# GEROPSYCHOLOGY

# NEWS

APA DIV. 12 SECTION II

MAY, 1999 VOL. 6, NO. 2

## **President's Comments**

Antonette Zeiss, Ph.D. anto 2 obsolo 0 U)

hroughout this newsletter you will be seeing evidence of the activity of Section II.

I want to take the time to tell you about two additional things going on, first in regard to student member recruiting and second concerning proposed changes to the By-Laws of Section II.

First, regarding Student Membership, I want to thank Natalie Denburg, Ph.D. and Martha Crowther, Ph.D. for their activities as Student Liaisons. I am very grateful for their energy and creativity. I believe that it is vital for the Section to reach out to interested students, this can be helpful to students and it can enable the Section to be stronger and more fully representative of Clinical Geropsychology. Natalie has been Student Liaison for over a year; she is joined this year by Martha, a more recent graduate. I am hoping to set a precedent of having one Student Liaison member who is further along in the transition from student to professional and another member who is closer to the student experience. This can help us stay abreast of trends among graduate students and keep some perspective on the evolving needs of students as they progress through training into full professional roles.

Martha and Natalie have been active and are planning additional efforts to reach out to students and Training Directors. A letter recently went to all Training Directors listed in the Directory of Predoctoral Internships with Clinical Geropsychology Training Opportunities. The letter provides information about the Section and asks TDs to tell their students about the Section and encourage them to join. A copy of the membership application is included in this newsletter and it is easy to get copies from any of us on the Board, if you have students (or colleagues) you would like to invite to apply for membership. Martha and Natalie have other ideas they are eager to pursue that will spread the word and reach out to student members and potential members. They are listed in the Board roster, so please be in touch if you have additional ideas for them. (continued on p.6)

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#### 2 CLINICAL GEROPSYCHOLOGY NEWS

# Division 12, Section II Program 1999 APA Annual Convention, Boston, MA

Greg Henrichsen, Ph.D.

## Friday August 20, 1999

8 AM - 10 AM

Section II Board Meeting. Division 12 Hospitality Suite

10 AM - noon

Geropsychology CE Needs and Assessment Study Results: An Informal Discussion. Division 12 Hospitality Suite Sara Honn Qualls (CU-Colorado Springs) and Suzanne Norman (Xavier University) Discussion Leaders.

1:00 - 1:50 PM

Symposium. The Proficiency in Clinical Geropsychology:

Demand, Procedures, and Mechanisms. Hynes Convention

Center (HCC) Room 101.

Chair, Sara Honn Qualls (CU-Colorado Springs, Colorado Springs, CO) Co-listed with Division 20.

Sara H. Qualls, Daniel L. Segal (CU-Colorado
Springs, Colorado Springs, CO), Dolores Gallagher-Thompson
(Stanford University and Palo Alto VA Health System, Palo Alto,
CA) & Suzanne Norman (Xavier University, Cincinnati, OH)

Demand and Preferences for Continuing Education in
Geropsychology: CE Needs and Assessment Results.

Michael Duffy (Texas A&M University, College Station, TX) Alternatives for Establishing a Mechanism for the Proficiency in Clinical Geropsychology.

and the more tradent agreemence. This can help us suny abressor

George Niederehe (National Institute of Mental Health, Rockville, MD). Discussant.

2:00 - 2:50 PM

Presidential Address. Interdisciplinary Teams and the Process of Geriatric Care. HCC Room 101. Antonette Zeiss (VA Palo Alto Health Care System, Palo Alto, CA).

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3:00 - 3:50 PM

Section II Business Meeting. HCC Room 101

## Saturday August 21, 1999

10:00 - 10:50 AM

Of Special Interest to Section II Members: APA Committee on Aging Programming
Successful Aging. Marriot Hotel, Copley Place, Grand Salon B
C. Robert Kahn and Norman Abeles.

another II method

## APA program (continued from previous page)

## Sunday August 22, 1999

9:00 - 10:00 AM

Student Breakfast. Division 12 Hospitality Suite All students with interest in clinical geropsychology encouraged to come!

6:30 PM

Section II Night Out at the Union Oyster House (a la carte) with your host Mick Smyer. Seating Limited. Reserve by July 15. (For reservation contact: Greg Hinrichsen, Research Bldg, Hillside Hospital, 75-59 263 St., Glen Oaks, N.Y. 11004; e-mail: hinrichs@lij.edu; phone: 718-470-8184)

## Monday August 23, 1999

9:00 - 10:50 AM

Symposium. The Business of Geropsychology. HCC Room103 Chair, Deborah W. Frazer, Ph.D. (Genesis ElderCare, Philadelphia, ud : Bertshaus and Bare PA), without he was it. Burners A thomas free decrease a strict come.

Deborah W. Frazer: Introduction instance and position of the project

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The state of the second of the Joseph M. Casciani (Senior Psychology Services, San Diego, CA) and Melinda D. Fitting (Comprehensive Geriatric Services, Towson, MD). Challenges for Provider Organizations.

Donna Rasin-Waters (Gerontology Resources, Inc. and Independent Practitioners in Geropsychology, Brooklyn, N.Y.) Challenges for Individual Providers.

Paula Hartman-Stein (Center for Healthy Aging, Akron, OH). Challenges of Managed Care.

Patricia A. Parmelee (Genesis ElderCare, Kennett Square, PA). Outcome Measurement, Utilization Management and Clinical Research

### Tuesday August 24, 1999 ne he was the wind in the real factors and the second of the first of the second of th

8 AM - 9:50 AM

Division 20. Symposium: Delivering Services to Older Adults in Long Term Care. Chair, Margaret Norris. HCC Room 308. Co-listed with Section II.

## Section II Elections II was a frequency of bearings and bearings are a few

Steve Zarit, Ph.D.

ou will soon be receiving by mail your ballots for election of Section II Officers, as well as by-law changes. This year we have excellent candidates running for two offices. Running for President-Elect are William Haley and Stephen Rapp. Candidates for Secretary are Barry Edelstein and Dolores Gallagher-Thompson. Statements of the candidates appear below.

Be sure to complete your ballot when it arrives and mail it back. Besides elected positions, there are many opportunities for members to get more involved in Section II through committee work and other activities. Just contact a current Board member to find out more information.

## **CANDIDATES FOR SECRETARY OF SECTION II**

### Barry Edelstein, Ph.D.

am a Professor of Psychology at West Virginia University and have been active in Section II since its inception. George Niederehe and I co-chaired the steering committee that established Section II. I served as the Section II representative to the Division 12 Board of Directors for three years, chaired the group that prepared the Section II & Division 20 application for a proficiency in clinical geropsychology, and have maintained the Section's internet listsery since its development. The Section has grown tremendously in a very short period of time and is now addressing several very important issues in clinical geropsychology. One of the most significant issues is the training and education of clinicians to competently deliver mental health services to older adults. An important question is how Section II can enable those who currently provide geropsychological services to gain supplemental training and education, and those who lack the basic geropsychological skills and knowledge to acquire them. I support the current direction of Section II efforts and hope to assist the Section in continuing to address the many issues it is currently facing and those that will command its attention in the future.

## Dolores Gallagher-Thompson, Ph.D, ABPP (140)

received my Ph.D. degree in 1979 from the University of Southern California with concentrations in both clinical psychology and adult development/aging. Since 1981 I've been employed by the VA Palo Alto Health Care System in a variety of positions, though always retaining my identity as a geropsychologist. In addition, in 1996, I became an Associate Professor of Research in the Dept. of Psychiatry and Behavioral Sciences at Stanford Univ. School of Medicine. My career has concentrated on conducting intervention research with older adults (e.g., those who are depressed or family members undergoing the chronic stress of caregiving). (continued on p. 7)

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## Clinical Geropsychology Exchange

## New Research Opportunities and Resulting Challenges whitehold which I make the more than the state of the sta

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University of Ottawa

urgeoning new technologies present the scientist-practitioner with a broad array of research options. Use of the internet, for instance, expands the geographic range of prospective participants. No longer need the researcher restrict data collection to one region, city, or even nation with use of the worldwide web.

Repending the relocation laws change, the Board has east antive la reviewing auries.

This has been my experience since posting an internet site where older adults are encouraged to respond to questionnaires on-line. In the past month, close to 100 persons have responded from various English-speaking countries. Of note has been the significant percentage of respondents from rural areas and persons more physically frail than those recruited by more traditional means (e.g., churches, leisure organizations, community groups). It may not be surprising, therefore, that such participants might also present as more distressed. This became apparent when one participant in the comments/ feedback section of my web site spontaneously described her own failing health and that of her husband accompanied by periods of pronounced depression with transient suicidal ideation. Given that none of my measures directly assess psychopathology, these comments came by surprise.

Ordinarily when participants express such concerns, the clinician is aware of available community resources. This may well not be the case, however, when responses originate from other regions, countries, or even the other side of the world. In this instance, the woman lives in a mid-western American city whereas I am in Canada.

Thanks to the Section II e-mail network, I was able to identify resources within this woman's community (i.e., suicide prevention hot-line, psychologist with training and experience with older adults). This allowed me to respond with appropriate referral information. Although given her e-mail address, I was not provided with a telephone number, as part of my reply, I had asked if she would respond with a phone number so that we might speak directly (in order to assess the current risk of suicide more directly). Unfortunately, this request was declined. At the very least, however, concern was expressed for her well-being and she was provided with resource information within her community.

It was not paramount in this instance to respond immediately as this participant stated that the crisis had subsided (i.e., reference made to suicidal ideation in the past). This provided opportunity to consult with advisors and seek out appropriate referrals. None the less, a sense of urgency was felt when this woman's comments were first received. In the enthusiasm surrounding the first weeks of web-based data collection, it had not occurred to me that I might have to contend with such issues. Because of this experience, I will be better prepared in the future to respond more swiftly. Along with new opportunities, today's technology would seem to present novel challenges.

## President's comments, continued from p. 1

Regarding the proposed By-Laws changes, the Board has been active in reviewing current Section II By-Laws to consider needed refinements as the Section develops. Soon you will receive the yearly ballot, and for the first time this year it will include not only candidates for our offices but also a vote on whether to approve three changes to the By-Laws. Let me explain why

they are being presented to you.

The first proposed change regards the process of approving applicants for membership to the Section. The current By-Laws specify that the full Board of Directors must review each applicant and vote on acceptance. Since we have only two to three Board meetings per year, this means that some applicants must wait a long time to hear whether they are accepted. This did not seem to convey the welcoming stance we would like to take as a growing organization. However, it does seem reasonable to charge a group with reviewing applications to ensure appropriate credentials and to make sure that applicants are placed in the correct category of membership (Divisional, Affiliate, Associate, or Student). Therefore, the proposed new By-Law specifies that election to membership in the Section will be by a majority vote of the Section's Membership Committee, which is appointed by the Board of Directors.

Since the Membership Committee would take on a larger role, the second proposed change in the By-Laws examines the Membership Committee itself. Current By-Laws specify that the Secretary will be on the Membership Committee, along with two other members, there is no clear statement of who will Chair the committee. The proposed change does not directly place the Secretary in the Committee, but specifies that there will be a Chair of the committee and two additional members. Since we would like the committee to be very active in soliciting new members, working to maintain members, and taking on the responsibility of reviewing and approving new members, we felt that a Chair selected specifically for this purpose would be important. The Secretary has numerous other responsibilities, so it seems unlikely that he or she would choose to also serve as Chair of Membership; however, the proposed By-Laws change would not preclude that.

The third change would establish a new Committee On Awards And Recognition. This year we began this committee as an ad hoc committee (following the current By-Laws), and the Board would like to see this become a standing committee. The proposed By-Laws change specifies that the new committee would consist of the immediate past-president, who will serve as chair, and two committee members, to be selected from among past-presidents of the section. This is in line with the current composition of the ad hoc committee, which is chaired by Bob Knight; Steve Zarit and Mick Smyer are the additional members. This new committee would help to ensure that Section members were considered for broader APA awards and recognition, as well as overseeing the awards program of the Section.

On the ballot, you will see the exact proposed wording changes and you will be able to compare the changes to the wording in the current By-Laws. The Board recommends that each of the proposed By-Laws changes be approved, but of course we want to learn how they are viewed by the membership. The most important thing is that you vote when you receive your ballot. We look forward to seeing who the next generation of officers will be, from among a very worthy slate of candidates, and we look forward to learning whether you agree with our proposals for the By-Laws.

Section II elections, continued from p. 4

### Dolores Gallagher-Thompson, Ph.D. ABPP (continued)

I currently direct the Palo Alto site for the national REACH program (Resources to Enhance Alzheimer Caregivers Health), where we are addressing the needs of both Hispanic and Anglo caregivers. I'm also studying ways to improve early detection of dementia among Japanese and Chinese older adults.

I am eager to serve you as Secretary of this Section! One of my major goals is to encourage greater participation of ethnically diverse professionals, faculty members, and students, in our Sections' activities. I believe we need to increase both our awareness of diversity issues and our ability to respond to cultural differences with competence and confidence. We need to be better prepared for the changing demographics of our world. As more adults of diverse backgrounds enjoy longer life spans, their unique issues will become increasingly salient. Let's be ready to respond to these personal and professional challenges!

## CANDIDATES FOR PRESIDENT OF SECTION II

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## William E. Haley, Ph.D.

Amherst, and then completed my internship and a postdoctoral fellowship in Geriatric Clinical Psychology at the University of Washington School of Medicine. I subsequently spent 12 years on the faculty of the Psychology Department of the University of Alabama at Birmingham, where I also spent a day a week as Attending Psychologist in the Geriatrics program at the VA Medical Center. Since 1995 I have been Professor and Chair of the Department of Gerontology at the University of South Florida, where I also hold appointments in the Department of Psychology, the Division of Geriatric Medicine, the Moffitt Cancer Center, and LifePath Hospice. My major research interests have included family caregiving issues in Alzheimer's disease, ethnic differences in caregiving, and the application of geropsychology in medical settings. I serve on 5 editorial boards in the field of aging, including Psychology and Aging and Journal of Gerontology: Psychological Sciences. I am currently the representative from Section II to the Division 12 Board.

I believe that Section II has made some very good efforts to become a valuable resource for geropsychologists and an advocate for inclusion of geropsychology issues within APA and Division 12. If I were elected President of Section II, my highest priority would be to increase our membership. We are still a relatively small organization, with a heavy concentration of geropsychologists based in academic and VA settings. Many psychologists working with older patients likely do not identify themselves as geropsychologists, but could benefit from affiliation with Section II and access to the networking and knowledge of the membership. These practitioners could also provide insights to more academically oriented geropsychologists about the real world problems encountered in working with older adults in settings where reimbursement remains a significant barrier. Increased membership will bring increased visibility and resources that can be used to advance our agenda.

Section II has had outstanding leadership in the past. It would be an honor to serve as President of the Section. (continued on p. 8)

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Section II elections (continued from p. 7)

# Stephen R. Rapp, Ph.D. and the talk of the state of the s

earned my B.S. and M.A. degrees in Psychology at Bradley University. In 1983, I completed my doctorate in clinical psychology at West Virginia University in Morgantown, WV and completed my internship at the University of Mississippi Medical Center/Jackson VAMC. For the first 7 years of my career, I was Director of the Behavioral Gerontology Program at the Jackson VAMC and on the faculty in the Departments of Medicine and Psychiatry and Human Behavior at UMMC. I took a year off in 1989 to do a post-doctoral fellowship in epidemiology and aging in the Department of Public Health of Yale University. In 1990, I joined the faculty of the Department of Psychiatry and Behavioral Medicine of the Wake Forest University School of Medicine in Winston-Salem, NC, where I have been ever since. I am presently an Associate Professor and Chief of Psychology in the Department of Psychiatry and Behavioral Medicine with a joint appointment in the Department of Public Health Sciences. I have been PI or Co-PI on nine grants; I am serving on the Editorial Boards of The Gerontologist and Psychological Assessment; and I have an active clinical practice. In the APA, I am a member of Divisions 12, 20 and 38. I am also a member of the Gerontological Society of America and Association for the Advancement of Behavior Therapy.

I believe clinical geropsychology could become an important branch of geriatrics in the next century when the demographic imperative will demand even more creative and cost-effective interventions to prevent or reduce disability, to maintain adherence to multiple behavioral regimens, to limit comorbidities, and to maintain quality of life. Psychology holds an advantageous position in health care given its use of multifactorial models of behavior and its tradition of blending science with clinical service. I believe, therefore, that the continued development and transfer of useful behavioral technologies is crucial if we are to flourish in the next century. To accomplish this, however, there needs to be more and better collaboration between researchers and clinicians within our field and with other disciplines. As President of Section II, I will emphasize the expansion of exchanges amongst clinical and research geropsychologists and between geropsychologists and other health care disciplines to stimulate the continued development of creative health care models for older adults. I will also advance the designation of geropsychology as a sub-specialty within clinical psychology. Lastly, with the ideas offered by the membership of Section II, I will offer an agenda for clinical geropsychology in the 21st century. The square age to be a supply to the second and a reposition of the second seco pagement on at hippen of this rectanding a described on the Missease was a 10 of Helicolin

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# Editor's Comments

Suzanne Norman, Ph.D.

rectings! I would like to thank everyone who contributed to the newsletter this year; the newsletter reflects the efforts of our officers plus numerous Division 12/2 members and I am grateful for the input and help I received during the past two years. You may have noticed that a revised version of the 1999/ 2000 officers list for our section appears in this month's newsletter. Unfortunately there were a couple of errors in the officers list you received in February, so you are receiving a copy of the corrected list.

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This past year we expanded our newsletter to 3 issues per year and started to include the "Clinical Geropsychology Exchange" column as a regular feature. Special thanks to Michelle Karel, Dolores Gallagher-Thompson, Norm O'Rourke, and Benjamin Mast for their contributions to this column. I would like to encourage others to submit short (1-2 page) pieces for inclusion in future newsletters. Articles can cover a wide variety of topics in geropsychology including aspects of clinical practice/consultation, new research developments, public policy issues, "hot topics" in geropsychology, etc. This is a good opportunity for students to voice their opinions and clinicians to share practice related concerns with other members. Feel free to send submissions for this column to me by e-mail at: <a href="Mormans@Xavier.xu.edu">Normans@Xavier.xu.edu</a> or by mail at my return address listed below.

Finally, just a few reminders. If you need to change your address for the newsletter please contact Kathy Riley at e-mail: <a href="kriley@aging.coa.uky.edu">kriley@aging.coa.uky.edu</a> or by phone: (606) 257-3921. Please encourage your colleagues and students to join our section by passing along the new member application form enclosed in this newsletter! New member applications should be sent to Bernice Marcopulos at the address on the bottom of the application form. Stay connected with your colleagues in clinical geropsychology by joining our e-mail network. Any member of Division 12, Section 2 may join the e-mail network by simply sending a note (including your name, e-mail address, and expressing your interest in joining the 12/2 e-mail network) to Barry Edelstein at <a href="https://www.uvm.wvnet.edu">u21b4@wvnvm.wvnet.edu</a>. Have a great summer and hope to see you at APA in Boston.

## SECTION II NIGHT OUT

Rulyling, University of Kestucks, Lesington

The first annual Section II Night Out on the Town will be Sunday August 22 at 6:30 PM. We will dine at the Union Oyster House. The Oyster House is "America's Oldest Restaurant" and is located in the Quincy Market area on the historic Freedom Trail in Boston. Dinner entrees range from \$15.95 to \$24.95 and we can order off the full menu. The restaurant features sea food and some of Boston's best historic atmosphere. Seating is limited to 25 so reserve early — but no later than July 15. To reserve contact: Greg Hinrichsen, Research Bldg, Hillside Hospital, 75-59 263 St., Glen Oaks, N.Y. 11004; e-mail: hinrichs@lij.edu; phone: 718-470-8184). Why should Division 20 have all the fun?

## OFFICERS AND COMMITTEE CHAIRS OF SECTION ON CLINICAL GEROPSYCHOLOGY, 1999/2000

- President: Antonette M. Zeiss, Ph.D.\* VA Palo Alto Health Care System (116B), 3801
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- Nominations/Election Committee Chair: Steven H. Zarit, Ph.D. (see above)\*\*
- Program Committee Chair: Greg Hinrichsen, Ph.D.\* (see above)\*\*
- Public Policy Committee Chair: Margaret P. Norris, Ph.D. Department of Psychology,
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- E-mail Network Coordinator: Barry Edelstein, Ph.D. Department of Psychology, Box 6040, West Virginia University, WV 26506-6040 W: 304 293-2001 x661 H: 304 296-9750 F: 304 293-6606 E: u21b4@wwnvm.wvnet.edu
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- Coalition on Mental Health and Aging Liaison: Jiska Cohen-Mansfield, Ph.D. Research Institute, Hebrew Home of Greater Washington, 6121 Montrose Road, Rockville, MD 20852. W: 301-770-8453 H: 301-649-3416 F: 301-770-8455 E: cohen-mansfield@hebrew-home.org
- Awards Committee Chair: Bob G. Knight, Ph.D. Andrus Gerontology Center, University of Southern California, Los Angeles, CA 90089-0191. W: 213-740-1373 H: 805-985-6344 F: 213-740-1871 E: bknight@rcf.usc.edu
- Co-Chair, Interdivisional Task Force on Qualifications in Clinical and Applied Geropsychology: George Niederehe, Ph.D. Adult & Geriatric Treatment & Preventive Interventions Branch, NIMH, Room, 10-75, 5600 Fishers Lane, Rockville, MD 20857. W: 301-443-9123 H: 301-570-0047 F: 301-443-4045 E: gniedere@nih.gov

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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.

### **MEMBER INFORMATION**

Name:	
APA Status (check one): Fellow	Member Associate
APA Division Affiliations:	
Primary Professional Position and	Institutional Affiliation:
	Highest Degree/Date:
(from) University/Major Field	
Current Employment Status: Full	Time Part Time Not Employed
Primary Work Setting: University	y (Academic Dept.) Medical School
Mental Health Center	Other Hospital Private Practice
Other	
Percentage of Time Spent In: Res	earch Clinical Service
Teaching Clinical Teaching	raining/Supervision
Administration	Other
	ogical Organizations to Which You Belong:
Primary Areas of Interest Within C	
Would you be interested in serving	on Section Committees? Please rank the
	ce (1 = most preferred. If you prefer not to do
committee work, leave blank):	
Membership	Program ·
Nominations/Elections	Ad Hoc Committees

# APA Division 12, Section II Clinical Geropsychology

## NEW MEMBER APPLICATION

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Section II Membership Status (Circle one):	
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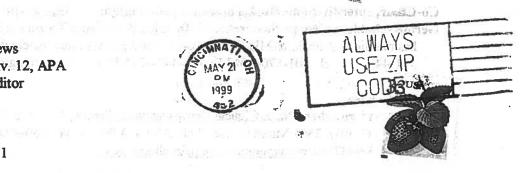
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