. There are many more Executive Committee members who have productively served in their roles and shown their dedication to our Society. I look forward to working with an excellent set of colleagues over the next year, and am disappointed to realize that my term is already one-third over!

One goal I wish to accomplish this year is to increase the visibility of clinical geropsychology and our Society in particular. This goal will be pushed forward on several fronts, with contributions from several members. 1) In addition to his duties as Treasurer, Dr. O'Rourke has taken it upon himself to develop a new website for our society. If you go to www.geropsychology.org, you will find an up-to-date description of our Society and a listing of the fine officers running this organization. 2) Our student representatives, Annie Mueller and Elissa Kozlov, have drafted Wikipedia pages for the terms "Clinical Geropsychology" and "Society of Clinical Geropsychology". These are currently undergoing review and editing by several members of our board, and these should be online before the APA convention in August. As Wikipedia has become a key source of information in the media, it is important that we have a strong presence so the public can be informed as to what our field and our Society entails. 3) We continue to have a presence with Facebook and Twitter, which have also become primary sources of information to many people. 4) With these ongoing media outlets, we will be developing a new social media position or committee to provide ongoing oversight and contributions to these outlets, so that we develop and maintain a stronger media presence. This position will be finalized this year. With these developments I hope that the public is more likely to know about the contributions our field can make to the health of older adults.

The APA conference schedule is shaping up nicely. Further information about the Clinical Geropsychology "conference within the conference" will be provided by Deborah DiGilio, the Director of the APA Office on Aging, as the convention draws near. In the meantime, please mark your calendars for the following events. On Friday, August 8, at 9:00-9:50, I will deliver the President's address, entitled "Emerging from our Infancy: Recent Advances in Clinical Geropsychology and Directions for Growth". We have the Hospitality Suite reserved directly after this, 10:00-12:00, and will likely have the Section Executive Committee Meeting then. Thanks to Elissa Kozlov and Margie Norris, who have found a venue for our social hour, which will be held Friday evening, 5:30-7:00. Stay tuned for more details! The Hospitality Suite is also reserved for us on Saturday, August 9, from 8:00-10:00, at which time we will likely have our Business Meeting, open to all members. On Saturday, at 10:00-10:50, we will have a symposium entitled "Those Who Can Do, Teach: Competence in Clinical Geropsychology and Geropsychology Supervision" with myself as chair and Dr. Jennifer Moyer of the VA Boston Healthcare System as discussant. This symposium will include a delightful combination of talks on guidelines for competency-based clinical supervision by Dr. Stephen McCutcheon of the VA Puget Sound – Seattle Health Care System, the Geriatric Scholars program designed to increase competence in clinical geropsychology for clinicians from multiple disciplines, by Drs. Terri Huh, Rachel Rodriguez, and Christine Gould at VA Palo Alto Health Care System, and the results of a survey on geropsychology supervision by Drs. Kyle Page, Erin Sakai, Brian Carpenter, Michele Karel, Victor Molinari, and Jennifer Moyer. Stay tuned for listings of geropsychology conference presentations by other Society members!

I am excited to work with such a great group of colleagues in the months ahead to continue to advance our field. Please enjoy this latest edition of the Newsletter!

Brian Yochim, PhD, ABPP
 President
 VA Palo Alto Health Care System and
 Stanford University School of Medicine

Comments from the Editors: Christine and Joe



Welcome to the Spring edition of the Clinical Geropsychology News! There are a few pieces in the current issue that we would like to highlight:

- Check out the Member Submissions section for a very interesting submission.
- There is a new section called Member Spotlight. Every edition will highlight a randomly selected Full Member and a randomly selected Student Member. If you see either of the highlighted members at an upcoming conference, make sure to stop them and say hi!
- Don't forget to "like" 12/II on Facebook:

<https://www.facebook.com/#!/ClinicalGeropsychology>

- **Please visit our new website at:** www.geropsychology.org.
- Make sure to see all the wonderful accomplishments of our members in the Announcements and Members News section. Congratulations to everyone on their recent awards, publications, and grants.

Member Submissions

Enhancing Psychological Resiliency in Older Men Facing Retirement with Meaning-Centered Men's Groups

*By Dr. Marnin J. Heisel and the Meaning-Centered Men's Group project team**

There is a clear and pressing need for suicide prevention initiatives targeting older men. Older adults have high suicide rates, engage in violent means of self-injury with a high intent to die, and are more likely than younger adults to succumb to those injuries (Canadian Coalition for Seniors' Mental Health, 2006). Men account for over 80% of the nearly 9,400 North Americans over 60 who die by suicide every year (Statistics Canada, 2014; WISQARS database; Centers for Disease Control and Prevention [CDC]). Few intervention studies have investigated suicide risk reduction among older adults to date (Links, Heisel, & Quastel, 2005), and nearly none has aimed explicitly to reduce risk among older men (Lapierre et al., 2011). This issue poses a substantial challenge to existing healthcare resources given older adults' high healthcare utilization (Canadian Institute for Health Information, 2011), the aging of the baby-boomers, a vast birth cohort with a high suicide rate (Mościcki, 1996), and the projected population growth of older North Americans (Statistics Canada, 2010; United States Census Bureau, 2003). Inefficiencies in mental healthcare systems, a reticence among many men to seek mental healthcare, a dearth of provider expertise in suicide prevention, and a paucity of outreach initiatives and proven interventions to reduce suicide risk further contribute to this problem, necessitating effective, feasible, and sustainable interventions (Heisel & Duberstein, 2005).

The "gender paradox of suicide" acknowledges that women more frequently engage in suicidal behavior and yet men more frequently die by suicide, suggesting a need to enhance men's capacities for coping with loss, adaptiveness, help-seeking, and nurturing of supportive relationships (Canetto & Lester, 1998). Men's suicide rates increase at retirement age and escalate throughout their later years (CDC; Statistics Canada, 2014); retirement may thus be both a key life transition that can trigger increasing suicide risk and a critical period for effective intervention. The association between retirement and health is complex. Many men who

look forward to retirement enjoy health, leisure, and satisfaction in their post-employment years; yet, retirement can also unearth or exacerbate health and mental health problems (Butterworth et al., 2006; Gill et al., 2006; Karpansalo et al., 2005; Pinguart & Schindler, 2007; Westerlund et al., 2009). Men tend to have greater difficulty than women in cultivating interests and relationships outside of work, potentially increasing their vulnerability to the psychosocial ramifications of retirement, including marital conflict, loneliness, depression, and substance misuse (Perreira & Sloan, 2002; Weingarten, 1988). Those who define themselves primarily by their work roles or successes may struggle with retirement, especially if it is too early for them, involuntary, or if they have not planned realistically for meaningful post-retirement pursuits, social relations, or long-term financial needs (Nordenmark & Stattin, 2009; Schellenberg & Silver, 2004). Early retirement may be reciprocally associated with an increased likelihood of physical and mental health problems. Being laid off, unemployed, or feeling pushed into retirement can also increase men's risk for depression and suicide ideation (Brand, Levy, & Gallo, 2008; Yen et al., 2005). Empirical findings indicate risk for post-retirement morbidity and mortality, including by suicide, and suggest potential benefit in preventive interventions for vulnerable men facing retirement (Bamia, Trichopoulou, & Trichopoulos, 2008; Brockman, Müller, & Helmert, 2009; Qin, Agerbo, & Mortensen, 2003; Schneider et al., 2011). Yet, the intervention literature is nearly silent on this issue.

We recently received project funding from Movember Canada, an organization dedicated to raising awareness of men's health problems and raising funds to support men's health research, to implement, finalize, disseminate, and evaluate Meaning-Centered Men's Groups for men facing retirement. Eligible participants for this community-outreach intervention study will include soon-to-be- or newly-retired men over 60 who may be vulnerable to the onset of depression and suicide risk by virtue of low perceived Meaning in Life (MIL), a psychological resiliency factor we have shown to be protective against the presence, intensity, onset, and exacerbation of suicide ideation (Heisel, 2009; Heisel & Flett, 2006, 2008, in press). Participants must be cognitively-intact, and cannot meet diagnostic criteria for an active mental disorder or endorse severe suicide ideation, and, consistent with the focus of this preventive intervention study, must not be receiving psychotherapy. Participants will be recruited into a 12-session, 90-minute, once-weekly session of a meaning-centered men's group. Our intervention will be delivered in community settings in order to enhance participant comfort and access to services, and advertised as a "men's group dealing with adjustment to retirement" rather than a "therapy group" in order to encourage older men's participation. Group sessions will focus on intrapersonal and interpersonal transitions associated with retirement in the context of discussions about the meaning of work, retirement, leisure, relationships, and generativity. We have chosen a group format given associated cost and health benefits (Katz et al., 2002; Pinguart, Duberstein, & Lyness, 2007), and the advantages of social discourse among men facing a common life transition in enhancing camaraderie and social support (Burke, Maton, Mankowski, & Anderson, 2010; Gottlieb, 2000; Reddin & Sonn, 2003), which may further help increase MIL (Krause, 2007) and mitigate suicide risk (Purcell et al., 2012; Rowe et al., 2006). A group format can also facilitate healthy self-transcendence.

Middle-age and older men do not typically seek mental healthcare when depressed or suicidal, creating barriers to life-sustaining care (DeLeo, 2002). Creative outreach approaches are thus needed to engage vulnerable men in interventions that are empowering, respectful, and delivered in a format that they find acceptable. We have thus developed a multi-component strategy for participant recruitment. We will convene a "Men's Retirement and Leisure Show," to be hosted by a prominent figure in local media with presentations by a retired male sports, business, healthcare, and/or political figure, who will share personal stories of negotiating the transition to retirement, and project investigators who will give a recruitment presentation. Additional participants will be recruited as needed from health, recreation, and information fairs, local community centers and exercise/wellness facilities and arenas, stores, libraries, and coffee shops,

advertisements in local newspapers and newsletters, and by way of outreach through the local Chamber of Commerce, service clubs, Economic Development Council, and financial planners.

The present study is predicated on the premise that men low in recognition of Meaning in Life (MIL) and facing retirement may be primed to develop depression and suicide ideation, and that intervening to enhance MIL should promote mental health and well-being and mitigate the onset of depression and risk for suicide. Existential interventions may be especially relevant for older adults facing important life transitions such as retirement, due to the increasing tendency for self-reflection, increasing capacity for spirituality, and greater perception of MIL with age (Guttmann, 2008; Hicks, Trent, Davis, & King, 2012). Research findings have indicated positive associations between MIL and adaptive health-related variables among older adults, and negative associations between MIL and depression, hopelessness, and suicide ideation (Braam, Bramsen, van Tilburg, van der Ploeg, & Deeg, 2006; Heisel, 2009; Heisel & Flett, 2006, 2008, in press; Krause, 2009; Krause & Shaw, 2003). Meaning and purpose in life have been shown to be associated with longevity among older adults; this association may be mediated by physical health and well-being (Boyle, Barnes, Buchman, & Bennett, 2009; Krause, 2009; O'Connor & Vallerand, 1998). MIL might engender resiliency by encouraging meaningful activity and social interaction, building emotional reserves to mitigate the negative impact of physical, emotional, interpersonal, and situational challenges.

Our group intervention is consistent with Frankl's meaning-centered psychotherapy (Frankl, 1971, 1985, 1988), an approach ideally suited to helping enhance resiliency to suicide risk in the context of loss, transition, and suffering. Breitbart and colleagues (2010) found that their Meaning-Centered Group Psychotherapy significantly enhanced MIL and reduced the wish to hasten death in terminally ill older adults, and proved more efficacious than supportive group therapy. Encouraging men facing retirement to seek and enhance MIL in their activities, relationships, attitudes, and beliefs may similarly enhance well-being and reduce risk for negative health outcomes, including depression, hopelessness, and suicide ideation.

This iterative, three-year, multi-stage preventive intervention study will initially involve the implementation, refinement, and evaluation of Meaning-Centered Men's Groups in London, Ontario, Canada, and will be followed by the delivery of one group each in Alberta and British Columbia. We will deliver an initial group intervention in order to refine, finalize, and begin evaluating our intervention, drawing heavily on participant feedback and input and the observations of the group facilitators. We will then conduct a second course of our group, aiming to evaluate pre- to post-intervention reduction in the presence and severity of depressive symptoms, hopelessness, and suicide ideation, and improvement in MIL, social support, and life satisfaction. A non-randomized controlled trial will follow, comparing outcomes for Meaning-Centered Men's Group participants with those of participants in a current events discussion group. Knowledge translation will involve training group facilitators to deliver Meaning-Centered Men's Groups in sites outside Ontario, delivering training workshops to providers working with men facing retirement, and dissemination of study updates and empirical findings to researchers, policy personnel, consumers, and service providers via listservs, newsletters, best practice websites, presentations at conferences, knowledge exchanges, and information fairs, and journal publications. We also plan to publish our study intervention manual.

This project responds to a critical need to translate research findings on healthy aging into innovative interventions for potentially vulnerable groups. Our objective is to evaluate whether Meaning-Centered Men's Groups are cost-effective, tolerable, acceptable, and effective at enhancing MIL, mental health and well-being, and mitigating the onset or exacerbation of depression and suicide ideation. Findings are expected to have relevance for program and policy development regarding outreach interventions for community-residing older adults, and may have commercial applications in terms of enhancing health and well-being among older workers and forming the basis for interventions to enhance employee post-retirement health and well-being. Future applications of this intervention could include adaptations for men

with chronic health conditions, heightened risk for suicide, web-based groups for socially- or geographically-isolated men, and may include groups for women struggling in the face of retirement or other transitions.

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Member Spotlight

As a new feature in the newsletter, the editors decided to randomly select one professional member and one student member to interview. The first installment of this new column follows. We hope this column will help Society for Clinical Geropsychology members get to know one another and might promote interactions at future conferences.



Full Member Spotlight: Jeremy Doughan, Psy.D
 Clinical Psychologist, Geropsychiatry Division, & Clinical Geropsychology Fellowship Director, San Francisco VA Medical Center
 Assistant Clinical Professor, Dept. of Psychiatry, School of Medicine, University of California San Francisco

Year joined Society of Clinical Geropsychology: 2002 as a graduate student; 2010 as licensed psychologist

Hometown: Minneapolis, Minnesota

Q: Why did you join Division 12 Section II, Society for Clinical Geropsychology?

During graduate school, I had a strong desire to work with older adults. However, during that time there were few organizations and groups for psychologists or students who had an interest in geropsych. I found 12-2 to be a guiding resource for me throughout my education and career.

Q: How has membership in 12/II assisted you with your professional activities?

Membership has truly kept me updated and in touch with the field as a whole. It has kept me connected to advancements and progress in geropsych.

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

Growing up, my paternal grandparents lived a mile from me and were heavily involved throughout my upbringing. I was very close to them as an adolescent and they both were a substantially significant part of my life; still to this day they continue to be a strong and loving presence. I credit my grandmother and grandfather in leading me down this path and pursuing this career choice.

Q: What was your most memorable experience during your graduate studies?

Having the opportunity to work with researchers from the University of Minnesota Psychiatry Department conducting cocaine research. I had the privilege to work on a grant that examined the effects of estrogen on cocaine cravings. While the research was not geriatric focused, I consider it to be one of the most interesting and fascinating jobs I have ever had.

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

I have been most fortunate to not have just one, but a constellation of truly remarkable and impressionable mentors throughout my training. Most notably in the field of Geropsychology are Dr. Jennifer Moye and Dr. Michele Karel. Both were highly instrumental during my postdoctoral training in Geropsychology at the VA Boston Clinical Psychology Postdoctoral program. Additionally, Dr. Paul Hartman, Dr. Salome Perez, Dr. Colleen West and the late Dr. Peter Goldsmith were also influential during my internship training at the Miami VA Healthcare System. To all of them, I am forever grateful for their time, dedication and commitment to my training.

Q: What is your current position and what are your key responsibilities?

As a staff psychologist at the VA Medical Center in San Francisco, I contribute clinically to a number of programs for the hospital: Home Based Primary Care, Geropsychiatry Mood Assessment Clinic, Hospice & Palliative Care, Caregiver Support Program and Geriatric Medical Practice Clinic. Additionally, I have been very active in training future geropsychologists (i.e., externs, interns and postdocs) as the Geropsychology Postdoctoral Training Director over the last four years.

Q: Tell us about your most recent activities.

Several colleagues and I have created an IPT (interpersonal psychotherapy) training clinic at the San Francisco VAMC for externs/practicum students, interns and postdoctoral trainees. This venture is the first of its kind in the VA system, and we look forward to a second iteration this fall. My overarching goal is to initiate a geropsych IPT clinic within the VA medical center.

In addition to starting this new clinic, several colleagues and I have presented posters at the Association for Geriatric Higher Education (AGHE), as well as presentations on geriatric anxiety at this year's annual meeting for American Association for Geriatric Psychiatry in Orlando, FL and American Psychiatric Association conference last year.

Q: Do you have any tips for emerging geropsychologists?

To continue to inspire, educate and push forward the agenda of geropsychology for all to benefit.

Q: What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies?

Traveling the world has also been a passion of mine since undergrad and has really never wavered. My travels have recently taken me to Indonesia, Vietnam and Japan. I continue to expose myself to different cultures from my own and learn, as well as grow from those experiences.

When I'm not traveling, I thoroughly enjoy teaching and working with the other end of the developmental spectrum: undergraduate students at the University of San Francisco. My role as an Adjunct Professor in the Department of Psychology teaching General Psychology, Abnormal Psychology and Clinical Psychology, allows me to promote the profession for students who are interested in Psychology as a future career.



Student Member Spotlight: Jonathan Gooblar, M.A.
 Graduate Student
 Psychology Department
 Washington University in St. Louis

Q: Why did you join Division 12 Section II, Society for Clinical Geropsychology? How has membership in 12/II assisted you with your professional development?

I joined Division 12/II in 2011 when I began graduate school in Brian Carpenter's lab at Washington University. Division 12/II has proven immensely useful as a portal to diverse aging research and information

about policy and clinical care issues that are not always discussed in graduate school. It has also been a great networking tool to meet Geropsychology students (and future colleagues) across the country.

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

As an undergraduate student, I worked in an adolescent depression lab and enjoyed that experience. During my job search after graduation, however, the positions that caught my eye focused on the other end of the lifespan. I ended up joining the Memory and Aging Center at University of California, San Francisco (UCSF) and stayed there for four years working on cognitive aging and treatment trial studies and evaluating patients in our memory clinic. I began to learn that the field of aging offers a rich view of the lifespan from multiple perspectives. Researchers and clinicians at UCSF studied creativity, cognition, neuroscience, caregiving, coping, and more in a collaborative and multidisciplinary environment. Fairly early in my time at UCSF, I realized that I had found the right field for me.

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

Yes. My current mentor, Brian Carpenter, has been instrumental in helping me to think more deeply and carefully about research and to begin defining myself professionally. Brian is almost universally known around the Psychology department as the ‘process person’: He pushes his students to slow down and examine the value of asking ‘why’ and ‘how’ instead of rushing to produce quick answers to clinical and research questions.

Brian has already won every mentoring award imaginable, so I will be brief: it’s rare to find a mentor who is at once warm, analytical, and practical, and so interested in the well-being and professional development of his students.

Q: Tell us about your most recent activities.

Broadly, I am working on research related to Alzheimer disease knowledge and the psychological and practical consequences of understanding disease information. Along with investigators at Washington University’s Alzheimer Disease Research Center, I am involved in a project looking at disclosure of biomarker results to asymptomatic research participants. Because biomarker tests (e.g., MRI, cerebrospinal fluid proteins) can indicate pathological processes in the absence of overt symptoms, there are important ethical, psychological, and practical considerations to understand. In a related project, I am collaborating with a Political Science professor to understand some of these issues in a nationally representative sample.

I’ll also mention a clinical experience that has been especially rewarding this year. I work at an intensive outpatient behavioral medicine institute that specializes in anxiety disorder treatment. Because of the wide age range of our patients, I’ve had the opportunity to observe variations in disease presentation as well as shifting treatment implications across the lifespan. Although I initially intended to work as much as possible with older adults at this practicum placement, I have learned much more about later life anxiety by expanding my focus to children and younger adults.

Q: Looking forward, what are your plans post-graduation?

I find it hard to imagine doing research without seeing clients, and vice versa, so I hope to find a position that combines research, clinical work, and teaching. More broadly, I’d like to continue collaborating with researchers and clinicians in other fields. Many of my current duties, including serving as a teaching assistant

for a geriatric interdisciplinary teams course and collaborating on research with faculty in other departments, are shaping my thinking about the type of work environment I imagine in the future.

Q: What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies?

St. Louis is a fantastic city for graduate students. We have world-class museums, a great music scene, and food and cultural festivals throughout the year. In my free time, I tend to spend a lot of my energy thinking about food and committing to overly elaborate cooking projects. I've also played violin for as long as I can remember, and I'm happy to keep that up each week as a member of a local symphony.

The Student Voice

*Submitted by Elissa Kozlov, MA
12/II Student Representative*

For this newsletter, Anne and I thought it might be helpful to hear some words of wisdom from geropsychology students across the country at various phases of their career. Below is a sample of what future geropsychologists thought was the most valuable piece of advice they could give to fellow students at various time points throughout their training.

Name: Caroline Merz, BA

School: Washington University in St. Louis

Year: 1st Year Graduate Student

Piece of Advice: "The first year of graduate school takes time management to a whole new level. Striking a balance between research, course work, and the beginnings of clinical work is an ever-changing compromise in which all three areas are competing for your time. I would say my most valuable lesson from this year has been to be concrete about where your priorities lie - not just within your graduate training, but also in regards to your work life balance. While the latter is a personal quest, the former can be better clarified through reading up on departmental expectations of first year students and conversations with your advisor."

Name: Elissa Kozlov, MA

School: Washington University in St. Louis

Year: 4th Year Graduate Student

Piece of Advice: "Because I am at a 5-year graduate school and plan on going on internship followed by a 2 year post-doc, 4th year only represents my halfway mark on my path to being a fully trained geropsychologist. Being a student this long can be fatiguing! It is important maintain your stamina by finding new ways to get excited about geropsychology. With your senior status in your program, you might be able to find more ways to apply your knowledge of geropsychology. For example, get involved in leadership experiences locally or nationally, challenge yourself to organize your own symposium at a conference or seek out a new and unique training opportunity."

Name: Elizabeth Price

School: West Virginia University

Year: 5th Year Graduate Student en route to Houston MEDVAMC for internship

Piece of Advice: "My advice is to encourage clinical geropsychology doctoral students to be optimistic

about geropsychology internship positions. In my experience, geropsychology-focused internships were very enthusiastic and welcoming (and perhaps have fewer applicants than other specialty areas). Sharing a genuine love for working with older adults, as well as clinical experience and research in the area, will help you to obtain a great position!”

Name: Nicole Torrence, MA

School: University of Colorado Colorado Springs

Year: 5th Year Graduate Student en route to Palo Alto VAMC for internship

Piece of Advice: “It is easy to bogged down with the stress of the internship process. Do not make the process harder with holding on to worry and fear. You only live once so embrace every moment, even the difficult ones.”

Name: Mary Steers, MA

Site: VA West LA, Geropsychology Track

Year: Internship

Piece of advice: “Devote your time and energy to thing things you feel passionate about, but don't worry about trying to carve out a tiny niche within internship. Actively seek clinical opportunities to work in new settings and with patient populations with whom you have little experience. Step out of your comfort zone, be bold, and embrace new challenges, even if you initially feel uncertain about them.”

Name: Kyle S. Page, PhD

Site: VA Boston Healthcare system

Year: Postdoctoral Fellow

Piece of Advice: “Postdoc year is exciting because you feel so close to the end! Don't be caught off guard by the many differences in state licensure requirements. Explore early and make sure your hours and supervision count for the licensure application (especially if you are doing postdoc in a state different from the one in which you are seeking licensure).”

Elissa Kozlov: elissa.kozlov@wustl.edu

Annie Mueller: amueller2@uccs.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 Christine Gould (Christine.Gould@va.gov) or Joseph Dzierzewski (Joseph.Dzierzewski@va.gov).

Announcements

Call for Nominations for Officers of the Society of Clinical Geropsychology

*Submitted by Amy Fiske, Ph.D.
Chair of the Committee on Nominations and Elections*

The Society of Clinical Geropsychology is seeking nominations of dedicated individuals for three officer positions. These elected positions are: **President-Elect**, **Secretary** and **Treasurer**. Terms will begin in January 2015. Please consider nominating yourself or someone else for one of these positions.

Following are the descriptions for each of the positions, taken from our bylaws.

“The **President-Elect** shall be a Divisional or Affiliate Member of the Section elected for a term of one year. The President-Elect shall be a member of the Board of Directors with the right to vote, shall serve as the Program Chair, and shall perform the duties traditionally assigned to a Vice-President. In the event that the President shall not serve his/her full term for any reason, the President-Elect shall succeed to the unexpired remainder thereof and continue to so serve through his/her own term as President. The President-elect goes on to serve as President, then Past-President for one year in each position.”

“The **Secretary** shall be a Divisional or Affiliate Member of the Section elected for a term of three years. During his/her term, he/she shall be a member and the Secretary of the Board of Directors with the right to vote, shall serve on the Membership Committee, shall safeguard all records of the Section, shall keep the minutes of the meetings of the Section and of its Board of Directors, shall codify the policy actions of the Board of Directors as published rules, shall assist the President in preparing the agenda for business meetings of the Section and of its Board of Directors, shall maintain coordination with the Division and the Central Office of the American Psychological Association, shall issue calls and notices of meetings, shall inform the membership of action taken by the Board of Directors, shall keep an updated membership mailing list, and shall perform all other usual duties of a Secretary.”

“The **Treasurer** shall be a Divisional or Affiliate Member of the Section elected for a term of three years. During his/her term, he/she shall be a member of the Board of Directors with the right to vote, shall oversee custody of all the membership funds and property of the Section, shall oversee the receipt of all money to the Section, shall direct disbursements as provided under the terms of these Bylaws, shall oversee the keeping of adequate accounts, shall prepare the annual budget in consultation with the President and the Board of Directors, shall make an annual financial report to the section, and in general shall perform the usual duties of a Treasurer.”

If you would like to nominate someone (including yourself) for one of these positions, please send an email to me (backchannel) at: amy.fiske@mail.wvu.edu. Please include the word “nomination” in the subject line.

The nominating process will be open through May 1, 2014.

Member News

Awards and Recognitions

Society for Clinical Geropsychology 2014 Award Recipients

Distinguished Clinical Mentorship Award (2 awardees this year)

Dr. Rebecca Allen (University of Alabama)

Dr. Heather Smith (Milwaukee Zablocki VA Medical Center)

M. Powell Lawton Award for Distinguished Contributions to Clinical Geropsychology

Dr. Forrest Scogin (University of Alabama)

Student Paper Award

Jon Gooblar, "The influence of cerebrospinal fluid (CSF) on clinical dementia evaluations" (Washington University in St. Louis)

Recent Member Publications

The *Clinical Gerontologist* (Volume 37, Number 1; pages 1-89) recently published a Special Issue on Late-Life Diversity. The Special Issue was Guest Edited by Joseph Dzierzewski and several Society of Clinical Geropsychology members authored contributing articles.

Bolghan-Abadi, M., Segal, D. L., Coolidge, F. L. & Gottschling, J. (2013). Persian version of the Geriatric Anxiety Scale: Translation and preliminary psychometric properties among Iranian older adults. *Aging and Mental Health, 17*, 896-900.

Coolidge, F. L., Estey, A. J., Segal, D. L., & Marle, P. D. (2013). Are alexithymia and schizoid personality disorder synonymous diagnoses? *Comprehensive Psychiatry, 54*, 141-148.

Coolidge, F. L., Marle, P. D., Rhoades, C. S., Monaghan, P. & Segal, D. L. (2013). Psychometric properties of a new measure to assess autism spectrum disorder in DSM-5. *American Journal of Orthopsychiatry, 83*, 126-130.

Dzierzewski, J.M., Fung, C.H, Jouldjian, S., Alessi, C.A., Irwin, M.R., & Martin, J.L. (2014). Decrease in Daytime Sleeping is Associated with Improvement in Cognition After Hospital Discharge in Older Adults. *Journal of the American Geriatrics Society, 62*, 47-53.

Meeks, S., Van Haitsma, K., Schoenbachler, B., & Looney, S.W. (2014). *BE-ACTIV for Depression in Nursing Homes: Primary Outcomes of a Randomized Clinical Trial*. The Journals of Gerontology Series B: Psychological Sciences and Social Sciences. doi: 10.1093/geronb/gbu026.

Van Alphen, S. P. J., Rossi, G., Segal, D. L., & Rosowsky, E. (2013). Issues regarding the proposed DSM-5 personality disorders in geriatric psychology and psychiatry. *International Psychogeriatrics, 25*, 1-5.

Woodhead, E.L., Emery, E.E., Pachana, N.A., Scott, T.L., Konnert, C.A., & Edelstein, B.A. (2013). Graduate students' geropsychology training opportunities and perceived competence in working with older adults. *Professional Psychology: Research and Practice*, 44(5), 355-362.

Recent Member Grants

Newly funded project: Global Caregiving - iSupport for Dementia Family Caregivers

Dolores Gallagher-Thompson, PhD, ABPP¹
Kala Mehta, DSc, MPH²
Marian Tzuang, MSW²

¹ Department of Psychiatry & Behavioral Sciences, Stanford University School of Medicine

² Stanford Geriatric Education Center, Stanford University School of Medicine

By 2030 people living with dementia will total to 66 million world-wide, and this will double every 20 years. Care for these patients rests primarily with family members, and the stress of this burden often causes serious medical and social problems. Currently available caregiver interventions have primarily been developed and tested in high income countries such as US and Europe. They are generally time and labor intensive and therefore costly to mount. What is needed is a flexible solution that overcomes barriers commonly experienced by caregivers (e.g., stigma of having a relative with dementia and practical issues like cost, lack of access to services and/or lack of flexible work schedules). Low cost computer interventions are now available to reduce caregiver stress, which can be accessed through the internet. Such programs can offset barriers to help seeking efforts, such as poor transportation, limited resources to provide respite breaks from caregiving, avoiding the stigma of having a demented person in the household, etc. Unfortunately, the available programs have not been developed for use in low income and third world countries.

Funded by the Alzheimer's Association National Office, this project brings together expert collaborators from the World Health Organization, Stanford University School of Medicine and the National Institute of Mental Health and Neurosciences in Bangalore, India, to develop a flexible internet portal to address this overwhelming need. The proposal has two phases. In the first phase all relevant successful interventions will be reviewed to search for tools and strategies that are amenable to modification for use on the internet. These will be packaged in modular form and shaped so that they are user friendly and feasible to use in practical situations. The modules will then be evaluated by a panel of health professionals and end use caregivers. Feedback from this group will be used to refine the intervention procedures. In the second phase the programs will be integrated into a 3-month intervention package, which will be tested in a randomized control trial against an education only condition. The program will be tested first in Bangalore, India, because of its high rate of dementia, lack of available resources for caregivers and high internet penetration. iSupport will have several innovative features that will distinguish it from the typical Alzheimer's focused website currently extant: it will consist of a series of modules on specific, evidence-based caregiver knowledge and skills. Topics such as stress management and addressing behavioral disturbances will likely be included, along with others, depending on specific feedback from Phase I focus groups and the international Advisory Group. The portal will feature high interactivity and attractiveness and provide a forum for caregivers to communicate with one another, and be accessible via computers, tables and smartphones.

In conclusion, to date, no innovative tool exists which can be easily scaled up. After the successful completion of this program, we hope that this generic portal will serve as a template for other countries

seeking to implement similar programs and eventually contribute to the reduction of the global costs of dementia.

ABGERO Board Report

Submitted by Victor Molinari, PhD, ABPP

The process of gaining certification for geropsychologists via the American Board of Professional Psychology is moving along slowly (but surely!). All 11 Board members as well as 9 non-Board members have been examined. We need to test 21 more to become a full-fledged specialty by the end of the year. Examinations will be held in Chicago at the ABPP workshop series on Monday May 19 (location - Chicago School of Professional Psychology building), at APA tentatively scheduled for August 6 & 7 (location - APA building), and the GSA meeting in DC (dates to be announced).

Members of the ABGERO Board conducted two recent webinars to publicize the ABPP process and to reduce the stress of the application procedure. We were very gratified with the response we received and decided to institute a mentoring program to guide applicants through the process. Mentors are ABGERO board members as well as non-Board members who have been successfully examined. Twenty-six people already have signed up to be mentored! We hope to usher them through the pipeline to bring the ABGERO process to fruition and become a full-fledged ABPP specialty allowing us to have bona fide representation on the ABPP Board of Trustees. The ABPP Board of Trustees and Executive Committee have been remarkably supportive of this process. When you see David Cox at the ABPP booth at the APA meeting, please thank him profusely for his guidance.

Just a few thoughts about why I believe the ABPP for geropsychology is important: One, as an ‘unofficial’ board member sitting in at the ABPP Board of Trustees meetings, I have been impressed with how ABPP is on the cutting-edge of the competency movement in psychology and how geropsychology needs to have a permanent official seat at the table to actively participate in these training discussions. Designation of competencies in particular specialties will guide graduate school, internship, and fellowship efforts to achieve these competencies. In the not-too-distant future, state licensing boards may be using a competency benchmark (rather than pure educational standards) for licensure and license renewal for psychologists. Two, as we all know, the VA provides financial incentives for those individuals who have ABPPs. Indeed, some VA Chiefs of Psychology give some applicants for VA positions preference on the basis of their having an ABPP or at least being board eligible. Other non-VA psychology departments across the country are following suit, and this trend will only continue.

Three, the ABPP in geropsychology is one way of showcasing one’s competence as a geropsychologist. Especially for younger geropsychologists, receiving the ABPP in geropsychology shows that your educational, training, and work experience credentials have been vetted by your peers, and you have passed an oral examination which deems you competent in the foundational (reflective practice; scientific knowledge; relationships; cultural & individual diversity; ethical issues; systems of interdisciplinary care) and functional (assessment, intervention, consultation) domains relevant to geropsychology.

And four, for those more senior geropsychologists, it is one way of giving back to your profession by displaying a united front that geropsychology is a bona fide specialty which has an ever-growing evidence base, the Pike’s Peak training model to guide mastery of this body of knowledge, and a substantial group of

professionals who self-identify with our field and who have the skills required to be designated as competent professionals serving older adults based on an extensive review of credentials and an oral examination. It's not too late to be part of the first cohort of ABPPs in geropsychology. Contact me now and begin the process of publicizing your expertise: vmolinari@usf.edu

For a primer of how to apply for ABGERO, please view:

[HTTP://AGINGSTUDIES.CBCS.USF.EDU/ABPPGERO/INDEX.HTML](http://agingstudies.cbcs.usf.edu/abppgero/index.html)

Diversity Column

Program for All-Inclusive Care for the Elderly (PACE) in the news: An example of meeting the needs of culturally diverse older adults – Latinos

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

Addressing the needs of culturally diverse older adults who may be at risk for skilled long-term care is a growing concern because of the rapidly increasing population of elders. The Program for All-Inclusive Care for the Elderly (PACE) is an example of a program that provides adults, age 50 or older who are nursing-home eligible, an opportunity to receive comprehensive, community-based medical care. Participants must also be eligible for Medicare or their state Medicaid program or both. The program's treatment providers work as an interdisciplinary team to provide integrated medical care. PACE programs also include daily activities that stimulate participants, both cognitively and socially. As of March 2014, there are 103 PACE providers covering 31 states that offer participants services including on-site medical appointments, physical therapy, psychotherapy services, case management, day activities, meals, and transportation to and from the facility. The PACE programs typically serve culturally diverse older adults in both urban and rural areas. A recent media report titled, "Increasing demand moves long-term care centers to cater to Latino elders," featured on the Public Broadcasting System (PBS) network highlighted Country Villa, a skilled nursing facility in Santa Ana, California, and the El Monte center, a PACE program in Southern California. Both programs serve a large community of Latino elders. According to the media piece, there has been a 58% increase in Latino older adults compared to a 10% increase in European American seniors living in a skilled nursing facility. Traditionally, Latino elders age at home with their children and grandchildren, but an increase in both parents working may leave Latino seniors with little support at home and thus are increasingly placed in skilled nursing facilities.

The PBS story highlighted how Country Villa recognizes the importance of addressing social and cultural needs, in addition to medical care, for Latino older adults to maintain a high quality of life. Country Villa is reported to include musical entertainment, board games, food, and religious services all catered to the Latino population it serves. The PACE program at El Monte center offers similar cultural activities for Latino older adults, in addition to full medical care, physical exercise and therapy, and two meals. The PBS story referenced how participants who were initially reluctant to participate in the day program expressed great satisfaction with the culturally-based activities offered.

Culturally-attuned programs such as PACE focus on the promotion of prevention of and treatment for chronic illness, and of helping older adults stay in the community longer. Ideally, this can also lessen the

financial burden associated with skilled facility care and potentially improve the quality of life for elders, particularly for culturally diverse older adults. Arrangements such as these suggest that it can be more likely that family members and caregivers may also feel a sense of relief and comfort knowing that their aging family member is receiving comprehensive care in a culturally sensitive framework. For more information on the PACE program and the media report featured on PBS, visit

National PACE Association, <http://www.npaonline.org/website/article.asp?id=4&title=Home>
 “Increasing demand moves long-term care centers to cater to Latino elders,”
http://www.pbs.org/newshour/bb/health-jan-june14-longtermcare_01-03/

Committee Updates

Continuing Education Committee Update

Submitted by Michelle Hilgeman, CE Chair

The Continuing Education Committee **welcomes another new member** to our committee: **Dr. Andrea June**, a former 12:II student member and graduate from the University of Colorado at Colorado Springs who is now on faculty in the Department of Psychological Science at Central Connecticut State in New Britain, Connecticut. Dr. June began working with the CE Committee in January 2014.

With our new members the CE Committee has a renewed energy this spring.

Website Review Project:

The CE Committee has been in discussion with the board of 12:II regarding whether or not the new 12:II website should include a space for upcoming CE opportunities/listings. Dr. Meghan Marty lead a review of CE listings on clinical geropsychology-related websites to inform our decisions on this matter. Specifically, the following websites were examined for CE-related content that may be of interest to members: 1) APA Division 12:II Society of Clinical Geropsychology; 2) APA Society of Clinical Psychology (Division 12); 3) APA Adult Development and Aging (Division 20); 4) APA Office on Aging/Committee on Aging (CONA); 5) APA; 6) APA Practice Organization; 7) GeroCentral; 8) Council of Professional Geropsychology Training Programs (CoPGTP); 9) Psychologists in Long-Term Care(PLTC); 10) Gerontological Society of America (GSA); and 11) American Society on Aging (ASA). Results of this review lead the CE Committee to determine that supporting a collaboration with the GeroCentral website would be the most efficient use of limited resources. Therefore, the CE Committee will not undertake an independent effort to list CE opportunities on the new 12:II website at this time.

CONA CE Update from Dr. Jennifer Moye:

CONA is working closely with the APA Continuing Education office to develop further CE opportunities in aging. These CE opportunities will take many forms. Keep your eyes open for two exciting “Clinicians Corners” coming your way. Dr. Manfred Diehl will speak about “optimizing aging” and Dr. Sara Qualls will discuss working with older families. These provide an opportunity to participate in a live video conference while gaining CE’s in practice relevant domains. CONA is also working on other strategies for CE including CE offerings tied to key articles that represent core “Pikes Peak” competency domains.

Society of Clinical Psychology (Division 12) CE Webinars:

Our colleagues in Division 12 are planning a new series of webinars that will feature speakers from each of its sections and beyond. Clinical Geropsychology is actively engaged in fostering a partnership on these webinars and anticipates developing several offerings on aging-related content. For example, Dr. Margaret Norris, our President Elect will be developing an applied healthcare policy talk on being a Medicare Provider. Look for more information later this year as details unfold.

APA Convention in Washington D.C. August 2014

There will be a number of aging-relevant CE opportunities available during the convention, including the return of the ever-popular CE Workshop “*What Psychologists Should Know About Working with Older Adults*” tied to our new Geropsychology Guidelines. In addition, there will be several collaborative programs (i.e., 2 hour symposia) featuring members of 12:II ranging in topics from technology and aging, professional development programs for those entering aging later in their careers, and suicide across the lifespan. Stay tuned as the conference approaches for more information!

For more information contact Michelle Hilgeman, CE Chair: Michelle.Hilgeman@va.gov

Public Policy Committee Update

Submitted by Margie Norris, PhD, Committee Co-Chair

The Public Policy Committee (PPC) is pleased to report two major announcements.

First, we are delighted to have Kelly Carney join the PPC! Kelly will be spearheading the recent collaboration between geropsychology and the CMS Partnership to Improve Dementia Care in Nursing Homes. Kelly developed the Eldercare Method for enhancing culture change and patient-centered change in LTC (see the Psychologists in Long-term Care [PLTC] Newsletter, Spring 2014 issue). Hence, Kelly is in an outstanding asset to the PPC’s collaboration with the CMS Partnership.

As you may know, this CMS Partnership leads the initiative to decrease the use of antipsychotic medications in nursing home residents. The Partnership is very aware of the need to replace antipsychotic medications with alternative treatments. Thus, the Partnership is now focusing on dissemination of non-pharmacological treatments for behavior problems in patients with dementia. Psychology is hoping to have a significant presence in this endeavor.

Kelly organized a conference call in February with leading LTC geropsychologists and the two leaders of the CMS sponsored National Partnership, Alice Bonner and Michelle Laughman. As a result of this conference call, a PPC-sponsored committee has been formed that will organize greater visibility of psychologists and our expertise to the CMS Partnership. Members of the organizing committee are Kelly Carney, Margie Norris, Andrew Heck, Mary Lewis, Jane Fisher, Victor Molinari, Michele Karel, Kimberly VanHaitsma, and Jennifer Moye. Other geropsychologists who will be advising this central organizing committee include Pat Bach, Erin Emery, Lee Hyer, Suzanne Meeks, Suzann Ogland-Hand, Patricia Parmelee, and Benjamin Bensadon. We also greatly appreciate the support and involvement of Debbie Digilio (CONA), and Diane Pedulla and Katherine Nordal (APA Practice Directorate).

Our second exciting announcement is that the “MAC and LCDs by State” toolkit that is posted on GeroCentral.org will soon be New and Improved! The toolkit will be updated with current MAC and LCD links and will be in a far more accessible format. To enhance its user-friendliness, the toolkit will be split

into four separate toolkits, one each for outpatient psychology, health and behavior, testing and assessment, and incident to services. Many thanks to Cecilia Poon (our other new PPC member with a passion for advocacy work!), Mary Lewis, and Margie Norris for their work on this project. Please stay tuned for announcements when the toolkits will be available.

Interdivisional Healthcare Committee (IHC) Update

Submitted by Cheryl L. Shigaki, PhD, ABPP

Margie Norris and Cheryl Shigaki represented the Society for Clinical Geropsychology at the Interdivisional Healthcare Committee midyear meeting, January 24-26th. Highlights are as follows:

Patient-Centered Medical Homes (PCMH): Nadine Kaslow is gearing up for a task force on Patient-Centered Medical Homes, which is one of three APA Presidential initiatives (see: <http://www.apa.org/monitor/2013/09/president-calls.aspx>). The charge of the task force is to evaluate and communicate evidence demonstrating the extent to which psychologists in patient-centered medical homes add value. The IHC will request that IHC members be part of the taskforce list serve, to both observe the development of activities and participate as appropriate.

APA's Center for Psychology and Health: Randy Phelps, APA Senior Advisor for Healthcare Financing, discussed the new Center and its focus, advancing psychology in the broader healthcare system. In its first year, the Center has launched a website and a fact sheet series, developed with the IHC, which includes topics such as chronic pain, cancer and primary care. APA advocacy within the AMA CPT and RUC processes has resulted in increases this year (2014) in the total pool of funds Medicare reserved for psychology services. These are the first increases since 2005. The IHC is assisting with the Center's current work, to develop and achieve sustainable financing models for psychology's role in integrated care.

Educational Modules for Integrated Care: Two members of the IHC representing Division 38 (Health Psychology) are involved in developing plug-n-play educational/training modules for integrated care practice. These will target graduate training programs.

Physician Quality Reporting System (PQRS): The APA Practice Central website provides educational materials explaining pertinent issues and links to the relevant CMS publications:

- Explanation of PQRS
<http://www.apapracticecentral.org/update/2014/01-16/medicare-pqrs.aspx>
- 2014 Update on PQRS
<http://www.apapracticecentral.org/update/2014/01-16/medicare-pqrs.aspx>
- Quality Improvement Programs
<http://www.apapracticecentral.org/reimbursement/improvement/index.aspx>
- APAPO videos on PQRS – Parts 1 & 2
<http://www.apapracticecentral.org/update/2011/03-17/physician-quality.aspx>
<http://www.apapracticecentral.org/update/2011/08-29/physician-quality.aspx>

Interdisciplinary Practice Guidelines: This has been an ongoing area of discussion for the IHC. Psychology would benefit from having a mechanism by which it could endorse existing relevant interdisciplinary care guidelines, rather than creating guidelines of its own. The IHC may be a good group to take on the responsibility of developing and coordinating a system for reviewing existing external guidelines and making recommendations to APA regarding their adoption. Several members of the IHC have volunteered to serve as reviewers. The IHC also will respond to a proposal from the American College of

Occupational and Environmental Medicine (ACOEM) to create a coalition of professional societies that would advocate guidelines for interdisciplinary care for disabled Americans.

H&B Survey: A practice/policy workgroup comprising members of the APA Practice Organization (APAPO) and the Society for Behavioral Medicine (SBM) has developed a draft survey regarding the H&B Codes. IHC members have reviewed and commented on the draft. Ultimately, the survey could prove helpful for further work on H&B Codes.

Membership Committee Update

Submitted by Alisa O'Riley Hannum, PhD (chair) and Nicole Torrence, MA (graduate assistant)

Membership Update

- Total Paid Members: 244
 - Total Paid Regular Members (including Emeritus members): 204
 - Total Paid Student Members: 40

Over the past six months both regular and student membership has declined. Regular members have declined by 17 and student members have declined by 15.

Website Committee Update

Submitted by David King, Division 12/Section II Website Coordinator

EXCITING NEW 12/II WEBSITE LAUNCH

As the new website coordinator for Division 12/Section II, I'm happy to announce the re-launch of www.geropsychology.org. Over the course of the past year, the 12/II website has been completely redesigned with a more contemporary look and dynamic user interface.

Here are some of the new and exciting website features you'll find at www.geropsychology.org:

New Look and Feel. First and foremost, the website has a cleaner and fresher look, presenting a more professional appearance to current and potential members. This is an important step in maintaining a strong online presence Division 12/Section II, as well as growing a substantial member base for the Society of Clinical Geropsychology. The new landing page also includes links to geropsychology in the news, a newsletter archive, links to our partner organizations, and a convenient contact form for visitors.

Personalized Members Area. The redesign also brings with it a dynamic new Members Area. By logging in on the home page, members of Division 12/Section II are able to access a copy of the society's latest newsletter, important updates on elections (including access to online voting), and current information on membership status and upcoming dues. Once logged in, members may also click on the 'My Profile' link in the Members Area in order to update their personal information, including affiliations, contact information, and email address.

Built-In Voting Module. With the new website comes a major improvement in how elections are held for section officers. With a built-in voting module accessible in the Members Area, the entire process is streamlined and will no longer require third-party support. Members should look forward to using this new feature in the upcoming spring elections (with notifications to be sent out).

Membership Dues. Through the new Members Area, membership dues may also be paid online and linked directly to the member's account, providing a more seamless transaction. Dues may be paid and/or updated electronically using PayPal or credit card. Automatic reminders are conveniently sent by email one month and one week before membership dues must be updated.

Simplified Website Menu. The website menu is now more organized and concise, allowing both members and visitors to easily access information on a variety of topics relevant to geropsychology. These include Division 12/Section II officers and contact information, awards being offered by the society and previous award recipients, links to key resources on geropsychology training, information on policy and practice for clinicians, 12/II announcements, and updates on upcoming conferences relevant to the division. This information is now presented in a more streamlined fashion for ease of access.

Social Media Links. With the launch of the new website comes the additional launch of our Facebook and Twitter feeds, which can be accessed and followed using the links at the bottom of the landing page. Both options offer members and other interested parties effective ways to stay connected and informed on a daily basis.

As your new website coordinator, I'll be maintaining the website, updating the home page with news stories germane to geropsychology, and fielding questions from members as they arise. If problems should come up, please don't hesitate to contact me at info@geropsychology.org. Although some troubleshooting may be necessary in the beginning, we're confident that you'll find the new website design more up-to-date and user-friendly.

If you haven't visited in a while, take a look and see what's new!

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 efforts undertaken and resources developed by the Office and Committee on Aging.

- Last year, quarterly meetings of the **APA Aging Leadership Team** were reinstated by the Office. The Team creates a mechanism for increased and ongoing communication among psychology and aging constituent groups (Division 20, Division 12-II, CONA, the Council of Professional Geropsychology Training Programs, and Psychologists in Long Term Care). It serves as a rapid response team to provide coordinated psychological input to quickly moving aging issues both internal and external to the Association. The next call is scheduled in April.
- A new Office [tip sheet](#), **Psychological Practice with Older Adults and their Caregivers** is now available. It provides links to the wealth of online resources developed by the office and CONA, and geropsychology organizations. The sheet will be distributed to APA divisions, state, provincial and territorial psychological associations, licensing boards, and other health and aging professional organizations. It was developed to build upon the momentum generated by the 2013 [Guidelines for Psychological Practice with Older Adults](#) and the IOM Report, [The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?](#)

- A new resource guide, **Multicultural Aging and Mental Health** is also available. A joint effort of the Office and 12-II's Diversity Committee, it is a useful tool for psychologists seeking to increase their knowledge of multicultural health issues in the aging population.

2014 Committee on Aging members are Jennifer Moye, PhD (Chair), Lisa Brown, PhD, Brian Carpenter, PhD, Kimberly Hiroto, PhD (early career member), Karen Roberto, PhD, and Glenn Smith, PhD. CONA had its first meeting of the year in March. Many issues were discussed, many conversations with the APA leadership were had, and much progress made.

- In the spirit of interdisciplinary collaboration, one of CONA's latest achievements is to secure APA endorsement of the **Multidisciplinary Competencies in the Care of Older Adults at the Completion of the Entry-level Health Professional Degree** developed by American Geriatrics Society convened Partnership for Health in Aging. Catherine Grus, PhD, Deputy Executive Director of the APA Education Directorate and I represent APA in the Partnership.
- Since its inception, CONA has been very active in activities to develop the Workforce to Serve Older Adults. CONA has been working with APA Office of Continuing Education to expand online and in person CE offerings related to aging. This year, What Psychologists Should Know about Working with Older Adults will be offered as an all-day pre-convention workshop at APA on Wednesday, August 6th. In addition, two **Clinician Corner** offerings on aging are being scheduled for 2014. More information will be sent to the list serve when registration begins.
- CONA continues its efforts related to integrated health care. They have provided input to The APA Center for Psychology and Health, President Dr. Nadine Kaslow's Presidential Initiative on Patient-Centered Medical Homes, and President-elect Dr. Barry Anton's proposed International Summit on Integrated Care. Recently, CONA provided input to the Center's briefing sheet on Alzheimer's disease, which will be posted [here](#) shortly.
- CONA has recently updated a 1998 APA brochure, **Elder Abuse and Neglect: In Search of Solutions**. Two additional publication updates – *Prolonging Vitality* and *What Practitioners Should Know about Working with Older Adults* will be completed in the next couple of months.
- Consider nominating a colleague for the **2014 CONA Award for the Advancement of Psychology and Aging**. The deadline is June 2nd. Information about the award can be found [here](#).

Society of Clinical Psychology (Division 12) Update

*Submitted by Michele J. Karel, PhD (Michele.Karel@va.gov)
Section 2 Representative*

The Society of Clinical Psychology (SCP) Board of Directors meeting was held in Ft. Myers, Florida, on Saturday/Sunday, February 1st and 2nd. Unfortunately, due to travel for my job during that same time period, I was not able to attend the meeting in person. However, I did join a discussion of Section issues via conference call on Saturday morning. The following selected updates are adapted from the meeting minutes as well as my partial participation!

Participants. FYI, here is who attended the Board meeting:

David Tolin, Ph.D., President
Terry Keane, Ph.D., President-elect
Mark Sobell, Ph.D., Past President

Barbara Cubic, Ph.D., Treasurer
 John C. Linton, Ph.D., Secretary
 Dave Smith, Ph.D., APA Council Representative
 Danny Wedding, Ph.D., APA Council Representative
 Guillermo Bernal, Ph.D., APA Council Representative
 Douglas Mennin, Ph.D., Section 3 Representative
 Elaine Burke, Ph.D., Section 4 Representative
 Fred Leong, Ph.D., Section 6 Representative
 Marc Hillbrand, Ph.D., Section 7 Representative
 Sharon Berry, Ph.D., Section 8 Representative
 Paul Arbisi, Ph.D., Section 9 Representative
 Gayle Beck, Ph.D., Editor *CP:SP*
 Karlei Mitchell, Wiley Representative
 Elizabeth Matson, Wiley Representative
 Lynn Peterson, Administrative Officer

Those unable to attend:
 Cheryl Boyce, Ph.D. – Diversity Committee Chair
 Michele Karel, Ph.D., Section 2 Representative
 Natalia Potapova– Section 10 Representative

Section Issues. Several Section issues were discussed:

- APA Convention hours: The anticipated decrease in Division hours in a re-organized Convention structure continues to be of concern to the Division and the Sections. To date, Sections have been allotted two hours by the Division. After much discussion, it was decided that, moving forward, each Section would be allotted one hour of programming. The Division Program Chair would decide how other hours would best be used by Sections, with strong encouragement for Section collaboration on programming.
- Section stipends: Once Sections complete required annual tax filing, they will be awarded \$300 stipend.
- New Section membership via SCP website: It is now possible for people to join Sections via the SCP website (e.g., if joining SCP for the first time, people are also asked if they'd like to join any of the Sections). This option leads to additional administrative support for the SCP Central Office. To compensate, Sections will be billed one dollar for new (or renewal) members made through the SCP website. Of note, our Section has only gained handful of new members via the SCP website this past year.
- Convention hospitality suite: SCP will continue to pay for the suite and invite Sections to use the suite for business meetings, as a Section benefit.
- Section Council: Section representatives continue to meet quarterly with SCP President to discuss Section concerns and opportunities for collaboration.

Continuing Education. Dr. Deb Drabick, CE Committee Chair, provided updates including:

- Webinar series: This monthly CE series continues in planning process, with goal to provide cutting edge, low cost CE to SCP members, include luminary speakers, panel discussions, as well as special focus of some sessions on early career issues. Webinars will allow for audience participation/questions and plan is to have them archived. We are in active discussion, through our

CE Chair Dr. Michelle Hilgeman and Dr. Drabick, to plan geropsychology topics/speakers for this series. Please let us know if you have suggestions.

SCP resources: Do consider joining SCP if you are not a member. It is important for each Section to have a certain percentage of Section members belonging to the Division. SCP membership includes:

- Subscription to bimonthly journal, *Clinical Psychology: Science and Practice*
- Electronic distribution of quarterly SCP publication, *The Clinical Psychologist*
- SCP listserv (it is not a very busy list but has some very interesting discussions)
- Also, check out the website: <http://www.div12.org/>

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 should encourage your colleagues and students to join the Society? Please distribute the membership form on the next page to encourage others to join!
- We publish announcements of recent members' achievements in research (publications, grants, awards), clinical work (awards, recognition), teaching, and public policy. Please send information concerning your own achievements or those of a colleague to either Joe or Christine.

2014 Officers of the Society of Clinical Geropsychology

President: Brian Yochim

President Elect: Margie Norris

Past President: Amy Fiske

Secretary: Sherry Beaudreau

Treasurer: Norm O'Rourke

Division 12 Representative: Michele Karel

Student Representatives: Annie Mueller and Elissa Kozlov

Nominations and Elections Committee: Amy Fiske

Mentoring Committee Chair: Julia Kasl-Godley

Membership Committee: Alisa O'Riley Hannum (Chair) and Nicole Torrence

Newsletter Editors: Christine Gould and Joseph Dzierzewski

Awards Committee Chair: Gregory Hinrichsen

Continuing Education Committee Chair: Michelle Hilgeman

Diversity Committee: Yvette Tazeau (chair) and Tiffany Rideaux

Evidence Based Practice Committee Chair: Forrest Scogin

Geropsychology Education Task Force: Erin Emery

Interdivisional Healthcare Committee Chairs: Margie Norris and Cheryl Shigaki

Public Policy Committee: Margie Norris and Mary Lewis

Training Committee Chair: Erin Emery

Website Coordinator: David King

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

Name (Print)	Degree	Membership Status (Please check one) _____ New Member _____ Renewal
APA Member No. (Required) _____ <p style="text-align: center; font-size: small;">You must be a member of APA to join Section II</p>		
Street Address		
City	State	Zip Code
Phone () ()	Fax () ()	Cell () ()
Email: _____ <p style="font-size: small;">Note: Your email address is crucial for our records and, therefore, strongly encouraged</p> _____ Check here to OPT OUT of the LISTSERV _____ Check here to OPT OUT of the membership directory		
Are you a member of APA Division 12 (The Society of Clinical Psychology) ____ Yes _____ Yes—student member _____ No		
Please list other Divisions and Societies you are affiliated with:		
Please list your special interests within geropsychology:		
Please list your primary emphasis as a geropsychologist (defined as 51% or greater) _____ Clinical Practice _____ Research _____ Teaching _____ Administration		
Payment of Dues (USD) Please select one: ____ \$35—one year membership _____ \$10—one year student membership ____ \$100—three year membership _____ Emeritus members are dues exempt		\$ _____
Added contributions to Section II: Donations are strictly voluntary but greatly appreciated		\$ _____
Total amount enclosed: Please make checks in US dollars payable to APA Division 12, Section II		\$ _____
Signature		Date
Faculty Endorser (if joining as a student):	Signature	Date
Mail this form along with your check to “APA Division 12/II” to Norm O’Rourke, PhD, RPsych, IRMACS Centre, Simon Fraser University—8888 University Drive, Burnaby, BC, Canada, V5A 1S6 <p style="text-align: center; color: red; font-weight: bold; font-size: small;">Please note that \$1.15 in postage is required if mailing from the US</p>		