Clinical Geropsychology News

Winter/Spring 2001 APA Div 12, Section II Volume 8, Number 1

This issue is dedicated to the memory of:
M. Powell Lawton, Ph.D. (see page #2)

President's Comments:

Creating and Seizing Opportunities for Success in Clinical Geropsychology

William E. Haley, Ph.D.

One of the major perks of becoming President of the section is having the opportunity to address the membership on whatever I want in the President's Comments column. Following the lead that Greg Hinrichsen provided last year, I want to devote my first article to some personal observations about the field. In particular, I want to offer some comments on the role of both external forces and personal choices in shaping careers in clinical geropsychology. I have always maintained a strong internal locus of control, and have found it helpful in my daily life to search for ways in which I can control my own destiny. However, honest reflection over the course of my career in clinical geropsychology leads to the

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Inside this Issue:

Reminder!

Inserted in this issue are forms for:

- **Renewal of Division 12, Section II Membership**
- **Application for new members**

In Memory of M. Powell Lawton, Ph.D.

By: Michelle Gagnon, Psy.D.

Geropsychologists are mourning the passing of a pioneer in the field of geriatrics, M. Powell Lawton, Ph.D., who died Monday January 29, 2001 of a brain tumor. Prior to his illness, Dr. Lawton was senior research scientist and director emeritus of the Polisher Research Institute at the Philadelphia Geriatric Center (PGC). He was a member of the PGC research team for nearly 40 years, and many would describe him as the heart and soul of the research department for his passion about aging, cutting-edge research and careful mentoring of budding geriatric researchers.

The legacy that Dr. Lawton leaves behind in regard to his research is well known to geropsychologists. Thus, instead of recounting his many seminal professional contributions and affiliations, a better-fitting memorial would be to allow a few of his colleagues and former students to express how he shaped their professional and personal lives. The passages below pay tribute to the far-reaching impact of his work and his presence on the world of geriatrics:

- "As with so many others, I was privileged to be mentored by Powell. What struck me most about him was his ability to stay deeply centered, intellectually and spiritually. On the other hand, that ability to sustain focus never kept Powell from making himself available to all of us. I never once, in 25 years, saw his door closed, or his phone ignored. We miss him terribly." Deborah W. Frazer, Ph.D.

- "Powell Lawton was one of a kind. What I admired most about him was his combination of intellectual toughness and personal kindness. I will always remember the excitement I felt when he took the time to attend sessions I presented or agreed to serve as Discussant on symposia. He had the ability to deliver clear and critical feedback while also encouraging and supporting more junior colleagues. Powell was a brilliant and caring man whose scholarly contributions and personal warmth touched my life in a way that I will never forget." Bill Haley, Ph.D.

- "I am a former employee of the Philadelphia Geriatric Center where I had the utmost pleasure to work with Powell. On several occasions, Powell and I would have informal conversations about geriatric research, quality of life, etc. but somehow I always walked away from those discussions feeling energized as if he'd just shared a "top secret" to the meaning of life with me. Invariably, all those discussions led to an array of lessons for me. The funny thing is, Powell had such a warm, relaxed presence that in our conversations, I didn't feel like I was being taught the wisdom of a sage and, frankly, he probably didn't see it as teaching me either. It was just his ***being*** that spoke volumes. Above all, Powell, although in his 70's, had the ebullience of a young adult. You see, Powell helped me to learn that the true value in life is the quality therein, not material items, for they can be lossed and/or replaced at any given time. To see the sparkle in his eyes as he talked about the meaning of life was to experience the joy of how he saw the meaning of his life: ***quality and substance***, not quantity. " Eddie Becton, M.A., M.S., Ph.D. candidate

- "As far as my own memories are concerned, it is a bit hard to know what to say. What struck me most is that Powell combined an interest in everything around him and real respect for people who pursued varied interests that were unlike his own if they did it well. Powell never thought

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PUBLIC POLICY COMMITTEE COORDINATES EFFORTS WITH APA MEDICARE TASK FORCE

Margaret P. Norris, Ph.D., Public Policy Committee Chair

The Public Policy Committee is pleased to announce that the APA Practice Directorate has formed a Medicare Task Force. This task force will address policies of HCFA and Medicare insurance carriers that impact the access and reimbursement of mental health services for older adults. We are tremendously pleased that APA is taking this step forward to advocate for older adults needing mental health services. The Medicare Task Force has been formed by Diane Pedulla, J.D., Director of Regulatory Affairs. In the committee's first conference call, Diane announced that APA will be adding another staff person in Government Relations to work on Medicare and reimbursement issues. Margie Norris is serving on this committee and will be updating Section II members on the activities of the Medicare Task Force via the membership list serve. Other members of the Medicare Task Force include Eric Garfinkel (NY), Alice Randolph (OH), Dean Paret (TX), and Joel Sunkin (CA). The first issue the task force will be addressing is the recent report from the Office of the Inspector General, "Medicare Payments for Psychiatric Services in Nursing Homes." This report can be accessed at: www.hhs.gov/oig/oei/reports/a505.pdf.

Another important announcement is that the Section II Public Policy Committee has expanded from three to eight members! Adding to the longstanding efforts of Margie Norris (Chair), Victor Molinari, and Erlene Rosowsky are five new members. The Public Policy Committee members and their contact information are listed below. Please feel free to call or email the committee members with any questions, concerns, or updates you have regarding policy matters as they effect the delivery of mental health services to older adults.

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Profile On: *Irving Hellman, Ph.D.*

ElderCare Adviser and Elder Abuse Specialist

I am a clinical psychologist and ElderCare Adviser in private practice in Sacramento, California since 1985. Over the past several years, my private practice in geropsychology has gone through a major developmental transformation. After spending the first 15 years of my career providing direct mental health treatment services, I have transitioned to providing consultations and trainings to a wide range of purchasers. As an ElderCare Adviser (web site, eldercareadviser.com, still under development), I work collaboratively with psychotherapists, health care and legal professionals, and public and private agencies to assist with consultations of elders and their caregivers, and in the training of professionals serving older adults.

As a child, I was raised in a Holocaust survivor community in Los Angeles where I was exposed to many elders who had the challenge of "rising from the ashes." I was shaped by a variety of my elders to adopt a lifelong mission of "transforming hate into love." I was originally inspired to pursue a career as a geropsychologist when I was exposed to the work of Daniel Levinson as an undergraduate at Yale University. I received my doctoral degree in clinical psychology with a community mental health focus from the University of California, Davis, in 1984. I subsequently completed a year of postdoctoral training in geriatrics at the Department of Community Medicine at the UC Davis, Sacramento Medical Center, during which I honed my neuropsychological assessment and intervention skills regarding my work with elders. I practiced these skills for the first half of my career by offering geriatric assessments and psychotherapeutic treatment for elders presenting with a change in mental status and behavior, forensic assessments for probate court, and consultations and treatment to caregivers that were struggling with their caregiving roles.

As a practicing geropsychologist, I gradually came to recognize how elders are marginalized in our culture, making them susceptible to a variety of abuses. For the past two years, I have been focusing my professional activities on advancing the knowledge of elder abuse detection and prevention among professionals serving older adults. My interest in elder abuse was initially inspired by a pattern of care that I witnessed as a provider of mental health services to a variety of nursing homes in my community. Specifically, I was repeatedly exposed to situations where depressed or demented patients were considered to be capable of consenting to their refusal of food or liquids; thus, they were permitted to passively commit suicide without the protection of an adequate assessment of their mental capacity. I became concerned with the dynamics of neglect and self neglect, and I immersed myself in the limited literature regarding elder abuse, self neglect, and mental capacity. Soon, I began consulting to public and private institutions regarding these areas of eldercare. I have gradually established a unique position as a private partner to a variety of public agencies, including Adult Protective Services, the Ombudsman Program, Public Conservator's Office, Law Enforcement, and the District Attorney, through my consulting activities and as a core organizer of and adviser to a Financial Abuse Specialist Team and an Elder Death Review Team in Sacramento County.

As an ElderCare Adviser I divide the majority of my time between forensic consultations on probate court matters including conservatorship, susceptibility to undue influence, and mental capacity,

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Call for Nominations: Division 12/Section II Officers

Greg Hinrichsen, Ph.D.

Section II is seeking nominations for the following offices:

- ***President***
- ***Treasurer***

The person elected President will serve as President-elect from January -December, 2002 and as President from January - December, 2003. The Treasurer will serve a 3 year term beginning January, 2002.

Please send nominations to: Gregory Hinrichsen, Research Bldg, Hillside Hospital, 75-59 263 St., Glen Oaks, New York 11004, or by e-mail to hinrichs@lij.edu. Deadline is March 16, 2001.

Call for Nominations: Professional Contributions

Antonette Zeiss, Ph.D.

Section II offers an award for Professional Contributions; this was given to Norm Abeles and George Niederehe two years ago; no award was made last year. The Awards and Recognition Committee (Antonette Zeiss, Chair; Steve Zarit, and Mick Smyer) is requesting nominations for potential recipients of the award this year. Preference will be given to Section II members, but non-members also can be nominated. Self-nominations are accepted, or you can nominate someone you consider to have made particularly important contributions to Clinical Geropsychology. Please send the name and a brief paragraph indicating why you are nominating the individual; additional information may be requested subsequently by the Awards and Recognition Committee. Send nominations by e-mail to Antonette.Zeiss@med.va.gov; or mail them to me, using the form below, at Antonette Zeiss, Ph.D., VA Palo Alto Health Care Center (116B), 3801 Miranda Ave., Palo Alto, CA 94304; or Fax the form below to me at 650 852-3445. Deadline for receiving nominations is April 30, 2001.

PERSON NOMINATED: _____

BRIEF JUSTIFICATION OF NOMINATION: _____

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The Student Voice

Merla Arnold, M.Phil., 12/II Student Representative

By this time many have submitted their Match list for internships that will begin next fall. Many others have been watching prospective interns move through the process; some struggling, others not. For those who will be entering the internship search in the next cycle please know, it is not too early to prepare.

Want Training in Geropsychology? Things to Consider.
by Diane Stoebner-May

We have seen the statistics; the population of the United States is becoming gray. This increase in the number of older Americans has created a need for applied psychologists to receive training in aging issues. The experiences we have during the course of our professional training in psychology, through courses, practicum, and internship are instrumental in developing a framework in which to work with older adults.

I would suggest for students with an emerging interest in working with older adults to begin by exploring options for practica in geropsychology. If possible, find another student who has been at those sites of interest to you so that you can find out the inside scoop! When selecting sites for consideration, questions to ask include: (1) Will you be working predominantly inpatient, outpatient, or mixed? (2) What is the type of setting? Is it palliative, medical, or psychiatric? (3) What other activities can you expect as part of the rotation? Testing experiences, consulting, participation in interdisciplinary team meetings? (4) Is the site in an urban or rural setting? (5) Who will be your supervisors? What are the advantages and disadvantages or working with each?

I have both practicum and research experience at a VA. I am now an intern at the VA Central Iowa Healthcare System, Knoxville Division. The obvious advantage of doing a practicum at a VA is that the majority of the patients are older adults amid a variety of clinical settings. Thus, a student has the opportunity of gaining a rich experience in a variety of areas (e.g., primary care, acute psychiatric inpatient or in an outpatient setting) while simultaneously gaining experience with older adults. Additionally, there are rotations which focus exclusively on geropsychology.

The roles and responsibilities of the intern during a rotation in geropsychology may vary from site to site and even within a site. Thus, it would beneficial to find out if you will be doing inpatient, outpatient or both. For instance, if you are interested in working with the healthy elderly or in doing individual therapy, it is likely that an outpatient setting will best fit your needs. Another question to ask yourself should be, "what type of care is provided?" Will you be working in palliative care, with medical patients or with psychiatric patients? The differences in these settings will influence the type of experiences you will have.

Find out what other "perks" are available as part of a rotation at a particular site. Attending interdisciplinary team meetings, for example, is a great way to learn about collaborating with other disciplines. Also, find out what testing experiences are available. Will you be providing brief screenings or full neuropsychological batteries?

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President's Comments, *continued from page 1*

conclusion that, in many ways, I was repeatedly in the right place at the right time. Of course, one must be alert for opportunities and take advantage of them. I would like to reflect a bit on some of the opportunities that have crossed my path, some of the people who helped me along the way, and consider what steps all of us can take to provide opportunities for others and to seize opportunities when they exist.

One type of opportunity that has made a major difference in my own career was the availability of funding. While finishing my clinical psychology internship at the University of Washington-Seattle, I discovered that the UW had a NIMH postdoctoral fellowship available in geriatric clinical psychology. While not averse to working with older adults, I would never have thought to seek out specialty training in this area without the incentive of financial support. Little did I know that working with older people would turn out to be exciting and that I would become utterly captivated by the opportunity to do clinical work and research with older patients and their families. Besides NIMH funding for my postdoc, I had the good fortune of receiving a $40,000 grant from the AARP Andrus Foundation in 1984. This was my first grant proposal, and in those days, the AARP Andrus Foundation made it possible for beginning researchers to get a start with little more than a good idea. Support from NIA has made a big difference in subsequent years, but nothing was as important as the small grant from AARP in helping me succeed.

Another way I have been provided opportunity is through help from more senior colleagues in clinical geropsychology. While I have been mentored and helped by many, several people stand out for their actions, whether small acts of kindness or major efforts to help me. While on my postdoc, I had the good fortune to read a paper that crystallized my interests and gave me a way to link the interesting clinical work I was doing with caregiving families with psychological theory and research. This seminal paper by Steve Zarit and his colleagues, "Relatives of the impaired elderly: Correlates of feelings of burden", was published in The Gerontologist in 1980. I remember traveling to a conference, seeing Steve present, and then introducing myself to him. We only spoke for a brief time, but his words of encouragement meant a great deal to me, and I decided to make caregiving research my specialty.

I received a major boost from Powell Lawton, the first Editor of Psychology and Aging, during the beginning of my career. I submitted a paper presenting a stress process model of caregiving, and attempted to evaluate the model by what were, in retrospect, extremely simple statistics. Powell sent me a very kind 3-page, single spaced letter complimenting me on my ideas and outlining how the paper could be improved with a different statistical approach that he described in detail. Thinking back, he probably deserved co-authorship for all of the input that he provided. We revised the paper, and it was later published in Psychology and Aging in 1987 and became widely cited. All of us who have worked in the area of clinical geropsychology are saddened by Powell's recent death, and I am sure that many of us can point to similar examples of where his kindness and thoughtfulness helped us along.

Another boost came from Margy Gatz. Margy offered me lead authorship on a coauthored book chapter we were asked to produce, and arranged for my appointment on the editorial board of Psychology and Aging when these were huge professional opportunities for me.

Throughout my career, I have also found that research opportunities are often available as much through being alert to possibilities as through careful planning. While at I was on the faculty at the University of Alabama at Birmingham (UAB), I began to see a large number of African-American families through the VA Medical Center, which gave me opportunities to think through how cultural

differences might affect family caregiving. I have been able to use what I learned from these families to develop a line of research on diversity and family caregiving. More recently, working with Ron Schonwetter, a geriatrician who is Medical Director of a local hospice, has provided opportunities for me to do exciting work examining family caregiving at the end of life.

In my own case, several of my most important steps forward in the field of clinical geropsychology came about because of what at the time I viewed as disappointments and failures. The major reason I took my geropsychology postdoc in Seattle was that, when I initially looked for jobs as an Assistant Professor, I applied for 21 positions and didn't even land an interview. The postdoc gave me a focus and helped me land my first academic job at UAB. After a long stretch of success at UAB, another disappointment turned into an opportunity. In 1995, after being denied promotion to Professor in the Psychology Department at UAB, I took advantage of an offer to be Chair of the Department of Gerontology at the University of South Florida. If I had been promoted when I wanted, I would never have made this major move. In terms of my career and personal happiness, this has been one of the best moves that I have ever made, so again, disappointment provided an opportunity.

In summary, as individuals, I hope that all of us will do what we can to provide opportunities for students and colleagues to succeed in clinical geropsychology. Sometimes kind words of encouragement, editorial feedback on a promising paper, or outright efforts to boost the careers of others can have long-lasting effects. We should also be alert for opportunities, even when we experience failure and disappointment, and do what it takes to utilize them. As an organization, we must work to assure that we provide more opportunities to attract people to our field, and to allow for success by talented clinical geropsychologists. Better reimbursement for geropsychology services, more funding for aging research and training, and greater availability of geropsychology training programs at all levels are goals that all of us can work toward. Lobbying to improve public policy, better publicity about geropsychology programs, and willingness to do the hard work of becoming involved in APA governance will be keys to the success of our field. I am honored to serve as President of the Section of Clinical Geropsychology, and I am eager to hear ideas from Section members about ways that we can work together to create opportunities and take advantage of them to the fullest.

In Memory of M. Powell Lawton, Ph.D., *continued from page 2*

of his interests as better, more important, or of greater worth that other people's interests and areas of activity. This extended from scientific investigation to what we did for fun. He was open to sociological understandings of psychological phenomena, and encouraged me in developing research in those types of topics. And although he took pleasure in making fun of my devotion to Star Trek and science fiction, it was always in very good humor and never belittling. I have always felt that the difference between a teacher and a mentor is that a mentor teaches not only in presenting information in a formal way but that you can learn from the way the person conducts themselves in human interactions. Powell Lawton will always remain one the most important mentors in my life." Allen Glicksman, Ph.D.

- "Powell was a role model for me in multiple ways, both professionally and in the way he lived. He provided personal advice that was helpful to me at several career junctures. We have all been enlightened by his insights and careful thinking about the ways older persons interact with their environments, and can be inspired by the way he continued to contribute to our field to the very end of his life." George Niederehe, Ph.D.

- "Powell was responsible for my whole intellectual life. He hired me to work at PGC in 1976 as a new PhD clinical psychologist, but, in characteristic fashion, forgot to tell me his plan was to pioneer clinical geropsychology. (He forgot to tell everyone he built our WHOLE field). He started my textbook writing career by putting me on as an author in a chapter in the Handbook of Mental Health and Aging, teaching me how to review a literature and then-- because he knew I was frightened-- single handedly researching and writing every sentence of the actual review. Last year before he got sick, I commented to my husband that the older I get the MORE influential Powell becomes in shaping my world view. Even though I was never a part of that PGC work, I now find myself obsessively discussing the need for person-environment congruence in our aging society wherever I go! Most important, Powell is my role model for what is possible in a human being. To borrow some words from Frank Podeitz (in the obit) he is my own personal "shining beacon" for how to live." Janet Belsky, Ph.D.

- I first met Powell in 1992. I had just finished my doctorate and was newly hired as the Project Director for the Chicago site of the NIH Special Care Unit Collaborative Study. I met Powell at the twice yearly study meetings and saw him at GSA every November. At first, I was in awe of him because I had spent so many years studying his work. But it is hard to stay in awe of Powell. He is such a down to earth, kind person that he made me feel comfortable and accepted. At one point, Powell asked me to review a book for Contemporary Gerontology. I was a bit apprehensive because I had not done a book review before and because it was for him. When I sent it in, he replied with a note that said, in part, "Thank you for your excellent review of Aronson's "Reshaping Dementia Care." If this is your first review, I'd say you have a rosy future ahead of you!" I felt so uplifted by his comments." Judy McCann, DNSc

- "Powell had an impact on my work of course through the many thoughtful conversations we had about research ideas. Perhaps more profound, though, was his influence as a psychologist whose choice of research topics emerged from his genuine concern for individuals. I recall lunch in the cafeteria at PGC, Powell sitting in front of a huge salad, me with my guilty plate of macaroni and cheese. The warmth he showed to everyone in that place was beautiful to witness. He cared about the direct care staff, the support personnel, and naturally the residents and family member who were there. To them he was not an eminent gerontologist but simply a sincere, caring individual. I think it was, in part, that spirit that made his contributions to gerontology so great, and it is Powell's compassion that still guides how I think of my role as a researcher and clinician. He possessed a superlative intellect and a deep appreciation for individuals about which I continue to be awed." Brian Carpenter, Ph.D.

In sum, Dr. Lawton will be sorely missed. During my own interactions with Powell while I was a clinical postdoctoral fellow at PGC, I witnessed first hand what his colleagues and students wrote about above. He was a genuine and compassionate person who took the time to share his wisdom while simultaneously imparting enthusiasm and encouragement. He truly lived and worked in a manner that enhanced quality of life for those who were fortunate enough to be in his presence. We are all pleased that his work will persist both in regard to his own contributions and the contributions of others whose careers he helped shaped both professionally and personally.

The Student Voice, *continued from page 6*

Another issue to consider is geographic location. I have recently learned about differences between psychologists in urban versus more rural areas. It appears that in my short experience here in a small town with few psychiatrists, psychology can be called upon to consult about psychotropic medications, in addition to other responsibilities.

Finally, who your supervisors will be is always of interest to students. What are their styles in regard to both therapy and supervision? These are questions that you can directly ask of supervisors, in addition to asking former students or interns. I believe geropsychology is an extremely important area of study since there is a great demand for the skills of psychologists trained in working with the older adult. As students, we can help meet this need by making the most of our training experiences.

♦If you have comments, questions, or ideas for a future STUDENT VOICE column, please feel free to contact Merla Arnold, M.Phil., 12/II Student Representative at: **ma159@columbia.edu**.

Profile on: Irving Hellman, Ph.D., *continued from page 4*

and consultations and trainings for management and staff of public and private institutions regarding eldercare issues. Conducting trainings on a range of subjects related to elder abuse is the fastest growing part of my practice. I have been contracted to provide consultation and training to Adult Protective Services, Ombudsmen, and Public Guardians and Conservators throughout Northern California. In addition, as an Assistant Clinical Professor at the University of California Davis, School of Medicine in Sacramento, I train Psychiatry and General Medicine residents in the detection and prevention of elder abuse. Within the context of these activities, I have developed a comprehensive training program for mandatory reporters of elder abuse, which I have offered throughout the State of California.

The major obstacle I encounter in my work is the lack of knowledge that professionals working with elders possess regarding elder abuse. In California, a variety of professionals, including psychologists, have been identified as mandatory reporters. Yet it is estimated that the majority of cases of elder abuse continue to be underreported. Therefore, it has become my goal to reach as wide an audience as possible to train them in the detection and prevention of elder abuse. I hope that such training in elder abuse will be mandated, as is child abuse training, so that mandatory reporters will be better equipped to recognize elder abuse, increasing their compliance with mandatory reporting laws, and ultimately reducing the incidence and risk for all types of elder abuse. Ultimately, I hope that conditions generally improve for elders today and in the future.

These reflections on the development of my specialty area of practice as a geropsychologist and ElderCare Adviser suggest some guidelines for budding geropsychologists. Our field is wide open and all of us are contributing to blazing trails of practice. There are numerous opportunities besides traditional academic teaching and research positions or the direct treatment of elders and their families in institutional and community settings. Consulting to public and private organizations and training of the many professionals providing services to elders are promising contexts for the delivery of services that we as geropsychologists are particularly qualified to provide. Ultimately, it is essential that we all pursue professional activities that are personally challenging, stimulating and offer us an opportunity to be true to ourselves while contributing to the ultimate challenge of healing the world.

♦Contact **Irving Hellman** at **916-731-7278** or email him at **IDHellman@aol.com** with your comments, questions, or interests in elder abuse or eldercare issues.

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Did you know....

- If you need to **change your address** for the newsletter, please contact Barry Edelstein, Ph.D. at e-mail: u21b4@wvnet.edu o by phone: (304) 293-2001, Ext. 661.
- Stay connected with your colleagues in clinical geropsychology by joining our **e-mail network**. Simply send an e-mail to Barry Edelstein at u21b4@wvnet.edu (Be sure to include your name, e-mail address, and express your interest in joining the 12/2 e-mail network).
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