

# *Clinical Geropsychology* *News*

Section II of the Society of Clinical Psychology

APA Division 12, Section II

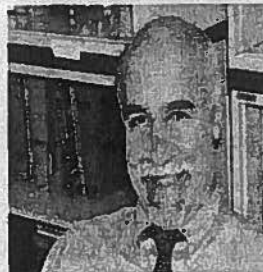
Volume 10, Number 2

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

## **President's Column:** **Victor Molinari, Ph.D.** **University of South Florida**



**Academia – a whole new world!**  
After spending almost my entire professional career working in public service settings,

I recently re-located to a university site. I was blessed that the department that I now work in has a rare focus on applied mental health research, and in a sense I have the best of both worlds. But, I immediately went from someone whose job description exclusively called for work and training with older patients (my research was done 'on the side') to a job where the prime responsibility was grant-funded research and teaching aging courses. For those contemplating such a bold move – recognize the great benefits but beware of the pitfalls.

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## Summary of Division 12, Section II: Board of Directors Meeting

Barry Edelstein, Ph.D.

The meeting was held November 23, 2002 in Boston, MA.

The Section II Board of Directors met Saturday, November 23, 2002, during the Gerontological Society of America meeting. President Sara Qualls presided over the meeting, which was devoted primarily to the discussion of various long range issues. Members present included Rebecca Allen, Merla Arnold, Barry Edelstein, Debbie DiGilio, Bill Haley, Paula Hartman-Stein, Greg Hinrichsen, Michele Karel, Brad Karlin, Victor Molinari, George Niederehe, Margaret Norris, Laura Lee Phillips, Lynn Snow, and Sara Qualls.

The American Geriatrics Society and the Association for Geriatric Psychiatry assembled a panel of experts, including one of our members (Jiska Cohen-Mansfield), to develop a consensus statement regarding standards of care in long term care. These organizations now want other organizations, including APA, to endorse the consensus statement. Section II will present the consensus statement to the membership for comments before pursuing endorsement. (*Note: Please see CONA Update Article for latest information*).

Paula Hartman-Stein discussed the Section II portion of the APA convention program for next year. We have 5 hours on the program for this coming year.

A new electronic membership directory was discussed in lieu of printing a membership directory every few years. Members who do not use the Section II listserv could have print-outs of the membership listing each year.

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## APA Committee on Aging and Office on Aging: Update Forrest Scogin, CONA Chair, 2003

The past couple of years have been a productive and busy time for the Committee on Aging and the Office on Aging of APA. I'm going to overview some of the activities we've been involved in but before doing so here are the members. In their first year are Greg Hinrichsen and John Cavanaugh, second year Leonard Poon and Beth Hudnal Stamm, and third year Antonette Zeiss and Forrest Scogin. Deborah DiGilio is the Aging Issues Officer and is currently being assisted by Diane Elmore, a SPSSI (Society for the Psychological Study of Social Issues) scholar. Diane is working in APA's Public Policy Office. One of the reasons I wanted to write this update was to let the folks of 12/2 know what a great person, advocate and resource we have in Debbie. She is a whirling dervish and gets things done within APA and beyond. What a pleasure to work with her, a sentiment shared by the rest of the committee I am sure!

**Graduate Psychology Education:** We're still basking in the glow of this effort. As you probably know, funds were set aside to support programs training geropsychologists to work in medically underserved and health professional shortage areas. The request for proposals should be coming out in June or July and we need to get lots of applications in to demonstrate need and interest. APA has set up a FAQ site to help with proposal development. Also, reviewers for these grants will be needed, so expect a call for reviewers in the near future.

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**Society of Clinical Psychology  
(Division 12):  
Mid Winter Board Meeting  
Deborah King, Ph.D.,  
Section II Representative**

The meeting was held in Sante Fe, New Mexico, January 10-12, 2003. Selected points of interest are summarized below.

President Diane Willis opened the meeting with a discussion of her chosen area of emphasis: special populations. She has asked Elizabeth King, Stanley Sue and Gary Melton to conduct projects on three areas of concern, respectively: the impact of mother's cancer on children, best practices for research on minority populations, and the impact of incarceration on families of prisoners.

Dan McNeil, Program Chair reviewed issues pertaining to the 2003 convention. Sections were given 3 substantive and 2 non-substantive hours of programming each, with flexibility as to how these hours are to be used. President-Elect Nadine Kaslow appointed Section II member Antoinette Zeiss to be Program Chair for 2004.

Larry Beutler announced the winners of the Division 12 awards to be presented at the 2003 Convention in Toronto: Section II member Julia Kasl-Godley will receive the *Theodore Blau Award*. Congratulations, Julia! Other award recipients are as follows: *Distinguished Scientific Contributions*: Lauren Alloy and Lynn Abramson; *Florence Halpern Award*: Gerald Koocher; *David Shakow Award*: Michael Addis.

A MOTION was passed: To create a new award, *The Stanley Sue Award for Distinguished Contribution to Diversity in Clinical Psychology*, with the first award to Stanley Sue.

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**Graduate Psychology  
Education Program Adds  
Geropsychology Funding  
Stream**

**Debbie DiGilio, Aging Issues  
Officer, Office on Aging**

Despite tight budget allocations, on February 12, 2003, Congress approved \$4.5 million for psychology education and training in the Bureau of Health Professions (BHP): \$3 million to continue the GPE program and an additional \$1.5 million to support graduate training in geropsychology within the GPE program.

The initiative has been a top legislative priority for APA's Education Directorate, Public Policy Office, and Office on Aging, and represents the culmination of tremendous grassroots efforts by psychologists around the country. Members of APA's Committee on Aging and Division 12, Section II, as well as APA's grassroots networks, played a vital role in participating in visits on Capitol Hill, sending letters and making calls to their members of congress in support of the GPE program.

The GPE is the first federal program dedicated solely to the support (funding) of psychology education and training. This unique program was established in FY 2002 to support the training of health service psychologists and to meet demonstrated needs for integrated, interdisciplinary health care services for underserved populations and in areas of emerging need (e.g., older adults, children, rural persons, chronically ill, and victims of abuse and trauma).

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## Division 12, Section II - Clinical Geropsychology Candidates' Statements President Elect

**Michael Duffy, Ph.D., ABPP** - I have been working with, writing and teaching about older adults since 1977. As an early member, and later Coordinator (1989-92) of Psychologists in Long term Care I worked to increase emphasis on clinical practice in a predominantly academic Division 20. Interestingly, I recently hit the big six-o myself (although good friends insist that I continue to look forty-five) and my perspective on later life has become distinctly visceral. Suddenly, the concept of geropsychology practice has taken on a new and personal meaning (a bit like never understanding divorce until you have been through it).

I believe I can claim to be one of the progenitors (along with many colleagues) of clinical geropsychology, as we know it today. I presented on clinical practicum training at the 1992 Older Boulder II National conference, and have served on the subsequent Interdivisional Task Force on Clinical and Applied Geropsychology, contributing to the petition for Proficiency status for clinical geropsychology approved by APA. I have also worked on the recent Guidelines for Psychological Practice with Older Adults, hopefully to become an official APA document at APA Toronto. I served as Task force Liaison to the APA College of Professional Psychology. I was appointed, and then later elected, to the APA Committee on Aging, which has served as a strategically important vehicle for elevating the status of geropsychology within APA. I am currently a member of the APA Board

**Barry Edelstein, Ph.D.** - I am a co-founder of Division 12, Section II, and have an enduring commitment to its goals and continued vitality. I served for three years as the Section II Representative to the Division 12 Board, established the listserv, and just completed my three-year term as Secretary. Section II is my organizational home.

My bachelor's degree was awarded by the University of Texas at Austin, my master's degree by the University of Texas at Arlington, and my doctorate (clinical and experimental psychology) by Memphis State University (now University of Memphis). Since 1974 I have been a faculty member at West Virginia University, where I have served as Associate Chair, Director of Graduate Training, Director of Clinical Training, and Chair. I've published a few articles, book chapters, and edited books in the area of clinical geropsychology. My current research interests are in the areas of older adult decision-making and its assessment. A sampling of my aging related activities over the past several years includes the following: I've provided weekly consultation and psychological services to Hopemont Hospital, a state psychogeriatric hospital. I was a member of the West Virginia Governor's Mental Health Advisory Council, which offered recommendations to the Governor regarding the provision of mental health services to older adults. I also co-chaired the West Virginia Department of Health and Human Services Best Practices Task Force for Older

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## Division 12, Section II, Clinical Geropsychology Candidates' Statements Section Representative to Division 12

**Deborah King, Ph.D.** - This is an exciting time to serve as the Section II Representative to Division 12. As we face complex and challenging issues such as prescription privileges for psychologists, the development and endorsement of practice guidelines and specialties, and the fiscal instability of the Division and the entire Association, the Section II Representative must be a tireless advocate for the concerns of geropsychologists. Each Division 12 Board meeting presents multiple opportunities for increased visibility and recognition of Section II members and their concerns. Over the past year, we worked with the leadership of the Division to obtain a modest increase in Section II program hours at the annual convention, despite an overall decrease in the total number of convention hours. We have been gratified to see the continued recognition of the accomplishments of Section II members via Division 12 awards and committee nominations. Additionally, the leadership of Division 12 has agreed to include contributions from selected Section II members in a forthcoming Division 12 book on the application of APA cultural competence guidelines to evidence-based clinical practice.

In terms of my qualifications for this position, I received my Ph.D. in Clinical Psychology from Indiana University in 1983

and completed postdoctoral fellowships in adult psychology and geropsychology in the Department of Psychiatry at the University of Rochester School of Medicine and Dentistry. Having stayed in Rochester, I currently serve as Associate Professor of Psychiatry (Psychology), Clinical Director of Geriatric Psychiatry and Director of Training in Clinical Psychology. I direct an outpatient mental health clinic for older adults and oversee mental health consultation to numerous nursing homes in the Rochester area. My research and writing are in the areas of family and neuropsychological approaches to late-life depression and suicide. Most recently, I have 'infiltrated' our hospital's Palliative Care Service where I consult with colleagues of various disciplines on the application of family systems approaches to end-of-life care.

I was fortunate to 'inherit' the role of Section Representative from Dr. Dolores Gallagher Thompson approximately one year ago. I have enjoyed the opportunity to complete the term that she started and I would be honored to continue in this role. Having 'learned the ropes' of the position, I look forward to completing the important work that we have started.

**Your election ballots will be mailed under separate cover. Be sure to return your ballots with the vote of your choice.**

### Candidates' Statement: Duffy

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for the Advancement of Psychology in the Public Interest (BAPPI), where I continue to advocate for older adults and clinical geropsychology.

I spend my time in practice, supervision and teaching clinical geropsychology. I have had an active practice with older adults since 1977 and, as a family therapist, I am currently enjoying psychotherapy with older couples. I have provided clinical supervision and training in geropsychology to doctoral students since 1977 at the University of Texas and at Texas A&M University, directing a proficiency-level doctoral track in clinical geropsychology in which I have trained more than 120 doctoral students in geriatric settings.

My graduate training is in theology (Angelicum University, Rome), clinical child psychology (University College, Dublin) and counseling psychology/community psychology (University of Texas at Austin). I am a Fellow of Div 29 and 17 and Chair the latter's Section on Independent Practice. I am a Diplomate of the American Board of Professional Psychology. I have been a Section II member since its inception and am honored to be a candidate for President-Elect.

### Candidates' Statement: Edelstein

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Adults, and served as a member of the West Virginia Long Term Care System Configuration Planning Committee for the West Virginia Department of Health and Human Services. I participated in the second "Older Boulder" conference and was a member of the subsequent Experience Level Competencies/Standards Implementation Group and the Interdivisional Task Force on Qualifications in Clinical and Applied Geropsychology. I chaired the committee that developed the application through Division 20 and Division 12, Section II for the proficiency in clinical geropsychology that was approved and is now recognized by APA. Last year I assembled a group of geropsychologists for the purpose of creating aging and clinical aging test items for the national licensing psychology examination (Examination for Professional Practice in Psychology). In the same year I met with the health legislative aides of Senators Byrd and Rockefeller, and the aide for Congressman Mollohan to advocate for support of an initiative that would fund psychology students seeking training in clinical geropsychology.

If elected, I would hope to maintain the strides that have already been made by the organization and seek additional avenues for the promotion of education, training, and information dissemination for psychologists who are attempting to meet the needs of older adults.

**Membership Change Ballots** are coming to you in the mail. Members of Section II will be asked to vote on whether to allow non-APA members join Section II. Pro and Con statements will be included on Membership Change ballot to highlight salient points of the question.

Please vote and return your ballots upon receiving them. Your vote is important to the future of Section II.

## Public Policy Committee: Update

**Brian Kaskie, Ph.D.**

So far this year, there are two aging and mental health issues that have captured the attention of public policy makers. The Medicare Mental Health Parity Act has moved onto the agenda of the Senate Finance Committee, and is likely to be considered as the Committee pieces together a Medicare reform bill. The Parity Act would cancel the 50% co-pay requirement for outpatient specialty mental health services (all other medical-surgical outpatient services have a 20% beneficiary co-payment). This bill has been in development for several years, and is widely supported by a number of consumer and professional groups including National Alliance for the Mentally Ill and the American Association of Geriatric Psychiatry.

You can help move this bill forward by contacting a member of the Senate Finance Committee and declaring your support for Medicare Mental Health Parity. This would be especially important for those of you who are represented by the following committee members (just click on name to get to Senator's website, and then use email or phone to proclaim your support):

BLANCHE L. LINCOLN, AR; JON KYL, AZ; BOB GRAHAM, FL; CHARLES GRASSLEY, IA; JIM BUNNING, KY; JOHN BREAUX, LA; JOHN F. KERRY, MA ; OLYMPIA J. SNOWE, ME; TRENT LOTT, MS; MAX BAUCUS, MT; JEFF BINGAMAN, NM; KENT CONRAD, ND; DON NICKLES, OK; GORDON SMITH, OR; RICK SANTORUM, PA; TOM DASCHLE, SD; BILL FRIST, TN; ORRIN G. HATCH, UT; JAMES M. JEFFORDS, VT; JOHN D. ROCKEFELLER IV, WV; CRAIG THOMAS, WY .

Speaking of voicing your support, the Public Policy Committee is in the process of

developing an "advocates" database. This database will allow us to contact you when other pertinent policy issues develop and require your assistance in moving them forward. For example, we may contact you and ask that you provide written or verbal testimony to a policy maker who represents your state. If you are interested in learning more about becoming a member of the "advocates" group, please contact Brian Kaskie (phone: 319-384-5134 or email: [brian-kaskie@uiowa.edu](mailto:brian-kaskie@uiowa.edu) ).

The second aging and mental health policy issue concerns Medicare Local Medical Review Policies (LMRPs) for mental health services. Analysts have suggested that specialty mental health service providers should take a greater role in shaping the development and refinement of these policies. For example, since the American Bar Association and Alzheimer's Association identified inconsistencies in LMRPs that effectively restricted the delivery of specialty mental health services to Medicare beneficiaries with Alzheimer's disease and other forms of dementia, advocates lobbied successfully to have CMS change the policies to improve access to care for persons with dementia. If you want to provide some valuable information about your experiences with LMRPs and the Medicare Carrier in your state, please go to: <http://www.public-health.uiowa.edu/LMRP/>

Please forward any opinions, comments or suggestions to Merla Arnold, Section II Newsletter Editor ([ma159@columbia.edu](mailto:ma159@columbia.edu)). As always, we appreciate the input of Section II members.

A comprehensive listing of all aging issues sessions being held during *APA Convention 2003* the will be available from Debbie DiGilio: [ddigilio@apa.org](mailto:ddigilio@apa.org) at the end of July, 2003. See p. 18, this issue, for highlights.

**Profile on...Sara Wilcox, Ph.D.**  
**Assistant Professor, Department of**  
**Exercise Science, Arnold School of**  
**Public Health, University of South**  
**Carolina**

As a graduate student, I would not have thought that I'd someday be on the faculty in a School of Public Health, and I would have never imagined I'd be in a Department of Exercise Science. I'm not sure I even knew what exercise science was. My training in clinical geropsychology was fairly traditional. I received my doctoral degree from Washington University, where I worked with Dr. Martha Storandt, and I completed my clinical internship at the Palo Alto Veteran's Affairs Medical Center, where I worked with Drs. Dolores Gallagher-Thompson and Larry Thompson. Both of these training experiences were meaningful and influential in my academic development. During my doctoral program, I became interested in the role of health behaviors on quality of life issues in older adults. My second year project (equivalent to the Master's thesis) focused on the relationships between age, exercise, and psychological variables in adult women. During my internship, I worked with many older adults who had chronic health conditions that had a significant impact on their well-being.

Rather than pursue a postdoctoral fellowship in clinical geropsychology, however, I chose to complete one in cardiovascular disease epidemiology and prevention at Stanford University, where I worked with Dr. Abby King. There I was involved in a randomized trial examining the effect of exercise on health and mental health outcomes in older women who were family caregivers. This fellowship was an incredible opportunity for me to learn how to combine my various interests and training to define my research focus. I can't think of any behavior that promotes physical and mental health, well-being, and quality of life

in older adults any better than regular physical activity! My strong belief in the importance of healthy lifestyles has been a major source of motivation in my research and teaching.

I took my current position at the University of South Carolina in 1999. My department wanted to hire a behavioral scientist with primary interests in physical activity. The fact that the Department of Exercise Science was in a School of Public Health was intriguing to me. When I arrived on campus, I developed two new courses that have become required for a number of programs within my department. I teach an undergraduate course that is cross-listed with the Psychology Department called "Psychology of Physical Activity," and I teach a graduate course called "Behavioral Aspects of Physical Activity." While these courses are not specific to older adults, I manage to work in quite a bit about aging with specific course material and examples.

I am fortunate to have many collaborators and colleagues within my department, other departments in public health, psychology, nursing, and medicine. From the moment I arrived on campus, I have been involved in writing grants, where my role is often to develop and implement behavioral interventions and maximize adherence and retention rates. I feel as though I learn new things every day. For example, I have enjoyed learning about community approaches to health and how to address research questions using both quantitative and qualitative methods.

I have also enjoyed working in South Carolina because I believe public health research has such an important role to play in this state. South Carolina, like many other states in the Southeastern U.S., has high rates of sedentary and other unhealthy lifestyles, high rates of cardiovascular disease, and high rates of obesity. So, there is much to be done!

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## Eye on Education and Training

### Gregory A. Hinrichsen, Ph.D.

**Geropsychology Training at The Zucker Hillside Hospital.** As a psychology intern at Hillside Hospital in the early 1980's I had a year-long placement in what was then called the "Senior Citizens Treatment Program." In retrospect I realize what a stroke of good luck it was to have an opportunity for this placement. At that time, there were few places where organized psychological services were being provided to older adults. The Senior Citizens Treatment Program was started by psychologist Allen Willner in the 1970's with a primary mission of providing psychotherapy services to the aged. In the late 1980's geriatric psychiatrist Blaine Greenwald came to our Hospital with an ambitious plan for expanding mental health services across the continuum of care. Currently the Geriatric Psychiatry Division encompasses outpatient, partial hospital, inpatient, home-visiting, consultation/liaison, and nursing home services as well as an affiliation with the geriatric program of a state psychiatric hospital. Needless to say, this broad array of services offers rich opportunities training. There is a large geriatric psychiatry fellowship program and all psychiatry residents have rotations in the geriatric outpatient clinic.

Psychology training has expanded along with the growth of geriatric mental health services. I was the only psychology intern with a placement in the Senior Citizens Treatment Program in 1981 along with two psychology externs. At present, there are three psychology interns and three externs with year-long placements in the geriatric outpatient clinic, three interns with four month rotations in the geriatric partial hospital program, and two postdoctoral geropsychology fellows. Supervision is provided by staff geropsychologists including Leah Siskin, Eileen Rosendahl, Rita Ryan, Elisse Kramer, and myself.

Rita Ryan, who works at the outpatient clinic, coordinates our geropsychology externship program. Externs spend two full days at the outpatient clinic where they conduct diagnostic and assessment intakes, do neuropsychological assessments overseen by Dr. Kramer, and provide psychotherapy services. In the clinic, interns provide individual psychotherapy to older adults and their families and sometimes run psychotherapy groups. In the geriatric partial hospital program where Drs. Siskin and Rosendahl are based, interns run CBT-informed psychotherapy groups, and provide individual psychotherapy and case management services.

Psychology fellows have year-long placements in the outpatient clinic, partial hospital program, neuropsychology assessment service, and in an area nursing home, The Hebrew Home for the Aged in Riverdale. Fellows co-conduct diagnostic and assessment intakes with externs and provide supervision to them. This year we have experimented a bit by initiating some new affiliations where fellows can gain exposure to other settings. One fellow is providing geropsychology services in a palliative care program and community-based aging service organization, and the other fellow in a geriatric medical clinic.

All trainees take part in a year-long course in geropsychology. Fellows and one of the interns attend a seminar in gerontology along with the geriatric psychiatry fellows. Psychiatry and psychology fellows also take part in a weekly geriatric psychiatry seminar that alternates with a journal club. In addition, there is a weekly case conference in which fellows present cases to experts in different areas of geriatric mental health. I lead a weekly seminar with the interns and fellows that focuses on the application of Interpersonal Psychotherapy (IPT) to the treatment of late life depression.

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## The Student Voice

### Sherry Beaudreau, Section II Student Representative

**Future Projections: Trends in Clinical Geropsychology** - I often wonder where my research and clinical skills in geropsychology will be most needed when I eventually apply for a job (it seems so far off, doesn't it?) Our advisors do their best to reassure us that we will find a job in our area of interest, and it is common parlance that gerontology is the wave of the future. Is this really the case? My goal in this piece is to describe to my own thoughts on where our field is going based on my own research and observations.

Four years ago I presented a poster at APA with Drs. Knight and Greve from the VA Boston Healthcare System on job trends in geropsychology based on ads placed in the APA Monitor. We found that, counter to trends in other areas of psychology there was a general increase in the number of available geropsychology jobs across academic and non-academic settings between 1987 and 1995. This is good news for us and certainly it fits with anecdotal accounts of a greater need for psychologists to specialize in older populations. If this demand continues, job availability and grant funding opportunities should also increase, particularly in areas relevant to the "baby boomer" generation (such as AIDS, substance abuse, industrial organizational needs for older workers) and in areas important to the well-being and quality of life of older adults (cognitive behavioral therapies, memory, health issues, psychopathology, death and dying issues).

The National Institute of Mental Health (NIMH) recently put forth a call for grant applications related to mental health issues in older adults (<http://grants.nih.gov/grants/guide/pa-files/PA-03-014.html>). NIMH cites projected population trends as the main reason for this call recognizing that we need

better treatments and a better understanding of how mental illness impacts older adults. Last year the National Institute of Health requested grant applications relating to pain prevention and treatment with an emphasis on applications proposing to examine "lifespan" issues

(<http://grants1.nih.gov/grants/guide/pa-files/PA-98-102.html>). In the recent past (1974 to be exact) NIH established the National Institute on Aging (NIA). While NIA encourages research on Alzheimer's disease, they are also interested in work on other age-related diseases, normal aging and problems specific to old age. Given the available grant opportunities, it is clear to me that applied clinical research and the clinical services that stem from disseminated research will be in high demand.

Furthermore, clinicians in geropsychology might also benefit from organizations offering grants for the establishment of a center or development of a program for older adults.

What other areas might a geropsychology student consider? Within the applied clinical domain, simple questions as to whether standard tests of psychopathology measure the same construct among older adults or whether the treatments that work with younger adults work with the aged are certainly worthy of further study. Theoretical questions are also of interest given the many assumptions (often incorrect!) about characteristics normal aging. My master's project on age differences in storytelling found that, essentially, there are no age differences! Many faculty members in our department were surprised, especially given the fact that it is assumed that older adults are necessarily more verbose. Normal aging in and of itself is an interesting topic.

In my opinion, the clinical and research possibilities in geropsychology are endless. Just go on PsycInfo and you may be surprised to find few if any studies have examined seemingly obvious questions.

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## President's Column

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I have brought my university department news from the practice trenches, and an awareness of the nuances of negotiating a mental health care system that appears ever-changing. In my last job in the VA system, in addition to being the DOT for our internship and post-doctoral program, I was also the psychologist on the geropsychiatry inpatient unit and eventually required to do follow-up outpatient work. Attempts to obtain federal grant funding under such a heavy clinical/training load proved daunting. Indeed, any other duty addition by my supervisors was met with dismay and my rejoinder of 'what are you going to subtract from my workload?' My experiences in this setting are not unique among clinicians, indeed many of my private practice colleagues seem equally pressured to do more and more with less and less. For me, these pressures finally outweighed the great advantages of helping older veterans and teaching students the joys of working with older adults.

At the university, my workday is largely self-structured, other than the one course that I am required to teach. I was embarrassed to find that some of my cherished knowledge in the Psychology of Aging was sorely obsolete. But I actually had the freedom to update it and do extensive literature reviews without feeling that I was taking away from client care. Imagine having time to do anything other than to see another patient! Since we have been recruiting for new faculty positions, the influx of new ideas that I have been exposed to via colloquia has been exhilarating. My chairperson has patiently allowed me the time to take a grant-writing course, and I am even brushing up on long dormant (and always rudimentary) statistical skills.

A blend of clinical experience and research sophistication are necessary components of a well-rounded career and for the professional development of any subspecialty. The tremendous level of applied research and consultation expertise at the institute I work for profits by an understanding of raw clinical realities that I bring (and which so many practitioners have an abundance of). For example, I attended a presentation on 'translation' research, how to export evidence-based research into clinical settings so that clinicians actually change their practice - such an important topic. Yet I had one question, fresh on my mind that I addressed within the intricate morass of theoretical speculation (the best and worst of academia). How do you not only show to those laboring 'in the field' that a new manualized program will help patients, but also that it can be implemented within the time constraints of the practice realities of ever-expanding job duties?

For many years, it has been recommended that clinical psychologist researchers should have some applied responsibilities so as not to be held prisoner in their ivory towers, and that practice oriented psychologists should have as part of their job repertoire program evaluation duties to maintain their scientific skills. I am very aware that in many divisions of APA, a majority of the leadership is drawn from academic circles. My hope for Section II is that it will continue to move in directions steered by true scientist-practitioners (as many of my colleagues are in Section II), or at least that it will continue to have a balanced membership where the clinical and research sides are equally heard and nourished. To this end, I urge everyone to attend the joint Section II/ Division 20 social at APA, where science and practice will comfortably mingle.

## **Division 12, Section II Board Meeting**

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Debbie DiGilio, Aging Issues Officer in the APA Office on Aging, is developing a policy piece on the contributions of geropsychology. The document will be used to inform Congress. Debbie noted that members of the National Council of State Legislatures visited APA. One question raised was whether there are model community-based programs for older adults that should be replicated.

Lynn Snow will form a subcommittee to address Continuing Education issues.

Margie Norris and her Public Policy Committee will work on current policy issues and discuss them with the Section II Board.

George Niederehe stated that there is a need to get more members involved in a discussion of the future of the clinical geropsychology proficiency. On a related issue, the Board discussed the possibility of seeking clinical geropsychology certification through the ABPP.

The possibility of opening membership of Section II to non-APA members will be discussed in the future. Consideration of future membership issues will be addressed by a committee appointed by Victor Molinari. Michele Karel will work with Forrest Scogin and Barry Edelstein in the development of an outline of membership issues and options for maintaining current members and recruiting new ones.

## ***Division 12 Board Meeting***

*Continued from page 3*

A MOTION was introduced by the Section II Representative and passed: To endorse the spirit of the interdisciplinary consensus statement on improving the

quality of mental health care in America's nursing homes and to support further efforts to endorse both non-pharmacological and pharmacological treatments as first-line approaches to the treatment of major depression in nursing homes.

Stanley Sue, Science and Practice Chair, discussed a plan for a book on translating the APA-approved cultural competence principles into practice. John Robinson, Membership Chair discussed the decreasing membership base and suggested ways to encourage new student members, including a focus on APAGS and the transition year from student to psychologist.

Lakota Schultz, the new student representative, presented a proposal to send author-signed books to students who are successful in recruiting new Div 12 members. She would appreciate copies of signed books from Division members to help with this effort for her collection.

Bob Woody, Finance Chair reported a \$50,000 deficit for the Division. Oxford University Press, the publisher of *Clinical Psychology: Science and Practice* has agreed to reduce their overhead from 30% to 15% for 2003 and will consider further contractual changes. A number of other possible cost cutting measures were discussed.

Carl Zimet reported on issues pertaining to general practice specialties versus other specialties. There is a movement to undo the differences, as new specialties do not have representation on the Committee on Accreditation (COA). A newly constituted BEA Advisory Committee will look at this issue.

A MOTION was passed: To Amend the Bylaws so that every three years the Council election would have an ethnic minority slate.

## GPE Funding

*Continued from page 3*

Funding is provided through a competitive grant process to APA accredited doctoral and internship (or postdoctoral residencies if allowed by the agency) programs for basic or advanced training. Allowable use of funds is likely to include trainee stipends, support for clinical teaching psychologists, faculty and curriculum development, model demonstration programs and technical assistance.

In order to continue strong Congressional support for GPE, and to demonstrate the enormous need and interest in the new federal program, it is critical that the Bureau of Health Professions receives a serious response from the geropsychology community in the upcoming GPE grant application cycle. It is anticipated that this year the request for proposals (RFP) will be announced in the Federal Register as late as June or July with a six-week turnaround time once the grant is announced. APA will convene a technical assistance conference call to share information and provide guidance in the near future.

To access a list of frequently asked questions and answers related to GPE including eligibility requirements, go to: <http://www.apa.org/ppo/images/fy03gpefaq.pdf>. For general information about the program contact Amanda Ring, Educational Policy Legislative Assistant at [aring@apa.org](mailto:aring@apa.org). And as always, I am at your service. [Ddigilio@apa.org](mailto:Ddigilio@apa.org) or (202) 336-6135

**The Education Advocacy Breakfast Meeting & Presentation at the 2003 APA Convention will focus on: *Fighting for Graduate Psychology Education Funding: Surviving the annual appropriations battle.* All are invited. Saturday, August 9<sup>th</sup>, 7:30-9 am. To register contact: [ering@apa.org](mailto:ering@apa.org)**

## CONA Update

*Continued from page 2*

Lots and lots of people helped make this happen but I want to particularly acknowledge Nina Levitt, Director of Education Policy at APA. Nina has become a real friend of geropsychology and deserves an award!

**Positive Aging Act:** This one is hot off the press. The bill was introduced by Representative Patrick Kennedy. As written, the bill would amend the Public Health Service Act by promoting models of care that integrate mental health services and medical care within primary care and improving access by older adults to mental health services in community-based settings. Grants would be made available for projects implementing evidence-based treatments. As originally composed, this bill was clearly oriented towards geriatric psychiatry, and indeed much credit for initiating this bill must go to the American Association of Geriatric Psychiatry. After a couple of weeks of hurried negotiations led by APA staff and members of CONA, the final version of the bill was much more inclusive of psychology. We hope this will be the beginning of further successful collaborations with AAGP.

**American Bar Association / American Psychological Association Collaboration on Competency Assessment and Older Adults:** CONA members Leonard Poon and Greg Hinrichsen have organized a meeting of attorneys and psychologists to discuss the contours of competence and capacity assessment of elders. This meeting, to be held in early June and sponsored by the University of Georgia and APA, will include David Powers, APA's Liaison to ABA, and

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## CONA Update

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Jennifer Moye and Dan Marson, psychologists involved in research and service related to the topic. This meeting, it is hoped, will serve as a catalyst for future collaboration between ABA and APA on this important issue.

**Materials to Promote the Contribution of Geropsychology to the Health and Well-Being of Older Adults:** Three years ago I would have said "yah...big deal" to this item. Now I say "yes this is a big deal." At last year's CONA Conversation Hour at APA, it was agreed that our field had reached sufficient maturity to warrant development of a professionally designed brochure, poster, resource fact sheet, and logo. These are the materials one might leave with a legislator or policy officer when advocating for geropsychology. Our experience, I'm sure shared by many of you, is that many do not fully understand, recognize or acknowledge the contributions psychologists make on a daily basis in providing services and in conducting research directly beneficial to the health of older adults, their families and caregivers. A proposal is currently being written to develop such materials. Other groups, such as AAGP, have used such materials advantageously.

**Medicare Local Medical Review Policy Toolkit:** CONA is contributing to efforts to increase availability of psychological services for older adults under Medicare. The Office on Aging prepared a web-based toolkit including an explanation of the LMRP development process, opportunities for advocacy, and tools such as samples of correspondence with insurance intermediaries, "psychology-friendly" LMRP provisions, and empirical evidence to support incorporation of such provisions. Psychologists at the grassroots

level can get involved and make a difference by helping to shape these policies and the toolkit. It is available at:

[www.apa.org/pi/aging/lmrp/toolkit.pdf](http://www.apa.org/pi/aging/lmrp/toolkit.pdf)

**Consensus Statement on Improving the Quality of Mental Health Care in America's Nursing Homes: Management of Depression and Behavioral Symptoms Associated with Dementia:** CONA worked in collaboration with Section II to gather support for a statement on depression and dementia in nursing homes. The recommendations of the statement, prepared by an interdisciplinary panel of experts including Jiska Cohen-Mansfield, were modified from the original to provide a more fundamental position to psychological services and care for these conditions. Unfortunately, in my personal opinion, the Executive Management Group of APA voted against APA endorsement of the Consensus Statement.

**Accreditation Issues:** Another CONA project, lead by Antonette Zeiss, is to encourage greater recognition of aging as a diversity issue in work of APA's Committee on Accreditation. Related is the call for more geropsychologists, especially those from experimental disciplines, to become site visitors.

**Career Development and Training in Geriatric Mental Health:** NIMH convened this meeting to discuss the growing need for more mental health researchers specializing in aging. Originally, Steve Zarit was the only psychologist presenter but through contacts with NIMH staff Margy Gatz, Norman Abeles, and Forrest Scogin were added to the roster. The points made by our group were that (1) NIMH support of predoctoral training was crucial to increase the number of researchers and sites to train such

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## CONA Update

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researchers and (2) the predoctoral years represent the "critical period" for our discipline. A manuscript has been prepared by Charles Reynolds and Margy Gatz summarizing the major points of the workshop.

**The President's New Freedom Commission on Mental Health:** CONA and The Office on Aging assisted the Public Policy Office in preparing APA's initial statement to the Commission to ensure inclusion of the specific mental health needs of older adults. Upon release of the commission's interim report, CONA submitted a written response to applaud the commission for addressing the specific needs of older adults, highlight areas that were overlooked or needed additional consideration, and outlined policy recommendations for improving the care and quality of life of older adults.

**APA Convention 2003:** CONA has a number of activities planned for the convention. First, we are co-sponsoring a *Continuing Education* workshop. This workshop will present information on *Psychosocial treatment of sleep problems in older adults*, presented by Ken Lichstein, Saturday August 9th, 8 am-12 noon. CONA intends to develop a plan for topics that are seen by CONA and Division 12, Section II as high priorities for training of generalist clinicians who want to learn more about working with older adults, and to continue sponsoring at least one workshop per year. CONA will also organize a *Conversation Hour*, this year's topic: *Strategies for making aging issues more visible within APA Governance*, including the development of an Aging Leadership team to respond with the letters of support, endorsements,

nominations and the like in a timely and coordinated fashion. Members of the leadership team might include presidents and president-elects of Division 20 and 12/2, chair and chair-elect of CONA, representatives to Council from Division 20 and 12, and similar leaders. Sara Qualls, while serving as president of 12/2, conceived of this team. To provide continuity, CONA is planning a reunion of past members of the committee. Two members of CONA, Beth Hudnall Stamm and Forrest Scogin, will be making presentations as part of symposia organized by CONA's parent board, BAPPI. The topics will be poverty and older adults and the under use of evidence-based treatments with older adults. Finally, CONA has plans to present an inaugural award pending APA approval for advancement of aging issues.

**Call for Nominations:** If this sounds like the kind of stuff you'd like to be involved with then you should apply early and often for a place on CONA. Participating in CONA has been one of my career highlights and I'm sure others would say the same. Contact Deborah DiGilio at [ddiglio@apa.org](mailto:ddiglio@apa.org) for more information about the Call for Nominations.

## Profile on . . . Sara Wilcox, Ph.D.

*Continued from page 8*

My research is focused on two major areas. First, I am interested in factors that facilitate and hinder physical activity in older adults, women, and persons of color. As an example of this research, I recently completed a project funded by the American College of Sports Medicine that examined the correlates of physical activity in older African American and Caucasian women living in rural South Carolina.

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**Profile On. . . Sara Wilcox, Ph.D.***Continued from previous page*

I used both quantitative and qualitative methods in this project. I am currently funded by the Centers for Disease Control and Prevention (CDC) to study a similar question among persons with arthritis. I will be using focus group methods to attempt to understand what differentiates "successful" from "unsuccessful" exercisers, as well as potential outcomes of exercise that are most meaningful to people with arthritis.

My research also focuses on community-based approaches to promoting physical activity and other healthy lifestyles. For example, I am currently funded to develop and implement a program to increase physical activity through the African Methodist Episcopal (AME) churches across South Carolina. The University of South Carolina, the Medical University of South Carolina, and the AME churches of South Carolina are working collaboratively on this community-based participatory project. Although we are focusing on adults in general in this project, we have developed special programs to reach the older and the disabled members of the congregations. There are approximately 500 AME churches in South Carolina, so this has been a truly exciting and challenging program. Recently I have become the Principal Investigator of the Active for Life™ Evaluation, a project funded by The Robert Wood Johnson Foundation (RWJF). The RWJF has funded 9 community organizations across the U.S. to implement two empirically tested and validated physical activity interventions in community settings. Approximately 9,000 older adults will take part in this study over the next four years. At the University of South Carolina, we are conducting both the process and outcome evaluation of Active for Life™ to examine how community

organizations implement these two research protocols into practice and how effective these programs are in increasing physical activity among older adults in community settings. I also participate as a Co-Investigator in our CDC-funded Prevention Research (PRC) Center, whose theme is "Promoting Health through Physical Activity." Finally, although it is not the major focus of my research, I have also continued to work in more "traditional" areas of clinical geropsychology. I am especially interested in the health effects of family caregiving as well as ethnic differences in stress responses to family caregiving.

No two days are the same for me! I generally teach one course in the Fall semester and a second in the Spring semester. I also supervise the research and training of both M.A. and Ph.D. students. A significant portion of my day is spent implementing and overseeing grants and writing manuscripts. There are periods when managing grants and/or writing grant proposals consume most of my days (and nights)! But the thing I love about academics is that these times ebb and flow. I also try to practice what I preach, and since coming to South Carolina, I have run two half marathons on Kiawah Island, SC, and I hope to make this a yearly event. I enjoy being active, and am fortunate to live in a place where I can be active outdoors all year round. Having spent the first 18 years of my life in Wisconsin, I appreciate South Carolina winters! Finally, and very important to me, is my family, which includes my husband, Jeff Schatz (he is on the faculty in the Psychology Department here at USC), and my two cats, Lucy and Frankie.

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## Profile On . . . Sara Wilcox, Ph.D.

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In summary, I want to emphasize that geropsychologists have a great deal to contribute to research, teaching, and practice in the area of health behaviors and public health, but unfortunately, we have often been underrepresented in this research. I encourage students and new graduates who are pursuing clinical geropsychology to keep their options open, and to consider nontraditional settings like public health and exercise science. There continues to be too many misconceptions about what it means to age, and our field has a lot to offer! I'd love to hear from friends, colleagues, or anyone interested in contacting me at [swilcox@sc.edu](mailto:swilcox@sc.edu).

## Eye on Education and Training

*Continued from page 9*

All the interns and fellows carry at least one case in which they conduct IPT. IPT psychotherapy cases are audiotaped, reviewed in supervision, and then discussed in the seminar. Leah Siskin is our resident CBT expert and infuses this therapeutic paradigm into her supervision with trainees, seminars, and her consultation with colleagues.

We have been interested in the impact of geropsychology training and, over the years, have collected pre-post data on externs and interns with and without geropsychology placements. Results of the study were published last year in Professional Psychology: Research and Practice. In brief, we found that psychology trainees (regardless of placement) have a greater interest in providing psychological services to older adults than has been heretofore assumed; that those with

geropsychology placements enter them with a greater interest in geropsychology than those without a placement; and that those with a geropsychology placement sustain their interest throughout the training year as well as acquire knowledge of geropsychology and show evidence of reduced negative stereotyping of older adults.

For those of us affiliated with the geropsychology training programs, it has been richly satisfying to work with trainees. They bring an enthusiasm and dedication to their work with older adults that augers well for the future of mental health services to older adults.

## The Student Voice

*Continued from page 10*

Given that geropsychology is a relatively new specialty area, our greatest contributions as students and eventually as full-fledged psychologists, will be in answering sometimes very simple questions and putting them into application. This is a field of diversity and flexibility and the need for our expertise is growing.

As my tenure as student representative ends, I would like to give thanks to the students and members of 12/II who have made my time as student representative enjoyable and educational! I look forward to continued contact with all of you at future conferences and over e-mail.

\*\*\*\*\*

Congratulations to the following graduate students on their internship placements!  
Carla Arlien, Sheila Baer, Terry Barclay,  
Tara Victor, Alanna Goldstein, Lesley Koven, Jean Powell, Adam Spira, and Brian Yochim

\*\*\*\*\*

The APA Division 12, Section II Board would like to express a special thank you to the following members who made donations along with their membership dues. Your generosity is greatly appreciated and deserves a round of applause!!

Norman Abeles, Catherine Ayers, Susan Cooley, Paul Duberstein, Stanley Friedland, Jerome Gabis, Amber Gum, Mary Harper, Susan Hickman, Greg Hinrichsen, Kevin Jones, Charles Kapotes, Deborah King, Lewis Klebanoff, Bob Knight, Susan Kotler, Mary Lewis, Rocco Marino, Ivan Mensh, Patricia Miller, Ann Morgan, Roy Nelson, Rebecca Nolan, Margaret Norris, Elaine Oxman, Jane Pearson, David Powers, Sara Qualls, Michael Salamon, Daniel Segal, Claren Sheck-Boehler, Gene Shooter, Michael Smyer, Vicky Spradling, Catherine Strong, Clifford Swensen, Yvette Tazeau, Linda Travis, Tara Victor, Betty Welch, Toni Zeiss.

## Clinical Geropsychology at APA's 2003 Convention Paula Hartman-Stein, Ph.D., Chair, Program Committee

### Selected Summary.

Thursday, 8/7/03, 1-2:50 pm; Toronto Convention Centre, Meeting Room 205D/ Metro, Symposium: *Mental Health Service Delivery in long-Term Care Settings*. Co-Chairs: Robert C. Intrieri & Arlene Rosowsky

Friday, 8/8/03, 8-8:50 am; Metro Toronto Convention Centre, Room 717 B. Symposium: *Prevention and treatment of dementia and depression in older adults*. Participants: Forrest Scogin, Ph.D. University of Alabama, Tuscaloosa AL, Robert S. Wilson, Ph.D. Rush Alzheimer's

Disease Center, Chicago IL, Michael Marsiske, Ph.D. University of Florida, Gainesville FL. Chair and Discussant: Paula E. Hartman-Stein, Ph.D., Center for Healthy Aging, private practice, Kent OH.

Friday, 8/8/03, 9-9:50 am; Metro Toronto Convention Centre, Meeting Room, 717 B. Symposium: *Revenue enhancement under Medicare: Coding, documentation, and passing audits*. Chair: Paula E. Hartman-Stein, Ph.D. Participants: James Georgoulakis, Ph.D., APC Advisory Groups, Inc. San Antonio TX, Donna Rasin-Waters, Ph.D., Gerontology Resources, Inc., Brooklyn NY. Discussant: Antonie E. Puente, Ph.D., University of North Carolina at Wilmington, Wilmington NC.

**Award Ceremony: M. Powell Lawton Award for Distinguished Contributions to Clinical Geropsychology**, 8/8/03, 2-2:50 pm; Toronto Convention Centre, Reception Hall 104D. Robert Kastenbaum, Ph.D., Professor Emeritus, Arizona State University, "*Lillian remembers: An episode on Ward 211.*"

**Presidential Address for 12/II:** Victor Molinari, Ph.D., "*Mental Health Interventions in Long Term Care Settings.*" August 8, 2003, 4-4:50 pm, Metro Toronto Convention Centre, Meeting Room 711.

**Section 12/II Business meeting:** Saturday, August 9, 2003, 3-4 pm.

**Section 12/II Executive Bard meeting:** Saturday, August 9, 2003, 4-6:30 p.m.

Jointly sponsored **Social Event for 12/II and Division 20:** Friday evening, August 8, 2003; Dinner and conversation at *Café Sassafras*; 100 Cumberland Street, Yorkville, Toronto, 7:00 pm. We need to know the number of people attending by August 2, 2003. Please RSVP to Paula Hartman-Stein at: [cha@EN.COM](mailto:cha@EN.COM) or call: 330-678-9210.

## Member News:

Virginia Olga B. Emery, Ph.D., Department of Psychiatry, Dartmouth Medical School, has recently published (with Thomas Oxman, M.D.) (Eds.) *Dementia: Presentations, Differential Diagnosis, and Nosology*, Second Edition, Johns Hopkins University Press, 2003. The volume brings together an international group of authors, who have done seminal research, to discuss the spectra of the dementias and explain their overlap, presentations, and differential diagnosis. Alzheimer syndrome, Down syndrome, infarct and noninfarct vascular dementias, depressive dementias, nondepressive pseudodementias, and AIDS dementia are examined from a spectrum perspective. This volume includes new material on neuroimaging, genetics, role of inflammation in Alzheimer syndrome, AIDS dementia, link between depression and dementia, and a critique of current memory models (e.g., episodic memory and semantic memory) and introduction of a new evolutionary memory framework and conceptualization of "retrophylogenesis" in Alzheimer memory.

## Editors' Comments:

**Michelle Gagnon, Psy.D.**  
**Merla Arnold, R.N., Ph.D.**

*This is the last newsletter edition in which I (Michelle Gagnon) will be involved as an editor. I'd like to thank the Division 12, Section II Board members, both past and present. In particular, I'd like to extend my gratitude to past Presidents Bill Haley and Sara Qualls for their guidance, great ideas and helpful input, and I thank current President Vic Molinari for his support and assistance in making this smooth transition of editors. I'd also like to acknowledge Barry Edelstein's help and hard work during his tenure as Secretary. Without his assistance, the newsletters would have never made it to our members! Finally, I thank Merla Arnold for assuming this major task. Dr. Arnold took the helm with this issue, and a sneak preview indicates that she has put tremendous time and effort into this project. It's fabulous! I'm sure that she will continue to shape this newsletter into a more aesthetically pleasing, informative, and timely forum.*

**Robinson, John D., and James, Larry C.** (Eds.), *Diversity in Human Interactions: The Tapestry of America*, Oxford University Press, NY. Publication date: July 11, 2003.

"The authors provide a most intriguing perspective on human differences and the potentially rich contributions of diversity to our society. The individual chapters describe the experiences and collective vision of national leaders within professional psychology, often proffering an extremely valuable historical context for those from different cultures and orientations. Our nation is rapidly changing and the wisdom of Robinson and James provides a highly readable road map for successfully navigating the future."  
 --Pat DeLeon, former President of the American Psychological Association

All Section II members are invited to write to Merla Arnold at [ma159@columbia.edu](mailto:ma159@columbia.edu) with your own *Member News* which can be included in a subsequent Newsletter.

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## Editors' Comments

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I (Merla Arnold) want to thank Dr. Gagnon for her patient tutelage and encouragement during the Newsletter's editorial transition. I hope to carry this Newsletter forward with the kind of attention and dedication Dr. Gagnon displayed during her successful editorship these past three years. The success of this Newsletter is dependent upon an enormous amount of work, help and input from others. Read the columns and articles inside this edition. You'll see what I mean. Working on behalf of Section II is both an honor and a privilege. I offer my thanks to the leadership of Section II for their generosity and for providing me with this opportunity. I hope to live up to the highest of expectations. Toward that end, I need to hear from you at: [ma159@columbia.edu](mailto:ma159@columbia.edu) . So, *Letters to the Editor* are welcome and may be included in subsequent Newsletter editions.

**Give the membership application on the next page to a colleague!  
Share the experience!**

**APA Division 12, Section II: *Clinical Geropsychology*  
NEW MEMBER APPLICATION - 2003**

**Please complete the following information (print clearly or type):**

**Name:** \_\_\_\_\_ **Degree:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

(Note: The Section maintains an e-mail listserve that notifies members of policy updates, job opportunities, and is a resource for communicating with colleagues. New members are automatically added to the listserve. However, if you do NOT wish to be on this e-mail group, please check here \_\_\_\_\_).

**APA Membership Status:**

(You must be a member of APA to join Section II. Section II membership may be Divisional – for Division 12 members – or Affiliate – for non-Division 12 members. Applicants for Student Member status must have their application endorsed by a faculty advisor who is an APA member)

**What is your APA membership status? Please check one:**

- Fellow     Member     Associate     Emeritus (retired member of APA)  
 Student Member (at graduate, internship, or postdoctoral level)  
 Student, not a Member of APA     Non-APA Member

**Are you a member of Division 12 (The Society of Clinical Psychology)?**

- Yes     Yes, as a student     No

**Special Interests within Geropsychology:** (We update our membership directory every few years and we include members' primary areas of interest within geropsychology, as a resource for networking and mentoring.)

**PAYMENT OF DUES:**

**Divisional and Affiliate Member Dues are \$15.00 (U.S.); Student Dues are \$5.00 (U.S.)  
Emeritus Members are dues exempt.**

**2003 Membership Dues enclosed \$ \_\_\_\_\_ (Make your check – in U.S. dollars - payable to APA Division 12, Section II)**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If student, Faculty name (print):** \_\_\_\_\_

**Faculty signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Detach (or copy) and mail this form, along with your check, to:**

Robert C. Intrieri, Ph.D., APA 12-2 Membership Chair  
 Western Illinois University  
 Department of Psychology  
 Macomb, IL 61455-1390  
 email: mfrci@wiu.edu; Phone: (309) 298-1336; Fax: (309) 298-2179



**Clinical Geropsychology News**

Newsletter of Section II, Division 12, APA

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