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Greetings from Canada! This is my 30th year at the University of Calgary so please bear with me as I begin with a little reminiscing. As I tell my students, I used to talk about aging in the abstract but now I'm living the dream!

As an undergraduate student at Simon Fraser University in British Columbia I fully intended on working with children but, after a senior seminar on aging, I was hooked and never looked back. I was very privileged to train as a clinical psychologist at the University of Southern California with Dr. Margy Gatz and as an intern at UCLA Neuropsychiatric Hospital with Dr. Asenath LaRue, both wonderful mentors and role models. I am very grateful to them and I can only hope that I have inspired my students the way they inspired me.

At the University of Calgary I am currently the Director of Clinical Training and I teach undergraduate courses in aging and a graduate seminar in clinical geropsychology. I also give

regular workshops to psychologists in the community who want to expand their competencies in working with older adults and their family members. The Pikes Peak model in action! Recently, I integrated into my teaching many of the articles from volume 57(1) of *The Gerontologist*, written by people whose research I have admired for many years. What makes these articles so unique and interesting is the integration of personal experience with research which makes it all very real to students and professionals alike. Thank you to the 12/II members that shared their stories.

I have always been interested in research and practice with vulnerable older adults, particularly those who are frail and those from diverse cultural backgrounds who experience barriers to mental health care. My research took a different turn about five years ago. In the context of my clinical work and research, I was struck by the number of middle-aged and older adults who failed to think about or plan for their own aging (with the exception of perhaps financial planning), an observation that is supported by research. Social psychologists and behavioral economists have nice explanations for this (e.g., unrealistic optimism, terror management, temporal discounting). Dr. Silvia Sörensen and her colleagues define planning as becoming aware of the need to plan, gathering information, making decisions about care, concrete planning, and talking with family members about these plans and preferences.

Clearly, it's impossible to plan for every eventuality in life but, I began to think, can we "nudge" people towards planning, not only for the inevitable changes that occur with age but also for the rarer but highly stressful events that can happen? Could proactive planning mitigate some of the stress associated with the unexpected – the fall, the broken hip, acute care, delirium or pneumonia, and so on? We're all familiar with the scenario. The benefits of proactive rather than reactive planning are significant, both for older adults and their family members. So my graduate students and I embarked on a program of research that investigates facilitators and barriers to planning for future aging. To date, we have collected data from almost 400 adults, 50+ years. Recognizing that planning may take different forms, depending on cultural backgrounds and family composition, we conducted in-depth interviews with older South Asian Canadians, never married adults, and those without children. The ultimate goal is to help people become better planners and to advocate for community and societal initiatives that promote planning, as I truly believe this is part of aging well. I am grateful to my funder, the Social Sciences and Humanities Research Council of Canada.

Let me finish by saying that I thoroughly enjoy reading the e-mail exchanges from 12/II members, encouraging and supporting each other and sharing information. Keep up the great work!