CLINICAL GEROPSYCHOLOGY NEWS

APA DIV. 12 SECTION II | MARCH, 1999 VOL. 6, NO. 1

President's Comments

Antonette Zeiss, Ph.D. (President, Section II)

It is a great thrill for me to be writing a Presidential column for Section II, Clinical Geropsychology. Working with others who are excited about and rewarded by working with older adults has been one of the pleasures of my life. Being President of this organization is an honor, and I welcome the opportunity to express my gratitude for being in this role. While President of another organization, I focused my presidential columns on sharing some of the inside story of what was going on in the governance structure, and I would like to do the same with columns I will write this year for Section II. It is important to me that any organization in which I am active feel welcoming, open, and non-hierarchical. I hope you will experience Section II in just those ways. So let me share with you some of the things going on with your dues money and behind the scenes. In this column, I won't cover all the advances we have made, but over the year I hope to include a full array of section activities and accomplishments.

First of all, the organization has been successful, given its short life. Much of the credit for that goes to the visionaries who founded the Section and have served previously on the Executive Board, and a great deal of credit in particular goes to one of those, Norm Abeles, who also advanced the cause of Clinical Geropsychology splendidly as APA President. Because of his efforts, the Committee on Aging has been established as a standing committee within the Public Policy Directorate at APA. Steve Zarit, the immediate Past-President of Section II sits on the committee, along with others representing both clinical geropsychology and other aspects of aging. The committee is establishing its role effectively, and we can expect them to pursue important agendas.

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Clinical Geropsychology Exchange: End of Life Task Force

Dolores Gallagher-Thompson, Ph.D., ABPP

In June 1998 the American Psychological Association's Board of Directors created a Task Force to deliberate and develop a position paper on End of Life Decision Making and Assisted Suicide. These are topics of increasing significance in our society, particularly among those dealing with older adults for whom these issues could be quite salient. The Task Force consists of 6 psychologists representing a variety of backgrounds and perspectives, and is chaired by Judith Gordon, Ph.D.,from the University of Washington. Specifically included to represent the interests of the geropsychology community are Silvia Canetto, Ph.D, of Colorado State University and Dolores Gallagher-Thompson, Ph.D., of the VA Palo Alto Health Care System and Stanford University. Dr. Canetto is well-known for her publications on women's issues in later life, and Dr. Gallagher-Thompson is known for her work on treatment of late-life depression. Other members of the task force are James Werth, Ph.D., of the Law and Psychology Program at the University of Nebraska; Judith Stillion, Ph.D. of the University of North Carolina; and Therese Rando, Ph.D., of the Institute for the Study and Treatment of Loss in Warwick, RI. The APA staff liaison to this group has been John Anderson, Ph.D., of the Office on AIDS, who has coordinated two face-to-face meetings, numerous email exchanges, and several conference calls pertaining to this work.

The charge to the task force was to study the "invisibility" of psychology in end-of-life discussions and decision making, to make recommendations as to the role of psychology in this arena, and to recommend to the Board whether or not the APA was ready to formalize a position on assisted suicide. A prior APA task force had concluded, with regard to the latter issue, that the time was not right to take a formal position on assisted suicide. The current task force was asked to revisit this question.

In addition to the working group itself, an Advisory Group of over 40 psychologists, representing a variety of constituencies, was created to review the products being created. At present, we are about mid-way through the process. As you might imagine, these are very complex topics, and it has been difficult for the group to achieve consensus on some issues. We have spent a great deal of time discussing the various roles that psychologists could play in end-of-life decision making, including assessment of the patient, counseling with patient and family about end-of-life options, education of fellow psychologists about grief and loss, just to name a few. We have also spent a great deal of time discussing the issue of assisted suicide, and what role psychologists might play in that process. At present, we believe our work is about half done: we are now reviewing the fourth draft of a report to the Board, and the second draft of a longer "Resource Document" that elaborates on issues, provides technical information and references, and in general could serve as a platform for continuing education workshops on these topics. We need to have our final report to the Board by the end of this year, so that a number of iterations will still occur, undoubtedly, in the content of both documents. A progress report will be presented at the annual APA meeting in Boston this summer, coordinated by Dr. Anderson (for those of you interested in learning where we are at that point in time, which should be fairly close to a final version of both documents).

If you would like to give input into the content, or if you want to discuss this project further, please feel free to contact Dr. Gallagher-Thompson, at email:dolorest@leland.Stanford.edu.

APA's New Aging Program

Weldon Bagwell, Ph.D.
Aging Issues Officer
APA Public Interest Directorate

In 1997 the APA Committee on Aging (CONA) changed from an ad hoc group and gained permanent status within the APA governance system. An Aging Issues Officer position was funded shortly after that and placed within the APA Public Interest Directorate to serve as a liaison to the standing Committee and to be a point of contact within the association to deal with all aging issues that arise. Just as the complexity of aging cuts across all aspects of society and is multidisciplinary, aging issues and geropsychology overlap all APA Directorates and include practice, education, research, and science issues.

A major focus of APA's relatively new Aging Program is to develop and coordinate information about older adults and aging topics for psychologists, other professionals, policymakers, and the general public. Through contact and involvement with other aging organizations such as AARP, NIA, and AOA, APA can now participate in coalitions to advance public policy items such as mental health and aging and long term care issues. Social Security and Medicare changes, how these affect older persons, and reauthorization of the Older Americans Act are other public policy topics that the Aging Program will follow. In each of these issues we will advocate that psychology and mental health issues be considered and included in discussions.

CONA and the Aging Program encourage APA members to participate in the federal Administration on Aging's National Health Care Anti-Fraud and Abuse Program, which partners the aging network and volunteers to fight fraud, waste, and abuse in Medicare and Medicaid programs. Project plans include: training, developing public awareness campaigns; providing information on available web sites; and offering outreach, counseling, and assistance through community based service providers.

During CONA's Fall meeting, Peter R. Walker, a psychologist who is the United Nations NGO Representative from Division 9 (SPSSI), discussed his involvement in the UN's International Year of Older Persons. The theme of the 1999 UN event is "Towards a Society for All Ages," reflecting the growing concern for age-integration across generations. The conceptual framework of the International Year is built around the UN Principles for Older Persons, which address the independence, participation, care, self-fulfillment, and dignity of older adults worldwide. The Aging Program has consequently become involved in Coalition '99 that is a partnership of organizations focusing on the International Year of Older Persons and beyond. As part of this, I attended the launching of the International Year by Secretary-General Kofi Annan on October 1, 1998, at UN Headquarters in New York. CONA has also drafted a resolution in support of the UN's International Year of Older Persons that goes to the Council of Representatives in February 1999 for approval.

The Aging Program is now beginning to receive Internet, telephone, and mail requests for all types of information on a variety of aging related topics. Psychologists, students, and consumers raise many questions—for example: Who is an expert on age discrimination in employment? How do I find respite care to help me care for my mother with Alzheimer's disease at home? Are there rules about reporting elder abuse in my state? How do I get involved with the new APA Committee on Aging? We also have received hundreds of requests for two recent APA

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Selecting a Geropsychology Intern

(Reprinted by permission from APPIC newsletter, March, 1999)

Victor Molinari, Ph.D.
Director of Geropsychology, HVAMC

This year's hectic intern selection process has triggered in me some ideas concerning how to identify a good prospect for a geropsychology rotation. I would like to share my thoughts about what criteria I utilize to rate a geropsychology intern.

Despite the ever-increasing knowledge base in developmental and clinical gerontology, it may surprise some that I do not place major weight on prior gerontological coursework or geriatric practica. This is because there are unfortunately still too many Ph.D./Psy.D. programs that do not offer such exposure, and I think that at this level it would be unfortunate to overly penalize an interested student for programmatic deficits they have little control over. Other than the routine educational requirements that all graduate students must fulfill prior to internship, coursework or externships in neuropsychology and/or family therapy may give one a slight edge. Since at least 50% of geropsychiatric inpatients and outpatients have significant cognitive decline, it behooves all geropsychologists to be knowledgeable of mental status exams and brain-behavior relationships. Given the large number of cases diagnosed with dementia, there is relatively less emphasis on individual therapy (although we all know that one can still do very good therapeutic work with cognitively intact or mildly impaired patients) and more emphasis on family work with caregivers.

What I really look for are certain intangible personal and professional qualities that maximize the probability of effective interpersonal encounters with older adults. One, genuine interest in being with older adults and sensitivity to their age-related sensory decrements. I have observed that gifted geropsychologists intuitively exhibit more kindness and patience with older adults, frequently related to positive experiences with grandparents. Their attitude is compassionate without condescension, respectful of older adult wisdom but mindful of their own professionalism and expertise. Such an approach allows one to forge a strong therapeutic alliance by being comfortable with sharing of common experiences from one human being to the other and thereby "bridging the generational gap", an especially important first step in any intervention with older adults.

Two, a serious interest in multidisciplinary work reflecting a genuine respect for the bio-psycho-social model and the varied disciplines that contribute to the comprehensive care of older patients. Three, the intellectual openness and flexibility to allow oneself to jettison facile myths of aging (e.g. all old people are demented, depressed, or unable to profit from psychotherapy). Four, the ability to tolerate ambiguity, an important asset to prevent premature diagnostic decision-making closure stemming from the uncertainty inherent in some of the frequent mind/numbing assessment dilemmas we are presented with (e.g. patient who has a delirium superimposed on a dementia, with the delirium related to heavy drinking which masks a mood disorder - add some physical and social complications for good measure). And five, a refusal to evade profound existential issues related to loss, disability, death, and life meaning.

I labor under the assumption that if an intern is from an APPIC-approved program, he/she has the intelligence and educational background to assimilate the didactic material that must be learned for one to be considered a well-rounded geropsychologist. But it is the above personal traits of empathy and rapport-building with underserved populations that is harder to teach at the internship level, and I expect applicants to bring these to the interview for me to clearly observe.

Division 12 Update

William E. Haley, Ph.D.
Section II Representative to Division 12 Board

The Division 12 Board of Directors meets three times per year, with the most recent meeting in Savannah, Georgia January 8-10. Since Division 12 (The Division of Clinical Psychology) has 6,958 members, is one of the largest divisions in APA, and has an annual budget of over $400,000 the Board deals with a wide variety of issues. While Division 12 members are generally united in their enthusiasm for the Boulder model of Clinical Psychology, the diverse constituencies of the Division (including sections for Pediatric Psychology, Science of Clinical Psychology, Clinical Psychology of Women, and Clinical Psychology of Ethnic Minorities) makes for lively discussion and often vigorous debate.

Division 12 is potentially a very important avenue for the interests of clinical geropsychologists to be represented throughout the complex governance of APA. Division 12 currently has 5 members on the APA Council of Representatives, which will soon increase to 6. (It is of note that, while all of our Council members are sympathetic to the interests of clinical geropsychology, we are especially fortunate to have Norm Abeles among the Division 12 Council Representatives.) Division 12 also has representation on many of the Boards, Task Forces, and Committees that have the potential to assure that issues relevant to aging are given proper attention within APA. The size and power of Division 12, and its linkages with other divisions that include an emphasis on clinical practice issues, have been very important in our efforts to obtain recognition as a proficiency, and will be vital in advancing our interests on such topics as Medicare. One of my major efforts at the Board Meeting has been to nominate clinical geropsychologists for awards, Boards, etc., to increase our impact on APA.

Rather than provide a blow by blow account of the meeting (just kidding, all is actually very cordial at these meetings), I will note several issues that are especially important for Section II members to stay abreast of.

Membership and the financial stability of Division 12 are at a particularly delicate stage at present. Two of the largest sections, Section I (Clinical Child Psychology) and Section V (Society of Pediatric Psychology) plan to become APA Divisions over the next year. While the full implications of this are unclear, one likely scenario is that sizeable numbers of current members of these Sections will join the new Divisions and resign their membership in Division 12. If there is a large exodus of membership, this could threaten both the power of Division 12 and its financial status. Another important trend is the aging of Division 12 members. Increasing numbers of Members and Fellows are becoming Dues Exempt upon reaching the age of 65, leading to a subsequent loss of income for the Division. It appears that a relatively small percentage of new Ph.D.s and Psy.D.s are joining Division 12. In terms of finances, Division 12 managed to balance its 1998 budget by doing very well on the Post-Doctoral Institutes run in association with the Annual Convention (income was more than $30,000 beyond what had been projected). However, the proposed Division 12 budget for 1999 projects a $24,000 deficit (which was increased during the meeting by additional budget allocations). Because of these concerns, the Board authorized an increase in the Division 12 assessment to $50 for members and fellows, and $25 for students, beginning in the year 2000. This authorization occurred after considerable debate about the possible down side to raising dues in the context of efforts to gain membership.

Diversity is an increasingly important issue, not only for Division 12, but also throughout APA. The Division 12 Board passed a resolution during a 1998 meeting that "all

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National Coalition on Mental Health and Aging

Jiska Cohen-Mansfield, Ph.D

The Coalition on Mental Health and Aging is a group of representatives from professional organizations who are interested in promoting education and resources concerning mental health of older persons. The coalition was founded in 1991, and is composed of over 45 Federal Agencies and national organizations. It was a primary sponsor of the 1995 White House Mini-Conference on Emerging Issues in Mental Health and Aging and co-sponsor of the 1993 National Invitational Conference on Achieving Mental Health of Nursing Home Residents: Overcoming Barriers to Care for Nursing Home Residents, which brought together over 130 mental health and aging experts. The Coalition on Mental Health and Aging is bringing issues of mental health and aging into the national spotlight.

The following is a partial list of topics discussed at the last coalition meeting which took place on February 1, 1999:

The Coalition sent a letter to HCFA (Health Care Financing Administration) asking them to convene a task force to identify and address barriers in the Medicare and Medicaid programs which impede appropriate provision of mental health services to residents of nursing homes. HCFA did not agree to convene a task force, but will meet representatives of the coalition to discuss such barriers.

The coalition has facilitated the development of a consumers' group of older adults with mental illness.

AARP has been awarded a grant by the Center for Mental Health Services which will enable them to facilitate additional coalition building among professionals involved with mental health issues among the elderly on the state and local levels. The purpose of the grant is 'to identify, design, and train networks of elderly and mental health service providers at the state and local levels on coalition building to increase public awareness of mental health services and to improve services for the elderly with mental disorders. Many different organizations will be involved in this effort.

The coalition is considering updating the book which was developed from the last White House Conference on Aging.

A study by HCFA of partial hospitalization programs found that 91% of claims were ineligible for Medicare funds. Issues ranged from outright fraud to documentation problems. The majority of those served by these programs were not elderly.

Materials were distributed concerning the following:

The National Council on Aging's 1999 Vital Aging Conference. 'Vital Aging in the New Millenium' April 17-21. San Diego, CA.

A copy of the letter sent to HCFA proposing a task force to identify and address barriers impeding provision of mental health services to nursing home residents in the Medicare and Medicaid programs.

A report on a new grant awarded to the Council on Social Work Education by the Johan A. Hartford Foundation to launch Strengthening Aging and Gerontology Education for Social Work (SAGE-SW).

Cooperative Agreements to Document and Evaluate Mental Health/ Substance Abuse Services for Older Adults through Primary Care.

Purpose and objectives of the Mental Health Coalition Building Project.

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Another success has been the movement towards establishing Clinical Geropsychology as a proficiency in Psychology. Much political work has been done to accomplish this, but it has also depended on excellent conceptual work in the group chaired by George Niederehe. That group has been able to articulate a clear vision of the competencies involved in offering professional services in clinical geropsychology. We also were successful last year in obtaining an interdivisional grant from APA, with Division 20, to survey APA practitioners regarding their continuing education needs in clinical geropsychology, both to enhance their skills and practice, and also specifically to acquire the competencies necessary to demonstrate the newly defined proficiency. Dolores Gallagher-Thompson has worked especially hard chairing the survey committee, and results should soon be available.

I have some particular hopes for things we can accomplish this year in the Section. I am especially interested in working on membership. People who seem like they would be natural members of the Section are still just hearing about us, and I plan to work with the Membership Committee and Student Liaisons to do much more outreach. We also need to refine some aspects of the By-laws regarding membership. For instance, right now, those applying for membership need to be approved by the full Executive Board, which only meets twice per year. Thus, people ask to join (often enthusiastically) and then may hear nothing, for up to 6 months, about their application or to welcome them into the organization. On the next election ballot, you will see a suggestion for a change in the By-laws to make our process more user-friendly and representative of our desire to be inclusive and welcoming.

We also are beginning to think more about our role within Division 12. I was surprised to learn that we will soon be one of the larger Sections in the division, not just because of our growth, but because the two sections for clinicians interested in working with children and adolescents are planning to merge and leave Division 12 to form a new APA Division. We need to become more knowledgeable about APA governance and more involved in many ways: nominating members for awards and important APA committees, becoming as visible as we can on the APA convention program, and being a more active presence at Division 12 meetings. Bill Haley, our Section Representative to the Division 12 Council, has been masterful in guiding our issues (such as proficiency status) and in making nominations. However, he is the only Section II Board member who goes to the Divisional Council meetings, unlike other sections who send a full contingent of their Executive Boards. Our limiting factor now is budget, but with increases in membership, we will have the opportunity to become more active.

Next time I will share more of what we have accomplished and what we need to work on. In the meantime, I would like to ask you to do the following things, to help develop this section and to keep those of us on the Board aware of your interests:

- Recruit new members – let your students and colleagues know about us and provide them with an application form
- Participate in the mail group - share your ideas, raise questions, send announcements about conferences, jobs, articles you have published on aging, etc.

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- Communicate with me and other Board members about your interests, hopes, gripes, etc. My e-mail address is tmz@icon.palo-alto.med.va.gov; I would love to hear from you!

- Come to our program offerings at APA. Greg Hinrichsen, the President-Elect and Program Chair has set up an excellent group of offerings and he has worked hard to schedule them at times when the most members could potentially come.

- Make Section II a professional "home," where you get to know members, support each others' efforts, welcome new members, etc. We are setting up an opportunity for a first-ever social event for Section II at the next APA meeting; Mick Smyer has been arranging this and finding a special place in Boston where we can go as a group for dinner. I hope to see you there.

APA's New Aging Program, continued from p.3

publications, *What Practitioners Should Know About Working with Older Adults* and *Older Adults' Health and Age-Related Changes: Reality Versus Myth.*

Users from all over the world now have easy access to APA's homepage and the aging information contained on our website. The latest information and research available from Internet websites of aging related organizations can be used to inform psychologists and students interested in aging issues and geropsychology. AARP has developed a guide to the Internet that currently lists hundreds of age related websites. Ageline and APA's expanded Full-Text Article Database provide easy access to journals and books on psychology and aging. We are now exploring ways to keep the Aging Program's website updated with current information about psychology and aging.

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sections, committees, and task forces of Division 12 strive to include persons who represent the ethnic and gender diversity of the Division (Society) of Clinical Psychology." This issue is being taken very seriously in considering every nomination and appointment made by the Division. For example, the next slate of nominees for President of Division 12 includes only women.

The aging of APA's membership, mentioned above as an issue that could affect our finances, is also of broader interest. More than 80% of Division 12 Fellows, and more than 50% of members, are over the age of 50. Norm Abeles is chairing a Division 12 Task Force (Diane

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* Members, Section II Board of Directors

** Technically the chairs of the Program and Nominations Committees are linked to Board Offices that change on Jan 1. Practice has been for the Program Committee chair to serve from annual meeting to annual meeting of APA. The work of Nominations Committee is typically done in the early part of the year.

*** The Membership Chairs serve under the leadership of the Secretary, who is charged in the By-laws with responsibility for Membership related activities.

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Willis and I are members) that will be looking more closely at ways to involve older psychologists in APA. APA is preparing a survey of older psychologists that will examine issues such as whether APA should build a retirement center (I would not want to be the staff psychologist at that facility!)

Dr. Patricia Arean, a clinical geropsychologist at the University of California-San Francisco, was selected for the prestigious David Shakow award for early career contributions to the science of clinical psychology. Pat's work on treatment of depression in older adults, particularly research on medically ill ethnic minority elders, earned her this noteworthy recognition.

Clinical Psychology: Science and Practice has rapidly become very successful as a scholarly journal. It already has one of the highest Impact Factor ratings of psychology journals in the Social Science Citation Index. The journal has the potential to become an important profit center for Division 12. Oxford Press is aggressively promoting the journal and considering such innovations as web-based subscriptions, but at present, the journal is losing money.

So, what does all of this mean for Section II members, many of whom are not even members of Division 12? Here are some of my opinions:

1. If you are not a Division 12 member, but are a clinical psychologist, **consider joining Division 12.** Besides gaining subscriptions to The Clinical Psychologist, and Clinical Psychology: Science and Practice, you can help Section II be a stronger force in the Division. You might also be able to get involved in APA governance in ways that would be good not only for the Section but also your career! Information is available at http://www/apa.org/divisions/div12/homepage.html.
2. **Consider applying to be a Fellow of Division 12** if you have made important contributions to the field of clinical psychology. If you are not currently an APA Fellow, you can apply directly to Division 12 to become one; if you are already a Fellow in another division, you can apply as an "old fellow" (no age bias intended). Again, being a Fellow is good for your career and also helps the Section look good (FYI, of 1,033 current Fellows of Division 12, at present 86 are also members or Fellows of Division 20.)
3. While Section II needs to increase its membership in general, **we need to make special efforts to attract women and ethnic minority psychologists to our membership and leadership.**
4. **Check to see if your university library subscribes to Clinical Psychology: Science and Practice (Oxford Press).** Increasing institutional subscriptions to this outstanding journal will not only provide you and your students with access to the journal, it will help solidify Division 12 finances.

Future reports on Division 12 activities will follow meetings in Halifax, Nova Scotia (May 22-23) and Boulder, Colorado (October 2-3).

Call for Nominations

Section II is seeking nominations for the following offices:
President
Secretary
The person elected president will serve as President-elect from January - December, 2000 and as President from January - December, 2001. The secretary will serve a term of 3 years beginning January, 2000.

Please send nominations to Steve Zarit, Gerontology Center, Penn State University, Henderson S-105, University Park, PA 16802, or by email to Z67@psu.edu. Deadline is March 29, 1999.

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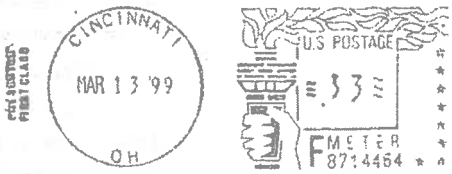

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