

Clinical Geropsychology News

Section 2 of the Society of Clinical Psychology

APA Division 12, Section 2

Volume 11, Number 2

INSIDE

President's Column	1
Public Policy Committee	2
Continuing Education Committee	3
CONA & Office on Aging	3
Section 2 Candidates' Statements: President Elect; Treasurer	4
Election Ballot	7
National Coalition on Mental Health and Aging: Meeting Highlights	8
Profile On...Antonette M. Zeiss	8
Eye on Education and Training: Massachusetts School of Professional Psychology	9
Student Voice	10
Consider This: EBT & Older Adults	11
Revamped Section 2 Website	12
Clinical Geropsychology at APA 2004	21
PPC Expert Profile Sheet	22
New Member Application	23

*Published articles do not necessarily represent the official views of Section 2, Division 12, or APA

President's Column: Paula Hartman-Stein, Ph.D.



The first quarter of 2004 has been a very active one in APA's Division 12, Section 2. First and foremost, I am pleased to report that as of mid June we have 309

members, a 29% increase in paid membership from August, 2003. And 48 of our members are new to the organization. The data demonstrate that we have successfully reversed the trend of declining numbers over the last few years! Credit for this positive change is largely due to the hard work and diligence of our Membership Chair, Bob Intriari. Last December Bob and I devised a plan for recruitment and retention of members. It has been very time consuming and tedious for Bob, but the plan has clearly paid off. Bob has done a wonderful job and deserves recognition and our appreciation. Special thanks also go to

Continues on page 13

Public Policy Committee: Update

Donna Rasin-Waters, Ph.D.

PPC Chair, Section 2

Our Public Policy Committee (PPC) has moved forward with several new and exciting projects that I hope will spark interest among our membership. Our state by state network for clinical geropsychology developed for the purpose of distributing information and advocating for mental health services to older adults, is moving along with contacts in Arkansas, Iowa, Ohio, North Carolina, South Carolina, Texas, New Jersey, and New York. Please help us grow this network by sending contacts to DrRasinWaters@aol.com. The information we gather will be disseminated to the APA Offices of Aging and Public Policy.

We will also begin a public education media campaign with the overall goal of educating the public and our legislators about what psychologists who work with older adults do which is unique to our training. We will be using the news service ProfNet. The news service provides a platform for distribution of media leads that will reach 2,000 international media outlets and over 6,000 reporters. The news service will provide us with daily media requests. However, the number of requests that involve geriatric issues in mental health is expected to be small according to Peter Kanaris, PhD, Public Policy Committee member, who has gathered information from the media campaign he has led in New York State. Thus, while we will be responding to the small number of media requests that come to us, the more important part of our public education campaign will involve outreach to the media about geropsychology. Our PPC will be encouraging members to attend training in effective media response and outreach, and will develop materials to assist members in writing media leads. We

will be posting our 12-2 media leads on the new service website in order to garner interest from the media about mental health and older adults. Please become a media volunteer by filling out the expert profile sheet printed in this Newsletter (see page 22). These profiles will be cut and pasted onto the ProfNet website and will thus be available to reporters searching for resources. Completed profiles can be emailed to DrRasinWaters@aol.com or faxed to 718.284.4468.

Our proposed public education media campaign is receiving support from APA. Various staff members will be assisting with training in effective media and legislative contact. We are considering a workshop that will be held at the GSA conference in November and will likely repeat training sessions at APA in 2005. The goal of our public education media campaign is to develop a platform from which we can become more active as a group in legislative issues. I am in the beginning stages of developing ideas with APA staff concerning an increase in our presence at the local and district levels with political representatives to promote geropsychology. In addition, with the assistance of APA we will begin taking a more active role in supporting bills that move through the legislature regarding aging and mental health. Hopefully, these initiatives will prove to be invigorating for our collective membership. Please volunteer. Become involved in the training we organize and learn how to take action with us!

Another initiative that has moved forward in our committee involves the development of a professional education outreach strategy for the invisible gays and lesbians in nursing homes and assisted living settings. Vicki Passman, PhD, PPC

Continues on page 14

Continuing Education Committee: Update

Erlene Rosowsky, Psy.D.
CEC Chair, Section 2

We know well that transitions are accompanied by opportunities for change. Jerome Gabis has replaced me as Chair of the CEC and Norm O'Rourke assumes the task of overseeing our website design and plan; new and exciting developments are underway for 12-2.

Our thinking about how to proceed has been in response to the question of how we might help our members keep up with the field through their continuing education; become more aware of what's being offered in their regions, and know what are the especially outstanding and relevant offerings at APA and GSA.

Our website will be the pivotal center to address our goals for CE. A section of the new website will be devoted specifically to continuing education programs. In addition to an expanded "Conference" section, the intent of this new CE section is to announce programs of interest to geropsychologists across North America. We also will encourage members to report back to the group through the website, regarding programs and presenters that have been excellent; encouraging others to keep an eye open for these and make special effort to attend. The overarching goal then, is to create a relevant and timely 12-2 website.

The dynamic nature of the website will provide us with feedback regarding regional activity, both what is and is not offered, but what should be, suggesting areas for both development and presentation.

All good wishes to Jerome and Norm, and special thanks to Paula for her super work.

APA Committee on Aging and Office on Aging: Update

Deborah DiGilio, MPH,
APA Office on Aging

The APA Committee on Aging (CONA) held its first meeting of 2004 on March 26-28 during the APA Spring Consolidated Meetings. Nancy Coleman, Director of the ABA Commission on Aging and David Powers, APA Liaison to the Commission, met with CONA and the APA Committee on Legal Issues to discuss the Assessment of Capacity in Older Adults Project (see below). Barry Liebowitz, Director of the newly (re) established Aging Treatment and Preventive Interventions Research Branch at NIMH discussed plans for the Branch, as well as the NIH Roadmap Initiative. APA President Diane Halpern discussed her Retired Psychologists Initiative with CONA and APA Past President, Florence Denmark, provided an update on the UN's activities related to ageing.

The APA Policy Office staff briefed CONA on the GPE and other aging policy efforts. CONA is currently advocating for a full-time policy staff person to support the growing presence of APA on the Hill in relation to aging issues. CONA also met with the APA Committee on Disability Issues in Psychology to discuss potential areas of mutual interest. CONA provided input to an array of APA draft resolutions and plans, including Sexual Orientation and Military Service, Families of Incarcerated Offenders, Multicultural Guidelines, Committee on Socioeconomic Status, and Norman Anderson's Points of Emphasis for the Central Office. In addition, CONA began discussions related to a potential new initiative, *A Map to Aging Well*, which would offer guidance in planning for late life challenges, to maximize security and

Continues on page 14

Division 12, Section 2 – Clinical Geropsychology Candidate's Statements President-elect

Robert Intrieri, Ph.D. – APA Division 12, Section 2 has been my “home” in organized psychology since I became a member in 1993. I am pleased and honored to accept the nomination for President-elect of the Section. My qualifications for the position result from experience as a private practitioner, as an educator and researcher, and through leadership positions in community and professional organizations. I have had a role in educating medical professionals about aging, and through local, regional, and national advocacy efforts.

In terms of my educational background, my M.A. is from University of Chicago and Ph.D. is from University of Southern Mississippi (1987). I completed my clinical internship at the Palo Alto Veterans Administration Medical Center and more specifically in the Interdisciplinary Team Training in Geriatrics (ITTG) component of the internship setting. ITTG interns are required to do at least 50 percent of their rotations in Geriatric related service delivery settings. I received additional education and training through a Postdoctoral Fellowship at the Pennsylvania State University in Research in Mental Health and Aging.

I have been committed to providing consultation to agencies that deliver programs and services to older adults throughout my career as a professional psychologist. For example, I worked closely with Area Agencies on Aging in both Pennsylvania and Illinois. I have provided assessment and treatment services to indigent older people at a reduced rate or

Gregory M. Martino, Ph.D. –

My Vision: My vision for Division 12, Section 2 is to follow through with the current direction of studying the membership to better understand our members' backgrounds and interests. This would assist in focusing the Division's efforts in maintaining and building upon excellence in providing psychological care to our senior population. Understanding the concerns of our rank and file will aid in directing resources toward those issues that regularly impact our practice, such as reimbursement of services, erosion of our professional identity, and the marginalization of psychological services in light of recent government subsidies to the pharmaceutical industry.

Another area in need of attention is forging alliances with like-minded organizations to provide us with an opportunity to demonstrate our unique expertise as Geropsychologists and be viewed as necessary providers within the healthcare arena. A membership aligned with organizations having similar goals will be poised to better protect its own interests and hold a stronger position in the future care of our seniors, which eventually, will be ourselves.

I would very much like to lead a progressive organization that is dedicated to the care of older adults and their families. The breadth and depth of my clinical experiences have prepared me well for this endeavor, and I am eager to steward Division 12, Section 2 into new horizons.

Continues on page 6

Continues on page 6

Division 12, Section 2, Clinical Geropsychology
Candidates' Statements
Treasurer

Jon Rose, Ph.D. - I received my doctorate in Clinical Psychology from the Older Adult specialty track at Northwestern University. I came to the Palo Alto VA as an Intern in 1985 and have been there since, first as coordinator of a longitudinal study of caregiving, and then as a Staff Psychologist. Currently, I serve as Director and Psychologist of G-VICTORS (a home-based rehabilitation program for geriatric veterans with severe visual impairment), Psychologist for the Spinal Cord Injury Outpatient Clinic, and Director of Postdoctoral Training in Geropsychology. I joined GSA in 1982 and successfully advocated to eliminate fees for using articles in the Society's journals in the classroom. (The fees generated little income after administrative expenses and discouraged faculty from using new material in class due to the hassle of obtaining copy-write releases.) I am one of the original members of Section 2, and value my collegial relationships with many of you on the listserv. I served as Membership Chair of The Association for the Development of the Person Centered Approach for 4 years, and Editor of The Person-Centered Journal for 4 years. I have published articles on caregiving, psychotherapy, assessment, and empathy. My private practice has kept me aware of issues concerning Medicare reimbursement and treatment guidelines. I helped design the older adult specialty track for the Master's program in Counseling at San Francisco State University, and taught there for many years. I am currently on the affiliated faculty of the Stanford University Geriatric Education Center.

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Steven Sohnle, Psy.D., ABPP - Steve graduated with his Doctor of Psychology degree from Chicago School of Professional Psychology in 1999. He then completed a postdoctoral fellowship in Geropsychology under the mentorship of Lee Hyer, Ed.D., ABPP at Robert Wood Johnson Medical School, University of Medicine and Dentistry of New Jersey, where he has since joined the faculty in the Division of Geriatric Psychiatry. Presently, he supervises two outpatient clinics including a dementia diagnostic/management clinic and a clinic for patients with serious and persistent mental illness. He is the Assistant Director for the Clinical Psychology Internship Program and provides supervision for interns, particularly with geriatric cases. Steve also conducts or supervises neuropsychological testing for the dementia clinics and the Huntington's disease clinic. He has presented posters and/or symposia on aging issues at each APA and GSA meeting since 2000 and has published a variety of articles on aging related topics and co-authored the book "Trauma Among Older People" with Lee Hyer. He has served as the Treasurer and a member of the Executive Board for Psychologists in Long Term Care (PLTC), since 2001. Last year, he chaired a committee of Division 12-Section 2 to explore the possibility of establishing geropsychology board certification with the American Board of Professional Psychology (ABPP). In addition, he served on the committee to create a mission statement and other necessary documents to upgrade the status of the GSA special interest group Mental Health Practice and Aging from an "informal" to "formal" interest group.

Candidates' Statement: R. Intrieri President-elect, Section 2

Continued from page 4

pro bono. I have recently held a position on the Policy Board for a local Area Agency on Aging and have actively consulted with the Retired Senior Volunteer Program (RSVP) of Eastern Iowa and Western Illinois. My professional service includes involvement in Division 20, Adult Development and Aging, Division 12, Section 2, as a member of the PPC and as Membership Chair, and in Psychologists in Long-Term Care (PLTC). I have held a position on the Editorial Board of The Gerontologist, for the last 8 years. I have been active in the Gerontological Society of America in various capacities, and through committee membership in the Behavioral and Social Sciences section. I am an Associate Professor of Psychology & Gerontology at Western Illinois University.

If elected, I will strive continue to make the Section more relevant for clinicians and educators, improve the transmission of information from APA and other sources to the Geropsychology community, and I will work to establish more effective collaboration between 12-2 and other APA offices. I hope you will support me for President-elect.

Candidates' Statement: J. Rose Treasurer, Section 2

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I am honored to accept the nomination for Treasurer of Section 2. If elected, I will keep careful and accurate records and keep the Board informed regarding our savings and cash flow. I will enjoy the opportunity to productively contribute to Board and Section activities and to collaborate with members toward growing our membership and advocating for geropsychology.

Candidates' Statement: G. Martino President-elect, Section 2

Continued from page 4

My Background: I received my doctoral degree in Clinical Psychology from the University of Arizona where my efforts focused on the integration of Behavioral Medicine and Neuropsychology with a senior population. I have also completed a post-doctoral program in Clinical Geropsychology at the John L. McClellan Memorial Veterans Hospital, a program affiliated with the University of Arkansas for Medical Sciences with the Division on Aging.

My professional experience began as an officer in the United States Air Force, serving as the Assistant Chief of the Mental Health Clinic, Dover Air Force Base. I managed a staff of 20 professionals who served a 10,000-person beneficiary area and established JCAHO accreditation for the Substance Abuse Program. I began my civilian practice as the Geropsychologist on staff at the Center for Geropsychiatric Medicine within the DuBois Regional Medical Center. There I was responsible for patient care within the hospital to include the Med/Surg areas; Rehabilitation Unit, Inpatient Psychiatric Unit, and Outpatient Service; also, I provided psychological services to nursing homes. Currently, I am in private practice and provide consultation services to an inpatient rehabilitation unit, long-term care establishments, and assisted living facilities.

My professional memberships include the APA; APA Division 12, Clinical Psychology; APA Division 12, Section 2, Clinical Geropsychology; APA Division 40, Clinical Neuropsychology; APA Division 42, Psychologists in Independent Practice; Psychologists in Long-Term Care; and the National Academy of Neuropsychology.



Clinical Geropsychology, APA's Division 12, Section 2

ELECTION BALLOT FOR SECTION 2 OFFICERS

Choose one candidate for each position.

President-elect: The President shall preside at all meetings, shall be the Chair of the Board of Directors, and shall perform all other usual duties of a presiding officer. The office of President has a 1-year term, but with obligations that span 4 years, including Program Chair while President-elect, Elections Chair while Past-President, and Chair of the Committee on Nominations & Elections while Past-Past President.

ROBERT INTRIERI, PH.D.

GREGORY M. MARTINO, PH.D.

Treasurer: The Treasurer 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. The term is for 3 years: the beginning of 2005 through the end of 2007.

JON ROSE, PH.D.

STEVEN SOHNLE, PSY.D., ABPP

Mail, email or fax your vote **no later than July 25th** to the Section 2 Nominations and Elections Committee Chair: Victor Molinari, Ph.D., ABPP

Dept. of Aging & Mental Health
 Louis de la Parte Florida Mental Health Institute,
 University of South Florida
 13301 Bruce B. Downs Blvd.
 Tampa, Florida 33612-3899
 FAX (813) 974-1968;
 Email: vmolinari@fmhi.usf.edu

**National Coalition on
Mental Health and Aging:
June 2004 Meeting Highlights
David Powers, 12-2 and PLTC
Representative to NCMHA**

The National Coalition on Aging (NCA) is a group of over 50 provider and consumer organizations, as well as liaisons from state and federal government agencies, who monitor and respond to aging mental health issues. While very few bills are going before Congress this session due to the elections, there are a few of interest to geropsychologists. The mental health parity bill (aka the *Wellstone Act*) is expected to go before Congress within the next two weeks. A bipartisan group including Senators Clinton, Collins, and Breaux will be introducing the *Positive Aging Act*. APA is continuing to work enthusiastically to have language supportive of the critical services psychology provides to older adults included in the bill. Senator Breaux is also re-introducing his *Elder Justice Act*, which focuses on research and preventative measures for elder abuse. Senator Kennedy is introducing the *Healthy Families Act*, which would provide family leave time for caregivers who need it to manage their care recipient's health care.

NCMHA began developing a plan for participation in the recently-announced 2005 White House Conference on Aging, the date for which has not yet been set. At the state level, Tennessee has developed a new Medicaid waiver application which makes it very difficult to show medical necessity, and health care interests are watching this legislation closely. The NCA will be hosting a new web site starting in July, www.accesstobenefits.org. Older adults will be able to enter their prescriptions into the site and it will help determine which Medicare prescription plan will be the best for them.

Profile on...

**Antonette M. Zeiss, Ph.D.
Clinical Coordinator & Director of
Training, Psychology Service**

I was born in 1944 and grew up in Santa Cruz, California in the 1940s, 50s, and 60s; this was not an easy time to be a girl with career aspirations, as Margie Norris discussed eloquently in her profile in the last *Clinical Geropsychology News*. And although California was perhaps a little easier, it did not seem so at the time. One of the memories that I hold onto, as symbolic of the attitudes and actions I and other female friends faced, occurred when I was in the fourth grade. As the designated "smartest girl" I was asked to work with the designated "smartest boy" to produce an essay on Easter to be presented at a school assembly. The arrangement was that I would write the essay, and he would read it at the assembly! Although even then I knew there was something strange and not quite right about this, almost no one else seemed to see it as at all unusual. I do remember loving the process of writing the essay. As a quick aside – Easter falls each year on the first Sunday after the first full moon after March 21, the Spring solstice. This struck me even in fourth grade as interesting, in that it seems so tied to pre-Christian Celtic year cycles. It took my daughter to point out to me where the word Easter comes from – Oestra (try it out loud), the goddess of fertility and spring renewal (hence the derivation of the word estrus – and one reason why all the eggs and bunnies are part of the Easter symbolism).

How does this relate to eventually finding my way to Clinical Geropsychology? The clearest link for me was that the one person who recognized my dilemma and who supported and encouraged

Continues on page 16

Eye on Education and Training: Massachusetts School of Professional Psychology

Erlene Rosowsky, Psy.D.

I've been working in the field of mental health and aging for more than thirty-five years (Gasp! How could that be?). After raising a family, juggling career and domestic responsibilities, I returned to school to earn a Psy.D. degree and then completed a 2-year NIMH post-doc in geropsychology through Harvard Medical School. I never left the system after that but just branched out in interesting ways.

My degree was from the Massachusetts School of Professional Psychology (MSPP). Since it appeared that I knew something about aging, and was interested in continuing to work with older adults, Robert Kegan (who taught at both MSPP and Harvard) asked me in the 1980's if I would take on one class within the first year developmental module to teach students everything they needed to know about clinical geropsychology in three hours, minus ten minutes for a coffee break. Talk about feeling challenged and responsible! This perhaps was the genesis of a vision for a center dedicated to the education, training and encouragement of mental health practitioners willing to provide services to older adults. And visions being inherently boundless, mine also grew to include a community piece; to in some way be able to leverage the expertise of professionals in support of those in the community who are naturally in position to help older adults and to identify those who might be in trouble.

The first step in moving the vision from virtual to real was to introduce and develop a clinical geropsychology course at the School. This has now been offered for the past thirteen summers, and has

developed into an exciting and highly valued course, opened to matriculating students and mental health professionals. The mixture of these student populations has been a teaching challenge, but clearly one that has enriched the course tremendously for both the participants and their teacher.

MSPP has, over the past more than twenty years, developed into the largest continuing education program for mental health and ancillary professionals in New England. It has evolved into a dynamic center for professionals to re-tool and update their skills, and earn the credits required to maintain their professional license. My next step was to increase the gero-presence within the CE program; offering more relevant courses and greater quality control of the instructors. The Boston area is not lacking in educators in any domain, so we've been able to cultivate a fine roster of educators and trainers over the years. Three years ago we implemented a Mental Health and Aging Track (MHAT). The MHAT offers an education and training 'menu' of a minimum of 18 CE credits per semester identifying a focus in mental health and aging. The offerings are relevant to professionals from multiple disciplines, reflecting our attendees (about 40% of whom are clinical social workers), and is also consistent with the position that services to older adults are inherently multi-disciplinary. This semester, for example, the MHAT included courses on dementia, themes in psychotherapy, depression, aggression, living with dying, delirium, and adjustment disorders. The courses run for a half-day (three hours), full day (six hours), and occasionally two days.

Nearly two years ago the Center for Mental Health and Aging was launched at MSPP and I became its founding Director. The Center was established as a home base for those mental health professionals in the area who want to expand their knowledge

Continues on page 19

The Student Voice: Exploring the World of Mentoring Laura Phillips, M.A. Student Representative, Section 2

I recently attended the Southern Gerontological Society's annual meeting which was held in conjunction with a mentoring conference. This conference was unique because it examined different philosophies and styles of mentorship among different programs in gerontology and was the inspiration for this article. Prior to this conference I hadn't given much thought to the concept of mentoring... it was just something that seemed to happen. Looking back on this I find it ironic that I believed mentoring was so simple. As a result of this conference I have begun to realize the different styles of mentoring that exist, and the infinite variations possible between a student and a faculty member.

It was from this conference I realized how important it is to have an open dialogue between the student and faculty member. In some cases students are more interested in having an "advisor" which I have come to define as someone who helps them progress through the program of study and offers information or advice when asked. My definition of a "mentor" is a faculty member (or other professional) who has much more invested in the success of the student and is consequently involved on several different levels throughout the student's professional development. This person often has similar research interests, or a similar career that the student is interested in pursuing.

Beginning as a graduate student I thought I knew exactly the type of research I wanted to work on and what career I wanted to have. I also believed I had a good grasp of what it took to get there. Looking back now, I laugh at how simplistically I saw "my path." Since starting school I have been

exposed to a large variety of experiences and different styles of research, teaching, and even therapy. As a result, I've found myself questioning where I wanted to "end up." Fortunately my mentor, Dr. Allen, has been willing to bend with me to help me explore my areas of interest to find the best match.

Over time, Dr. Allen and I have learned to mesh her expertise with my areas of interest quite nicely. I would like to share with you our most recent project, "CAPS: Care Alternatives in the Prison System" as an illustration of the blending of a student's interest and faculty member's expertise. CAPS was conceived out of my interest in the criminal mind and Dr. Allen's expertise in end-of-life care. This project aims to understand what factors influence prisoners' preferences for end-of-life medical treatment. Specifically, we believe that spirituality/religiosity, impulsivity, mental/physical well-being, and attitudes towards death will influence which life-sustaining measures they desire – if any. In addition to quantitative data we are also collecting qualitative data regarding their belief they have choices about their medical care and the quality of the care and changes they have seen since being incarcerated and how being incarcerated alters the medical choices they would make.

I hope that this brief article has inspired any students or advisor/mentors to think about what they desire from their mentoring relationships and encourage them to have an open discussion about expectations and goals of the mentoring relationship. I also would like to encourage students to recognize there is a lot more to a mentoring relationship than often first comes to mind. While I can share my personal experiences and what I've learned during my years in graduate school, I am far from being an expert on mentorship. As a result, I would like to encourage those of

Continues on page 20

Consider This: Evidence-Based Treatments and the Older Adult

Evidence-based treatments (EBT).

These three words can stir lively debate (perhaps as much as prescription privileges). Our geropsychology community can gain much from this discussion and most importantly, can contribute much to it. Obtaining information about EBT was ranked among the top 3 benefits of Section 2 membership (see President's Column, this edition).

The *Clinical Geropsychology News* invited Forrest Scogin, Ph.D. to open this discussion for the Section 2 membership.

Forrest Scogin, Ph.D. and Adriana Coates, B.A.

There exists a need to identify psychological interventions for older adults that have a scientific evidence base. This information is important for practitioners, legislators, scientists and consumers. For example, support for legislation to create services for older adults is buttressed by strong evidence that treatments reliably work in the way intended. Efforts to catalog evidence-based treatments for psychological treatments have been underway for a number of years (Chambless; Gatz).

Following approval of the 12-2 Executive Board, a committee was formed to undertake a review of the evidence-based literature pertaining to older adults. The committee aims to identify, based on criteria developed by an earlier Division 12 taskforce chaired by John Weisz, Ph.D., that such interventions do work, and that, in several cases, practitioners and clients have several treatment options to choose from. Identifying such treatments may help remedy the apparent under use of psychological interventions for older adults. The studies examined to determine whether

or not particular treatments are evidence based include not only those showing beneficial effects of the tested treatment, but also any study showing that the treatment has harmful or null effects.

The committee to identify evidence based treatments for older adults is comprised of several teams covering several topics including anxiety (Julie Wetherell, Ph.D.), sleep disorders (Sue McCurry, Ph.D.), behavior problems in dementia (Linda Teri, Ph.D.), caregiver stress/interventions (Dolores Gallagher-Thompson, Ph.D.), memory training (George Rebok, Ph.D.), and depression (Forrest Scogin, Ph.D.). To date, several hundred articles have been reviewed and a variety of treatments for disorders in older adults have been categorized as evidence based. Results from the depression review team were presented at the 2002 APA convention.

Results from several of the committee members will be presented at this year's APA conference. Their reviews will cover studies from peer reviewed journals up to Jan. 2004.

The *Clinical Geropsychology News* welcomes readers' thoughts and opinions with respect to this important topic. Please send these to ma159@columbia.edu.

All Section 2 members are invited to write to Merla Arnold at ma159@columbia.edu with *Member News* (your own, or someone you know) which can be included in a subsequent *Clinical Geropsychology News*.

Revamped Section 2 Website Prepares to Enter Cyberspace

**Norm O'Rourke, Ph.D., R.Psych.,
Website Coordinator, Section 2**

Organizations are increasingly aware that members require value for money. With this in mind, 12-2 is undertaking a major overhaul of the Section's website to better serve our collective interests. First, let me express appreciation to Becky Allen and her colleagues at the University of Alabama (Tuscaloosa) for developing, hosting, and maintaining the previous website. Henceforth, the website will be hosted by the Gerontology Research Centre at Simon Fraser University (Vancouver, BC), with me as the Website Coordinator.

Given that this move entails relocation to yet another server, the decision was made to obtain and secure a dedicated domain name. Once completed, <http://www.geropsych.org> will become the Section's permanent web address. The rationale here was twofold: one, this URL is much easier to remember than http://www.sfu.ca/~clinger/apa12_2/; also, we intend to maintain this address if and when the website moves to another university's server at some future point.

Another change in the works will allow new and current members to apply for and renew memberships online. And though this information will be encrypted for added security, a PDF version of the form will be downloadable for those uncomfortable with giving credit card information via the web. We also intend to have current and past newsletters available at the site, a 'Members Only' area (password protected), information and feedback regarding various CE programs, employment, postdoctoral, and consulting/contract position postings online.

Many of these initiatives are intended to enable the Section to function

more cost effectively. For instance, the ability to access and download membership application/renewal forms will significantly reduce postage costs - the Section's single largest operating expense at present. We expect that the costs associated with this website overhaul will be covered by operating cost savings within a year.

More importantly, the 12-2 revamped website is intended to more fully meet the needs of members. Opportunities to access and disseminate up-to-date information are becoming more critical as geropsychology makes further strides as a recognized sub-discipline.

Please contact me at:

ORourke@sfu.ca if you have other ideas how the website can be further improved. Otherwise, feel free to bookmark <http://www.geropsych.org>; you will be advised once we're up and running later this summer!

VeriCare is a national provider of mental health services, primarily to long term care facilities. After 13 years, it has become the largest such service with over 900 client facilities. VeriCare employs over 250 psychologists, psychiatrists, social workers, and advanced practice nurses in California, Texas, Pennsylvania, Delaware, New Jersey, and Florida.



Attending to America's mental health needs in long term care since 1991

For more information about our services and career opportunities, please contact our Recruiting Department at 800.257.8715 Ext. 146 or visit our website at www.vericare.com

President's Column

Continued from page 1

Donna Rasin-Waters who recruited a significant number of new members from New York and Vic Molinari, whose name comes up quite frequently from current and former students, who have joined. Thanks also to several new members who hail from the ranks of the Ohio Psychological Association.

On-line survey: In February we reached out to the grassroots of psychologists who work with older adults in any capacity, both members of our Section and non-members, through an online questionnaire placed on several APA and state association listservs. During the Conversation Hour on Thursday of the APA convention in Hawaii, I will provide a full report of the results and brainstorm ways we can implement the ideas. The following are some highlights of the results:

Our sample consisted of 325 respondents who completed the entire survey and another 145 answered parts of the questionnaire. About 60% of our original 240 members participated in the survey with half of the non-members who answered the survey expressing interest in joining. The majority of the respondents were not members of the Section. Over half (56%) of the respondents directly provide psychological services to older adults, and one third of the respondents conduct research in gerontology or a related field.

The top three current membership benefits of 12-2 ranked the most valuable in descending order are: 1. means to become acquainted with other psychologists with the same interests; 2. participation on the listserv, specifically as a source of information about clinical problems; and 3. means to obtain information about evidence-based research for mental health treatment of older adults.

The top three potential future benefits are: 1. regional or online geropsychology CE programs sponsored by the Section; 2. access to a website that informs members of any geropsychology and related CE programs offered throughout the country; and, 3. an opportunity to be listed on a network of experts available for consultation on clinical, business, or research issues.

New website with CE section: I am pleased to announce we are responding fairly rapidly to one of the top three requested new benefits for members by adding to our newly designed website a section on CE programs in geropsychology offered throughout the country. With regret I recently accepted the resignation of our former CE Chair, Erlene Rosowsky, and have just appointed a new Chair, Jerome Gabis, from Cincinnati Ohio. Jerome has been involved with CE programming in geropsychology for the Ohio Psychological Association so his skills and interests will simply expand with this new position. And, as you can read in the Newsletter, 12-2 has a new website and address that one of our Canadian members, Norm O'Rourke, has been busy organizing. I look forward to the new look and feel of our revised website. Later in the year we will explore how we can respond to regional and possible online CE requests from the grassroots out there.

Public Policy: Also in this Newsletter is an update from our Public Policy Chair, Donna Rasin-Waters. One of her initiatives involves organizing a list of members who wish to be involved with media interviews, a step perhaps toward forming a network of experts in specific aspects of geropsychology that many psychologists see as a desirable benefit in 12-2. Please read Donna's column to learn about other exciting initiatives that have begun.

Continues on next page

President's Column

Continued from previous page

Practice guidelines: In case you have not seen the 2004 May-June edition of *The American Psychologist*, I want to point out a landmark publication of practice guidelines for work with older adults. This set of guidelines is due to the work of many members of our Section over the past ten plus years, with special recognition going to George Mederehe, whose persistence, perseverance, and writing and editing skills were the main factors in its completion and eventual acceptance by APA. Take a bow, George.

APA convention: Barry Edelstein has organized an outstanding set of symposia and other offerings at the convention coming up this summer. I hope many of you can combine educational opportunities with an exotic vacation for the whole family at this year's APA convention in Honolulu. It is not too late to sign up, and you may be able to find some better airfare/hotel prices with last minute bookings.

I hope to meet many of our members, including some of you who have just joined, at the APA convention in July or at our next official meeting site, Washington DC, in late November for the Gerontological Society of America meetings.

Thank you for all of your interest, volunteer work, and monetary contributions for enhancing the profession of geropsychology. Please continue to write to me so I may know more of you who have recently become members.

Aloha, Paula Hartman-Stein.

Email: cha@en.com

**Give the Section II Membership
Application on page 23
to a colleague!
Share the experience!**

Public Policy Update

Continued from page 2

member, evolved this topic out of her clinical experiences in these settings. We have made a connection with Division 44 (Society for the Psychological Study of Lesbian, Gay and Bisexual Issues) and discovered that they recently formed a PPC on Aging Issues. We hope to join resources with them concerning this initiative. Any members who would like to join this effort are welcome. Please contact Vicki Passman at vpass@nyc.rr.com.

APA Committee on Aging and APA Office on Aging Update

Continued from page 3

satisfaction in the later years. CONA selected Gregory Hinrichsen as its chair-elect. CONA will next meet during the APA Fall Consolidated Meetings on October 1-3.

Individuals interested in serving on CONA should note that we are currently seeking nominations for two new members to serve three-year terms beginning January 2005. Members are required to attend two committee meetings each year in Washington, DC, participate in bi-monthly conference calls, work on Committee priorities between meetings, provide consultation to APA Office on Aging staff, and participate in policy advocacy activities. The Call can be found on the APA Office on the Aging website, www.apa.org/pi/aging. Deadline for nominations is **September 1st**.

Progress has occurred on a number of initiatives described in 12-2's last *Clinical Geropsychology News*. In August 2003, the APA Office on Aging received a grant from the Retirement Research Foundation to develop materials to highlight the contributions of psychology to the health

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APA Committee on Aging and APA Office on Aging Update

Continued from previous page

and well being of older adults. The first product, a brochure targeting policy makers and health and aging organizations, *Psychologists Make a Significant Difference: Psychology and Aging*, is now available! A second set of materials targeting undergraduate psychology students to promote geropsychology as a career option is nearly complete. A poster & fact sheet highlighting opportunities for education, practice and research in geropsychology (including a link to 12-2's website) will be mailed to academic institutions in August. All materials will be available on the Office on Aging website. If you would like to a copy of the brochure, contact Wanda Franklin, (see below). At the outset, we need to limit the number of brochures to a maximum of three per person, as we are unsure of the additional demand from the target audience.

The APA/ABA Assessment of Capacity in Older Adults Project has completed its first product, a draft document *Considerations in the Preliminary Determination of Capacity in Older Adults: A Guide for Attorneys*. Feedback received on the draft has been very positive. The APA Committee on Legal Issues (COLI) noted that the document would be immensely and immediately useful to attorneys as it is an issue often faced in practice and an increasingly important area for legal education. The draft was sent to CONA's liaisons from Divisions 20, 22, 40, and 12, Section 2 for review and is currently undergoing another round of editing (Thanks, Jenny Moye!). It will undergo further review by ABA-sponsored focus groups of practicing attorneys. There are two opportunities for you to learn more and provide input on the project's future are available. *Assessment of Capacity in Older*

Adults: Psychological and Legal Perspectives will be the topic of discussion at this year's CONA Conversation Hour at Convention. Project members Jennifer Moye and Charles Sabatino, Associate Director of the ABA Commission on Law and Aging will lead the discussion. This *Conversation Hour* will be held on *Thursday, July 29, 3:00-4:30 p.m. in South Pacific Ballroom IV, Seventh Floor-Mid-Pacific Conference Center, Hilton Hawaiian Village Beach Resort & Spa*. Refreshments will be served. All are welcome. Please e-mail wfranklin@apa.org, if you'd like to attend. In addition, a symposium, *Assessment of Capacity in Older Adults: An APA-ABA Collaboration* will be held on *Friday, July 30th from 8:00-9:50 a.m.* will describe the state-of-affairs of capacity in older adults from the legal & psychological perspective as well as the recommendations for actions steps that emerged from the two APA/ABA meetings held in 2003.

Participants include Gregory Hinrichsen and Leonard Poon (convenors), Jennifer Moye, David Powers, Charles Sabatino & COLI's chair, Robert T. Kinscherff (discussant). Also, related to the APA Convention, the Office on Aging will once again distribute a compilation of all aging sessions. It will be sent electronically to those interested prior to convention and also be available at the Public Interest Directorate booth.

In closing, I'd like to remind everyone of a year-old product - an "oldie but goodie" - the Medicare Local Medical Review Policy Toolkit. If you are interested in becoming more involved in the LCD (formerly LMRPs) development process, you can find helpful information in the Toolkit at www.apa.org/pi/aging/lmrp. For more information: Deborah DiGilio, Office on Aging, ddigilio@apa.org, 202-336-6135; Wanda Franklin, Office on Aging, wfranklin@apa.org, 202-336-6046. Office on Aging web page www.apa.org/pi/aging - Check it out - lots of information!

Profile On... Antonette Zeiss

Continued from page 8

me in the experience above and many, many others as I grew up, was my maternal grandfather. This wonderful man helped me feel, as far back as I can remember, loved and recognized. He was losing vision, and from the time I learned to read, I would spend time sitting and reading the newspaper to him. We talked about books, music, history, gardening, current events – anything and everything. I know that it is common lore that many of us in Geropsych had such a meaningful relationship with a grandparent. I've always wondered if that actually differentiates us from others who aren't Geropsychologists – I hope and believe there are lots of other people out there who have had such nurturing, generative relationships. But I definitely fit the lore; the lessons of my relationship with him are with me all the time; and each older adult I meet and work with seems to me a potential source of dialogue that at best could be a mutually enhancing experience.

Despite this background, I am one of the many Clinical Geropsychologists, especially of my age cohort, who did not set out with this as a career goal. In fact, I never knew this could be a career path until well after I had received my Ph.D. in Clinical Psychology in 1977 from the University of Oregon. Yet looking back, it seems this was not only natural but inevitable as the career I would embrace. I did set out to be a psychologist, although how that came to be is a mystery to me. There was no Psychology course in my high school (perhaps any high schools in my era, graduating in 1962). I remember reading "Three Faces of Eve" (on a couch at my grandparents' home) and being totally fascinated. Again an aside – one of my most exciting times at AABT was a few years ago when I got to meet the actual Eve and got to talk with her at some length, after an invited

address she gave there. In high school, in each science class I had, I would negotiate with my teacher to be able to write my paper on a psychology-related topic. For example, in Chemistry, I did a term paper on tranquilizers – rather new on the scene at that time so one really could do a high school paper and cover the topic. In Physics, my teacher let me do a paper on an experiment that involved rats and mazes (and even gave me an A on it). Inexplicably – but remember I had no Psych course – I checked out books by Freud and William James to prepare myself for this experiment. My course was set – loved James, got very riled up by Freud. I also did finally find some Scientific American articles that led me more readily to understand how to design a simple experiment.

I also had been urged to aspire to go to Stanford, by my paternal grandmother, who had graduated from there in 1913. My paternal grandfather also graduated from Stanford, but I knew him little, as he died when I was in first grade. This grandmother took me to visit Stanford as a child, told me stories about it, and spoke in future terms about the time when I would certainly be there. This was incongruous in many ways. My family was working class, none of my teachers spoke about aspirations for more than "college" generically, and Stanford still only accepted 10% of its class as women. Without high school counselor guidance, I foolishly applied only to Stanford, and every once in a while I have a panic pang thinking about what might have happened and where I would be now if I had not been accepted! But I did go, and I started taking Psychology courses in my first year, against the school's guidelines for adding courses to a fairly scripted freshman schedule. I didn't know that Stanford had the top rated Psychology program in the country – I was there for different reasons, but great luck put me in the place I wanted to be, doing the work I

Continues on next page

Profile On... Antonette Zeiss

Continued from previous page

wanted to do, with incredible faculty. I joined Walter Mischel's graduate research group as a sophomore and would be unable to sleep after those meeting at his home, because of the excitement of the ideas I was exposed to and the incredible grad students I met.

When I graduated, I stayed at Stanford and went to work with Walter and Al Bandura. Most of the research I was doing was with preschool kids; that work was tremendously intellectually satisfying, but not emotionally satisfying. I didn't know alternatives then. I also worked for the first year, on an almost daily basis, on Walter's book, Personality and Assessment – offering editing suggestions, doing lit searches for various sections, etc. What an education! Although I had not applied for grad school (for the wrong reason – a bad first marriage that kept me at Stanford), I felt like a grad student often. I took advanced statistics courses, grad courses from Walter and Daryl Bem, went to grad student research meetings, etc. And along the way my life changed. My father died, unexpectedly and tragically, as a result of a motor vehicle accident. My mother, my brothers, and I were asked to decide whether to take him off life support – while he was physically not hurt except for profound brain damage. Before then I had assumed that such a decision would be simple – of course it would be time to let go. It's not so easy when it's someone you love, who two days before was out hiking and rejoicing in life. We didn't decide; he was removed from life support and died quickly, on the first day we weren't there the whole day. I think this, too, has played a huge role in my interests in advocating for older adults and working with patients and families facing major life changes and life decisions.

The silver lining of this event was that I took a look at how unhappy my personal life was, as compared to how much I loved the professional things I was doing, and I began to move out of the marriage. I also met Bob Zeiss, my husband and love of my life, and found my way back to a path where I had a partner who would support me in reaching my goals, as I supported him in reaching his. He was doing two years of alternate service as a conscientious objector, after having been accepted for graduate school at Oregon and having them offer to hold his acceptance for the year when he finished service. I repeated my reckless ways by only applying to graduate school at Oregon. Again I was lucky and got accepted, and had a great experience. My mentor there was Peter Lewinsohn, and my emphasis was on depression research and clinical work. In the process of doing that, I worked with several older adults, and I worked with people who were better defined as bereaved than depressed. I loved this work and tried to learn all I could, including by designing and teaching an undergraduate class on life stresses across the life span, with an emphasis on older adults. I also did bereavement work on internship. More sadly on internship, I saw the outcomes of a lifetime of institutionalization for older adults who had been hospitalized with mental health issues earlier in adulthood. I am so glad we have better models now and a greater understanding of what old age can be like for those with serious mental illness, but who have been able to live in their communities and to sustain relationships and often work.

After internship, in 1977, I took a faculty position at Arizona State University in the Clinical Psychology program, still thinking of myself as a depression researcher rather than a geropsychologist. The depression interest led me to clinical work with older adults from Sun City, just

Continues on next page

Profile On... Antonette Zeiss

Continued from previous page

outside of Tempe, and ever growing recognition of how engaged I felt by this work. My interests in treatment of sexual dysfunction also were engaged by work with these older adults, as they sought treatment to sustain that important aspect of life quality. The difficult thing in my life was feeling too far from Santa Cruz, the ocean, redwood trees, and the diversity and political climate in California. With my husband's blessing, I leapt at the chance for a visiting year as Assistant Professor in the Psychology Department at Stanford, of course with my husband and daughter coming along. Bob got a job at VA Palo Alto, and I resigned my ASU job and looked for work.

Luck was with me again – Larry Thompson and Dolores Gallagher-Thompson were running their first study of treatment of depression in older adults at VA, Palo Alto, and I signed on as one of the therapists. Through them, I came to the community of Clinical Geropsychology at last – the place I had been looking for since graduate school. They were deeply generous and helpful as I sought my place in that community, and they are treasured colleagues and friends. I also took on some intern supervision, and the first intern I supervised was Sara Qualls. What a gift for me, to have an intern of such depth of knowledge, feeling, and understanding about older adults! I know that I learned more from her than she did from me, and I am thrilled to see how her career has thrived. Within a year of starting to work on Larry and Dolores's research project, I took a job (formerly held by Dolores) as Director of the Interdisciplinary Team Training in Geriatrics program at the VA, with Dolores's support and mentoring. In that job, I discovered another professional passion and community – i.e.,

interdisciplinary health care. The fit between my passion for Geropsych and for interdisciplinary teamwork has been wonderful for me; each enriches and informs the other.

I directed the team program from 1982 until 1996, when I became the Training Director and Clinical Coordinator for Psychology Service. I still do some clinical work with older adults and I still do a tiny amount of research (more now with sexuality and aging than with depression), but most of my work is administration and training. We have a strong Clinical Geropsychology training program at the practicum, internship, and postdoc levels, and I get great pleasure out of nurturing those programs and the talented staff and trainees in them.

Along the way, I also have spent time in various professional organizations and issues. My first intensive involvement was with AABT, where I served in various roles culminating in being President in 1996-97. My Presidential talk was on older adults and incorporating cognitive-behavioral therapies into interdisciplinary team planning for the needs of older adults with complex, chronic problems. This was a novel message at AABT – I'm not sure how much impact I had, but some, I hope. I also have seen the Behavior Therapy and Aging Special Interest Group at AABT thrive over the last ten years. During my AABT experiences, Section 2 was developing, and I eagerly turned energies to this group after completing my governance involvement at AABT. I was President of Section 2 in 1999 and have stayed closely involved with the Section continuously. This year, as Program Chair for Div. 12, it was a great joy to work with Barry Edelstein, the Section 2 Program Chair, and with other Section 2 members, to make sure that aging topics are well represented in the overall Division 12 program. I hope many of you will be at

Continues on next page

Profile On... Antonette Zeiss

Continued from previous page

APA in Honolulu – I think it's going to be an exciting program.

After Section 2 governance, I found my way to the most rewarding association role I have experienced, as a member of the APA Committee on Aging in 2001-2003 and Chair in 2002. I urge you all to watch this committee – they are doing great things with positive energy, and they are bringing issues of older adults into a prominent role in APA. Debbie DiGilio, the lead staff person for the APA Office on Aging is a big reason for that – she's the best! I had a great sense of loss on ending that role, and I have been working to see what roles I can best play at this point to keep advocating for older adults with psychologists, other professions, Congress, and any receptive public forum. There is much information that needs to be shared, and I have been happy to experience that audiences are warmly receptive when one reaches out to share knowledge and passion about work with older adults.

I look forward with hope and enthusiasm to more years of what I'm doing at the VA and in national associations, and then to coming full circle back to Santa Cruz to retire. With any luck, perhaps there will be grandchildren to nurture and support, and to pass on the legacy from my grandfather and other grandparents. Each generation needs to learn again how much older adults have to offer, of wisdom, compassion, experience, generosity, and love. I hope as I face my own aging that I can embrace these roles to the best of my capacities.

If you would like to place an advertisement in the *Clinical Geropsychology News* please contact Merla Arnold, Newsletter Editor at ma159@columbia.edu for pricing and other details.

Eye on Education and Training

Continued from page 9

and training in older adult services and help develop reasonable expertise and comfort in working with older adults (who will inevitably assume a greater presence in even a general adult practice). In addition to the MHAT, the Center offers two elective courses within MSPP's APA-approved program. One is an introductory course in clinical geropsychology (theory and practice). The other (offered in the summer) is a more advanced and applied course, *Selected Topics in Clinical Geropsychology*. It is our hope that the introductory course will evolve into a two-course sequence, as it should be; one course each in theory and practice. We have also integrated a unit (at least one lecture) into several other courses at the School including family systems, developmental, large systems, health psychology, and neuropsychology. In the 'pipeline' as additional possibilities are the physiology, forensics, gender studies, and industrial /organizational courses.

I am working with the Curriculum Committee to consider how gerontology could best be developed and promoted for those students wishing to focus in this area, and urge them on toward a gero-psychology post-doctoral program. Interest in geropsychology at the School has been a tough sell. Few students enter the program expressing an interest in this area. To date I've shepherded three dissertations, and have just seen my first student complete a post-doc through the VA. But the interest appears to be building. That is a good thing, and I am hopeful.

We have been able, for the past four years, to run an Annual Conference in May, during Older Americans Month. This conference explores a critical topic in depth,

Continues on next page

Eye on Education and Training

Continued from previous page

with clear emphasis on the clinical applications. The presenters are well-recognized experts in the field, and these conferences have been uniformly well-attended. As noted, the Center's community piece is has not yet been implemented, but the commitment is there and ideas are percolating. It's a matter now of resources, both in terms of funding as well as staffing. A goal is to offer our first "open to the community and for the community" program sometime in the Fall. Down the road we envision offering a consultation service to the community around aging issues. The School is just opening its on-site clinic next semester. With the participation of senior faculty as supervisors, this could provide a win-win-win venue for the benefit of the community, students and Center.

Many of us know well what it's like to cobble together a 'whole' to be able to do what we have dedicated our professional lives to doing. As geropsychologists we know our unique challenges well. We have, collectively, an experience base that allows us to look back and see how far we've come. We can also look ahead and see the need for our services increasing greatly very soon. We go on, meeting our older adult patients and clients wherever they are; be it in long-term care settings, out-patient offices, clinics, and hospitals. And, we also serve to advocate, educate, and inform policy; because if not us, then who? All this we do against a backdrop of latent (and sometimes not so latent) ageism. Our work can sometimes feel a little marginalized, frustrating and lonely. I suspect that many of us feel as I do, that my professional affiliations, especially with Division 12, Section 2 and PLTC, connect me to a most valued community of special colleagues, for which I am most appreciative.

The Student Voice

Continued from page 10

you interested in learning more about being mentored or mentoring to review two resources. The first is an article by APA Division 20 which you can access from their Spring 2003 Newsletter on their web site at: <http://apadiv20.php.ufl.edu/newslet.htm>. This article includes the opinions/reflections of a few master mentors in the field. The second source is a book entitled Getting Mentored in Graduate School, by W. Brad Johnson and Jennifer M. Huwe. Enjoy the reading and best wishes in all your mentoring endeavors!

Many Thanks to Section 2 Contributors!!

Margie Norris, Ph.D.
Treasurer, Section 2

On behalf of the Board and members of the APA Clinical Geropsychology Section, we extend a huge round of applauds and thanks to the following colleagues who have generously made contributions to the Section!

Norm Abeles	Deborah King
Martha Crowther	Lew Klebanoff
Susan Cooley	Bob Knight
Helen DeVries	Elizabeth Kolin
Paul Duberstein	Rocco Marino
Erin Emery	Gregory Martino
John Epperson	Elizabeth Midlarsky
Stanley Friedland	Victor Molinari
Jerome Gabis	Ann Morgan
Michael Gilewski	Margie Norris
Linda Gonzales	Sara Qualls
Amber Gum	Pamela Ridgway
Mary Harper	9Michael Salamon
Paula Hartman-Stein	Daniel Segal
Gregory Hinrichsen	Catherine Strong
Peter Kanaris	Peg Thompson

Section 2 Events for 2004 APA Convention !!

Barry Edelstein, Ph.D., Program Committee Chair, Section 2

Thursday, 7/29,

9 - 9:50: Symposium: Suicide in Older

Adults: Contemporary
Considerations

Barry *Edelstein* - Chair

Sylvia Sara *Canetto* - "Cultural Factors in
Older Adults' Risk and Resilience to
Suicide"

James L. *Werth* - "What To Do When
Clients Desire Death"

Paul *Duberstein* - "Suicide in Older Adults:
How Risk Factor Research Can
Inform Interventions"

Marsha *Linehan* - Discussant

12:30 - 1:30: Conservation Hour in
Division 12 hospitality suite

Paula *Hartman-Stein*

Friday, 7/30

8:00 - 11:00: Section 2 Board Meeting in
Division 12 hospitality suite

11:00 - 12:00: Section 2 Business Meeting
in Division 12 hospitality suite

7:30 pm: Section 2 Dinner at Alan Wong's
Pineapple Room (see Wong's
accolades below)

Saturday 7/31

8 - 9:50: Symposium - "Capacity
Assessment Issues: From the
Perspectives of Geropsychology and
Rehabilitation Psychology"

Co-sponsored by Division 22 (Rehabilitation
Psychology) and Section 2

Cheryl *Shagaki* & Barry *Edelstein* (Co-
Chairs)

Jennifer *Moye* & Michele *Karel* -
"Evaluating Competency in the
Complex Older Patient: Conceptual
Models and Sticking Points"

Stacey *Wood* - "Presenting the Complex
Capacity Client in Court"

Martin *Zehr* - "Consulting with Attorneys
About Capacity"

Robert *Ruchinkas* - "Risk Assessment As
An Integral Aspect of Capacity
Evaluations"

James A. *Pasino* & Aida *Saldivar* -
"Assessment of Medical Decision-
Making Capacity"

Stephen *Anderer* - Discussant

9:00 to 9:50: Powell Lawton Award
Address by

Larry *Thompson*, "Stress and Distress: The
Buffering Effects of Aging"

11:00 to 12:30ish: Student Lunch

Ann *Pearman*, Coordinator. Contact Ann
for additional details at:
pearman@brandeis.edu

1:00 to 1:50: Section 2 Presidential
Address, Paula *Hartman-Stein*

Sunday, 8/1

12:00 to 12:50: Symposium: "Bereavement
and Grief Therapy: Beyond
Conventional Wisdom and Clinical
Lore"

Bill *Haley* - Chair

George A. *Bonanno* - "Loss and Human
Resilience"

Robert A. *Neimeyer* - "Does Grief Therapy
Work? A Cautionary Reply"

Dolores *Gallagher-Thompson* - Discussant

* Alan Wong - His numerous accolades include 1996 Best Chef of the Pacific Northwest by the James Beard Foundation. Alan Wong's Restaurant is a five-time winner of Honolulu magazine's Hale 'Aina Restaurant of the Year award, and it was voted Hawa2's top dining spot in the 2003 Zagat Survey. Gourmet magazine rated Alan Wong's Restaurant No. 6 on its list of the Top 50 Restaurants in America in October 2001, and, in September 2003, Bon Appetit recognized Alan Wong as an American "legend." Alan Wong's Restaurant in Honolulu has been inducted into the Nation's Restaurant News Fine Dining Hall of Fame.

EXPERT

	*Full name of the expert:
Expert's organization: Expert's Business Address: Street: City: State (U.S. only): Province (Outside of U.S.): Country: Postal Code:	*Expert's title: *Expert's business telephone number: *Expert's after-hours telephone number: *Expert's email address: *URL for the expert:

Specific subjects or issues the expert can knowledgeably discuss:

Professional achievements and/or current responsibilities:

Summary of expertise:

Educational background, including degrees and dates received:

Current or recent research:

Books or significant articles published (if not already detailed above):

Current or recent professional memberships, activities or awards:

Experience with news media (especially electronic media):

Ability to speak languages other than English:

Completed profiles can be emailed to DrRasinWaters@aol.com or faxed to 718.284.4468

APA Division 12, Section 2: *Clinical Geropsychology*
NEW MEMBER APPLICATION - 2004

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

Name: _____ **Degree:** _____

Address: _____

Phone: _____ **Fax:** _____

E-mail: _____

(Note: The Section maintains an e-mail listserv that notifies members of policy updates, job opportunities, and is a resource for communicating with colleagues. New members are automatically added to the listserv. 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 2. Section 2 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.

2004 Membership Dues enclosed \$ _____ **(Make your check - in U.S. dollars - payable to APA**
Division 12, Section 2)

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

Merla Arnold, R.N., Ph.d.
Clinical Geropsychology News
260 Main Street Ste 106
Northport NY 11768

Gregory A. Hinrichsen Ph.D.
Psychological Services, Kaufman Bldg.
Hillside Hospital
7559 263rd St
Glen Oaks, NY 11004-1150



(man hand and cane)



Clinical Geropsychology News

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Editor, Merla Arnold, RN, PhD

260 Main Street – Suite 106

Northport, New York 11768

ma159@columbia.edu

Section 2 Website: http://www.sfu.ca/~clingero/apa12_2/