

Clinical Geropsychology News

Summer 2002

APA Division 12, Section II

Volume 9, Number 2

President's Comments:

Developmental Challenges in Geropsychology

Sara Qualls, Ph.D.

The field of Geropsychology faces significant developmental tasks that have engaged a large number of members in active work recently. Section II has been a remarkably active group for such a small organization with a short history (launched in 1993). I hope you are as impressed as I am by the skills and accomplishments of our members after reading a few of the attempts to move us through some of our greater developmental challenges.

Developmental Task 1: We need to expand the array of available practitioners, yet insure that practitioners who serve older adults have appropriate training for this work.

Data from our recent survey of APA practitioners tell us that although most practitioners (almost 70%) provide services to older clients, the number of hours spent serving elders is very low. The sum of available hours does not come close to meeting projected demand. [Results from this survey, due to be published in *Professional Psychology: Research and Practice* in August, provide information about who provides more services to older adults and who wants to expand practice.] The bottom line is that we do not have enough practitioners currently available to meet the escalating needs.

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****New Member Form Inserted in this issue!***

Without growing both graduate and post-graduate training opportunities, we will never meet these needs. New graduate programs in geropsychology are just now emerging after a 20 year hiatus on new developments (thanks to those of you in the trenches working on these!). We can hope that increasing this pipeline will build the practitioner base over time. Greg Hinrichsen and colleagues continue to maintain the online directory of internship and postdoctoral training sites with geropsychology

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Division 12/Section II Officer Elections

Division 12/Section II will be electing individuals to serve in the following offices:

- ❖ **President:** the person elected President will serve as President-elect from January - December 2003 and as President from January - December 2004.
- ❖ **Secretary:** the person elected Secretary will serve a 3-year term beginning January 2003.

Voting members will receive ballots in June. The following are statements from the candidates.

Statements from Candidates for Office of President

Deborah W. Frazer, Ph.D.

From 1976 to 1996, I learned, practiced, researched and taught geropsychology in a variety of settings: state hospital, community mental health center, and long term care continuum (Philadelphia Geriatric Center). Five years ago, I took the position of Director of Behavioral Health with a long-term care company, Genesis ElderCare. I am an internal consultant to the company on mental health issues, with the broad charge of improving the quality of care related to behavior, mood, and cognition throughout the organization. Needless to say, as one of only a few mental health professionals among 40,000 employees - and with no staff - this is a major challenge!

Throughout my professional journey, I have always highly valued my geropsychology colleagues - perhaps never more so than in the last five years. I think of myself as a translator of all the wonderful, original research and practice ideas that have emerged from our geropsychology community. My work develops bridges from academia to sites of care, from Ph.D.'s to CNA's, and from clinical psychology to long-term care. It involves understanding the economics of long-term care and Medicare, and trying to develop models of care that are both financially feasible and promote higher quality of care. I hope that my interactions with 12/II colleagues, as well as those in GSA and PLTC, culminate in better mental health care for older adults.

I graduated from Swarthmore College in 1969, and received my Ph.D. in Clinical Psychology from Temple University. Although currently I don't practice, I retain my license and hope to someday return to direct care. I have continued to do a modest amount of writing (most recently, a chapter in Sirven and Malamut's *Clinical Neurology of the Older Adult*) and collaborate on research with former PGC colleagues.

Paula E. Hartman-Stein, Ph.D.

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APA Division 12/Section II has been my "home" in organized psychology since the section was implemented. I am honored to accept the nomination for President-elect of the Section. My qualifications for the position result from nearly 20 years of private practice experience, past leadership positions in professional organizations, a role in educating healthcare professionals, and national advocacy efforts.

In 1994 I founded a clinical and consulting practice in Northeast Ohio devoted to behavioral healthcare of the middle age and older adult. I fully understand the frustration of clinicians who work under ever changing Medicare and managed care regulations both from personal experience and correspondence from psychologists across the country who respond to my columns on geropsychology practice for *The National Psychologist*.

My advocacy efforts began in 1993 when I was part of an APA team consulting with Harvard economists to study the "work value" of psychology. I have lobbied on Capitol Hill for re-authorization of the Older Americans Act and recently to request appropriations for post-doctoral training for geropsychology.

My M.A. is from West Virginia University (1976) and Ph.D. in Clinical Psychology is from Kent State University (1982). While conducting a hospital-based practice, I completed the Geriatric Clinician Development program at Case Western Reserve University (1993). I am proud of a recent honor, Distinguished Practitioner of Psychology in the National Academies of Practice, an organization devoted to interdisciplinary practice and advising Congress on healthcare legislation.

I am Adjunct Instructor at the Kent State University College of Nursing and a Senior Fellow at the Institute for Life Span Development and Gerontology at the University of Akron. I conduct on-line courses for the Fielding Institute. In 1998 I edited *Innovative Behavioral Healthcare for Older Adults: A Guidebook for Changing Times*.

If elected, I will strive to make the division more relevant for clinicians, work cooperatively with psychologists throughout APA, and advocate for legislative change. I hope you will support me for President-elect.

Statements from Candidates for Office of Secretary

Forrest Scogin, Ph.D.

Division 12, Section II has quickly become the voice of clinical geropsychology and as such I would be honored to be the Secretary and a member of the Executive Board of the Section. This is an important time for clinical geropsychology and Section II will play a role in shaping our future. Continued focus on research, training, and service issues will keep Section II at the vanguard of clinical geropsychology. I have been involved with the Section for several years via my work with the evidence-based treatments taskforce and I have been impressed with the productive work of the Section.

I received my doctoral degree in 1983 from Washington University in St. Louis and am presently Professor and Director of Graduate Studies at the University of Alabama. I am also the coordinator of the geropsychology concentration in our clinical psychology program. I am presently a member and Chair-elect of APA's Committee on Aging (CONA), serve on the editorial boards of *Journal of Gerontology* and *Journal of Consulting and Clinical Psychology*, and maintain a small private practice serving older adults. My research interests are in the areas of psychotherapy, depression, and memory, and I have received external funding to support my research in these areas. As Secretary and Executive Board member of Section II, I would continue to direct my energies towards ensuring that the public and policy makers know that we



perform beneficial, reimbursable services and that the interests of older adults are served by training clinical geropsychology specialists. I'd also keep good meeting minutes.

Patricia A. Areán, Ph.D.

Throughout my training and professional career, I dedicated myself to the management of mental illness in older adults, in particular older minorities who live below the poverty line. After obtaining my Ph.D. in clinical psychology at Fairleigh Dickinson University in 1991, I completed a 2-year, NIMH Clinical Services Research post-doctoral fellowship at the University of California, San Francisco. I then obtained a tenure-track position at UCSF. At that time, I was the first clinical psychologist to enter the tenure track at UCSF in nearly 20 years and the first woman of color to be hired in the tenure track in the department of psychiatry in over 15 years. I have published a number of studies on access and cultural barriers to mental health services in older minorities, the effectiveness of psychotherapy in these populations, and research methodologies for research with older minorities. I am currently the psychotherapy and cross cultural expert for two national clinical trials on the treatment of mental illness in older adults presenting to primary care medicine. I have served on the Mental Disorders of Aging and Treatment and Interventions study section at the NIMH, and am on numerous editorial boards. In 1998, I was quite honored to receive the David Shakow Early Career Award for this Division. I firmly believe in the role that psychology has in the management of mental illness in older adults. I have dedicated myself to training the next generation of gero-psychotherapy researchers and acting as a representative of clinical geropsychology to other mental health and health professions.

As a representative, I have been actively involved in professional organizations such as AAGP, ICGP, and GSA. I have also very much enjoyed making contributions to this organization by serving on the membership committee for Division 12. I hope to continue serving this Section by acting as Secretary, by assisting the President and Board Members in developing and furthering the agenda for clinical geropsychology, and by helping advocate for more research support and better training in geriatric psychology, particularly in multidisciplinary and public sector settings.

Many Thanks to Section 12/II Contributors!

Margie Norris, Ph.D., Treasurer

On behalf of the board and all members of Section 12/II, I would like to extend our appreciation and gratitude to the many individuals who have included donations to the Section with their annual dues. The following persons deserve a round of applause for their generosity:

Norman Abeles

Marcella Baker-Weiner

Laura Clark

Helen DeVries

Jerome Gabis

Mary Harper

Robert Intrieri

Kevin Jones

Deborah King

Susan King

Elizabeth Kolin

Steven Lovett

Victor Molinari

Margie Norris

Jay Rice

Michael Salamon

Claren Sheck-Boehler

Kristen Sorocco

Clifford Swensen

Tara Victor

Toni Zeiss

APA Office on Aging Update

Deborah DiGilio, MPH

Aging Issues Officer, Public Interest Directorate, APA

Following is an overview of some of the activities of the APA Office on Aging in the past few months:

January: the Committee for the Advancement of Professional Practice (CAPP) considered and approved an agenda item, Improving Medicare Coverage for Psychological Services. The item was placed on the agenda by Deborah DiGilio, Office on Aging and staff liaison to the Committee on Aging (CONA) and John Anderson (Office on AIDS and staff liaison to the Ad Hoc Committee on End of Life Issues). The item outlined potential areas of collaboration to improve the provision of psychological services and hospice care under Medicare. The approval of this item sets the stage for increased collaboration between these Public Interest and Practice committees.

February: CONA successfully shepherded the APA Resolution on Ageism through the APA governance structure. The Council of Representatives passed the Resolution on Ageism that states "APA rejects ageism in all its forms and is committed to support efforts to eliminate it from our society." This is the first APA policy statement related to aging, and as such provides the basis for increased policy efforts within the Association. Also in February, the APA Office on Aging hosted its second meeting of the National Coalition on Mental Health and Aging.

March: You may recall from my last update that the Education Policy Office, in collaboration with the Office on Aging and CONA, is requesting \$5 million in the FY 2003 Labor, Health and Human Services, and Education Appropriations bill to establish the Graduate Training in Geropsychology (GTG) program. The GTG would operate through a competitive grant process to train *health service psychologists* enrolled in APA accredited programs to provide mental and behavioral health services to older Americans through an integrated approach to health care. Funds would be used for trainee stipends, clinical teaching psychologists, faculty and curriculum development, model demonstration programs and technical assistance. Advocacy efforts for the GTG appropriations initiative began in March 2002 with an APA Congressional Breakfast Briefing sponsored by Senator Wyden's office titled, *Contributions of Geropsychologists to an Aging America: Promoting Health and Quality of Life...Preventing Elder Abuse, Depression and Suicide*. Panelists included Michael Duffy, Antonette Zeiss, Jane Fisher, Forrest Scogin and Beth Hudnall Stamm. Immediately following their briefing presentations, the panelists met with key Congressional appropriators to inform them about the role of psychologists in practice and research in health care for older persons. In addition, in the last few months other psychologists who are constituents of key legislators have come to Washington to ask for their support for GTG funding. As a result of these visits, there is a great deal of enthusiasm for the GTG program among key legislators on the hill. Consequently, despite a very tight budget year, we are hopeful that the GTG Program will be funded for FY2003 and either administered through the U.S. Administration on Aging or the U.S. Bureau of Health Professions where the newly established Graduate Psychology Education (GPE) program resides.

Coming up: A call for nominations for two new members of the APA Committee on Aging will be issued shortly. The deadline for nominations will be in August. We would like to encourage

all of those who may be interested in playing a role in APA governance issues to nominate themselves to serve on CONA. It is a very exciting time of growth for aging issues! The call for nominations, as well as information on the above issues and many others, is available on the APA Aging Issues webpage: www.apa.org/pi/aging or contact me at ddigilio@apa.org.

New York Times Covers Dementia Reimbursement Policy **Margie Norris, Ph.D., Chair, Public Policy Committee**

On Sunday March 31, 2002 the New York Times featured a front page article on the recent Medicare memorandum that prohibits insurance carriers from automatically denying payment for medical services based solely on a diagnosis of dementia. Members of Section 12/II were delighted to see such media attention to this issue. Many other newspapers across the country also picked up the story. Unfortunately, this report also intimated several details that were somewhat misleading, especially to the general public who are mostly unaware of insurance carriers' practices and Medicare policies. In response, Sara and I wrote a letter to the editor to clarify our major concern -- that patients with dementia may still be denied coverage after a record review. The letter, written on behalf of the Clinical Geropsychology Section of APA and Psychologists In Long-Term Care, was regrettably not published by the New York Times but is reproduced below.

Dear Editor:

The article on Medicare coverage for Alzheimer's patients provided vital information to readers about recent changes that will increase the availability of effective treatments to Alzheimer patients. However, important clarifications should be noted. Medicare has never adopted a policy that denied medical services to all patients with Alzheimer's or other forms of dementia. The September 2002 Medicare memorandum prohibits insurance carriers from *automatically* denying these services solely on the basis of the diagnosis. This routine practice is no longer permitted. However, patients may be denied treatments on an individual basis, following the insurance carrier's audit of the patient's record. Carriers may review records, decide services would not be helpful, and withhold payment. While the recent clarification from Medicare is a significant step toward improving health care for dementia patients, families and health care providers must remain vigilant that carriers do not continue to deny effective services to persons with dementia.

Margaret Norris, Ph.D.
President, Psychologists In Long-Term Care

Sara Qualls, Ph.D.
President, Clinical Geropsychology

◆ Don't Forget!
Complete and return a New Membership Form
today, and encourage colleagues and students to join!
Application Is Enclosed!

Profile on...Deborah King, Ph.D.

Director of Geriatric Psychiatry Services and Director of Clinical Psychology Training, Department of Psychiatry, University of Rochester Medical Center

As I ponder how to describe myself for this column, I am struck by how truly lucky I am both personally and professionally. I am a family therapist and geropsychologist who was blessed to grow up in a family with three sets of grandparents. Although I was unfortunate to have lost my mother at an early age, my father remarried and enabled me to have close connections with my familial elders. My earliest mentors and most steadfast teachers were my three grandmothers. I have always been fascinated by their stories and I continue to feel privileged to be an observer and facilitator of the reminiscences of elders. This comfortable familiarity with those at least two generations older than I is no surprise given the laws of "intergenerational karma." That is, having been loved and nurtured well by my elders, I now take pride and pleasure in giving back.

In terms of my professional development and "family history," again I have been blessed by being part of a rich, intergenerational family of clinicians and scholars. I did my undergraduate and graduate work at Indiana University, working with Ken Heller and others to conduct studies that followed up on Jim Coyne's interactional model of depression. I came to the University of Rochester for my internship in order to work with Lyman Wynne, a pioneering family therapist and researcher. Needless to say...I never left! At Rochester I got "turned on" to working with depressed elders and their families during my internship rotation in inpatient psychiatry. I stayed on to complete postdoctoral fellowships in adult psychology, geropsychology and neuropsychology. Subsequently, as a faculty member in the Program in Geriatrics and Neuropsychiatry, I worked closely with Eric Caine, Yeates Conwell and others to complete a series of neuropsychological studies of late-life depression and suicide. Our findings contributed to the growing body of evidence characterizing the robust cognitive deficits of these elderly patients. More recently, as part of the Rochester Center for the Study and Prevention of Suicide, I have been interested in family factors that may cause depressed elders to feel "expendable" and to be more prone to suicidal behavior. As part of this work, we developed a family systems perspective on physician-assisted suicide that was published in a special issue of "Psychology, Public Policy, and Law." I have also been fortunate to be a collaborator on Jeffrey Lyness' studies of depression in primary care that focus specifically on older patients. One of our most exciting current projects is being led by Linda Travis, an experienced geropsychologist and National Research Service Award Fellow, who is studying the relationships between depression, social support and functional adaptation in older patients with low vision. This project and others will provide us with important venues for studying the nature and quality of the relationships between older adults and their family members.

I am currently on sabbatical to get more experience with elders and their families in palliative care and hospice settings. This period of 'respite' from my usual responsibilities is another tremendous blessing in terms of advancing my overall career goal of improving the quality of intergenerational relationships during the second half of the life cycle. During this period, I have the joy of collaborating again with Lyman Wynne who is still actively involved in

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The Student Voice: *Who We Are and What We've Done*

Merla Arnold, R.N., Ph.D., 12/2 Student Representative

I'm very mindful that this is the last Student Voice column that I will be writing as your Student Representative. The role of 12/II Student Representative has been both professionally enriching and personally rewarding. My involvement in the activities of 12/II has served as a bridge, helping me walk the trail from student in psychology to professional psychologist. It is a long road with many twists, turns and parallel paths. What has been most valuable to me as I moved through the process was the generosity of those who have already taken this part of the journey. I cannot understate the valuable contribution of the mentoring, support and encouragement I have received by those who have been here before me. Of course, I want to thank the 12/II Board Members I was privileged to work with over the past two years. I also want to offer a special thank you to Dr. Gregory Hinrichsen, my mentor, my scaffolding.

It is clear that the strength of 12/II comes from the members. At this time, we have 69 student-members. And, our membership numbers are increasing! In an effort to continue this trend, discussions are underway with the Membership Chair to establish a Student Membership Committee. For example, this committee, with the assistance of the student representative(s), would be responsible for regular student membership drives. Currently, the student representative conducts the membership drives. Having several people involved will increase our exposure and likely student interest in Clinical Geropsychology.

Student involvement in the Section is important, not only for the student but for the Section. To facilitate and increase student involvement, student representative Sherry Beaudreau put a student email list together. Now we have a way of getting student-specific news and information directly to the students. And, we have a way to get feedback from the student membership. One of the first uses of this email list was distribution of a Student Survey. Seventeen students responded, which gives us a clue as to who we are as a student group. We come from all over the country. Most (but not all) are Ph.D. students in clinical psychology. Research interests are varied and include diversity and gender concerns, health/behavioral medicine, spirituality, neuropsychology, dementia and depression, and psychotherapy process and outcome. Most respondents want to engage in both aging research and clinical work.

One of the survey questions asked about recent accomplishments. We would like to acknowledge the following: Mary Miller Lewis completed internship and Ph.D. program; Trey Thompson completed internship and was accepted for a geropsychology fellowship; Joshua Fogel was accepted for a post-doctoral fellowship at Johns Hopkins, received an APA Dissertation Research Award, had a research letter printed in JAMA, with articles accepted for publication in health psychology and psycho-oncology focused journals; Jill M. Freeman successfully defended her dissertation proposal; Diane Stoebner has a post-doctoral fellowship in minority aging and health; Brian Yochim is a NIA Fellow at the Institute of Gerontology at Wayne State University; Elodia Thomas supported and cared for family members during their illnesses, all the while sticking with her doctoral program; Adam Bank and Angela Mae McBride are on internship; and Cindy Strege is applying for internship. Congratulations to all of you!

I will be completing my geropsychology post-doctoral work in August and fully expect to begin an independent practice working with older adults. I also hope to develop work and research that focus on my continuing interest in end of life matters. I suppose that it could also

be said that completing my tenure as the Section's Student Representative is an accomplishment. But, it was more than that. It was my privilege. Thank you all.

By the way, keep a look out for information about the Annual 12/II Student Breakfast held each year during the APA Convention. It is sponsored and attended by the members of the 12/II Board. It is a great time to meet one another and make connections that can last throughout your career and beyond. I hope to meet you there!

President's Comments, continued from page 1

offerings. Barry Edelstein led the effort to develop questions on Geropsychology for the licensing exam, a step that will motivate training programs to add content in Geropsychology (thanks to many of you who participated in the workshop in February).

The main hope for meeting the rapidly growing demand lies in developing strong continuing education. Data from the survey noted above suggest that most practitioners desire CE in Geropsychology. They are looking primarily to regional sites as well as distance learning opportunities for both content training and supervisory consultation. Our focus on providing CE at national meetings has been successful, but does not begin to meet the broader need for access, nor have we begun to deal with the need for more advanced or specialized training. The challenge of developing a meaningful, accessible, multilevel CE structure is immediate.

Developmental Task 2: We need clarify the knowledge and skills that proficient practice demands, and create the mechanisms to enable practicing psychologists to achieve such expertise.

Since the Section began, two major initiatives have focused on the process of defining Clinical Geropsychology as an area of practice that requires specific knowledge and skills. APA recognized the Proficiency in Clinical Geropsychology several years ago. The designation of this proficiency status for the field defines us as having a specialized knowledge base – no small accomplishment. At this point we have not devised a mechanism by which individuals can be recognized as proficient, however. Michael Duffy is continuing discussions with the APA College of Professional Psychology about the possibility that they might develop a certificate in clinical geropsychology. As usual, costs are a barrier that is tough to surmount in a small field (there would have to be a large number of persons to apply for the certificate in order to cover costs of development of the certification process). Talks continue.

The second initiative has been the Interdivisional Task Force on Qualifications for Practice in Clinical and Applied Geropsychology, which developed a series of recommendations about preparation for working with older adults. Over a number of years, we have sought APA acceptance of this group's report as a set of guidelines, but this document became a surprising source of controversy within APA for which resolution is still being worked out. George Niederehe continues to try to shepherd the document through the Council of Representatives. In 2000, Council deferred the document to a special work group after a firestorm was created by practitioners who were concerned about how it might be used to restrict those who lacked formal training in geropsychology. The document is currently under revision to clarify its focus on laying out the knowledge and skills appropriate for practitioners who work with older adults, rather than on setting up requirements for particular training processes, with the plan to resubmit it to APA and the Council as a set of practice guidelines later this year.

Developmental Task 3: We need to be politically active in order to advocate for policies that support access to geropsychology services, quality standards for services, training opportunities, and research support.

Policy and legislative activities have been intense in the last year as issues related to reimbursement parity for mental health practitioners, across-the-board reductions in Medicare reimbursements this year, and reports with significant impact on practice have emerged from CMS (previously HCFA). Margie Norris, Chair of the Section's Public Policy Committee, has been an excellent advocate and reporter of the issues. Deborah DiGilio, from the APA Office on Aging along with the Committee on Aging (including Bob Knight, Toni Zeiss, Martita Lopez, and Forrest Scogin from our membership), have worked diligently to activate multiple offices within APA on behalf of Geropsychologists. APA staff members Diane Pedulla and Steve McEllin have brought Medicare issues into more visibility within APA's Practice Directorate. APA's Medicare Task Force that advises the Practice Directorate has several Section II members involved in determining how best to advocate. Keep an eye on the Section web site, under the guidance of Rebecca Allen-Burge, and sign on to the listserve (contact Barry Edelstein at: barry.edelstein@mail.wvu.edu) to participate in interesting discussions.

One recent successful policy effort, led by the American Bar Association but highly beneficial to psychologists, is the CMS announcement that carriers can no longer deny claims solely on the basis of a dementia diagnosis (obviously, carriers can deny for other reasons!). A less successful moment was the report on nursing homes from the Office of the Inspector General. Although the Public Policy Committee responded to many inaccuracies and worrisome interpretations, the implications of that report for future policy is of concern.

Section II has formed an Interdivisional Task Force on the Practice of Geropsychology, led by Stephen Rapp and Paula Hartman-Stein, for the purpose of enhancing cooperation among divisions who have a stake in seeing APA actively working on behalf of older adults. The group just set up an email meeting mechanism so they can share information about what is happening across the divisions. When it is time to act on a Geropsychology initiative within APA, this group will be ready to link related divisions in a coordinated effort.

Developmental Task 4: We need to build the strength of our identity as a discipline, yet tear down walls of disciplinary castles in order to provide better quality care for older people.

Geropsychologists must work with members of other disciplines, whether the tasks are clinical services, education, or research. Although the activities noted above focus on our development as a discipline, an equally compelling set of tasks face us as we attempt to build linkages with related disciplines. We need to watch for opportunities like the Coalition on Mental Health and Aging, to which Jiska Cohen-Mansfield serves as our liaison, where all of the mental health disciplines come together to discuss common concerns and initiatives.

The policy arena is an obvious site where we need collaborative efforts. The successful effort to get the attention of CMS about the ways carriers restricted services to persons with dementia was a model example of how an American Bar Association initiative engaged persons from many disciplines in forcing CMS action to rectify a problem. Our sister disciplines' organizations tend to have a longer history of political savvy than psychology, so psychology must enhance its learning curve. Our Section will need to be very actively involved in educating, supporting, and prodding APA to join with other disciplines to address focal concerns. The need to integrate psychology into primary health care settings got a major boost with the new CMS

Health Behavior codes. Likely, we will flounder for a few years in the implementation of these codes. Already the Section II e-mail network (which Barry Edelstein has maintained so faithfully and so well over many years) has served as a valuable vehicle for sharing information with each other about our local carriers' responses. Other mechanisms for integrating our practice with those of our medical and psychosocial colleagues must be created, and it will take our shared creativity to make them work.

Kudos to the many, many Section II members who have worked so diligently to create, support, and foster development in Geropsychology! Obviously, we still have our work cut out for us. Please communicate your ideas and concerns (the e-mail network is a great mechanism), and find the right spot to use your energies to help our field be excellent and useful.

Profile on...Deborah King, Ph.D., Continued from page 7

research and teaching as Professor Emeritus at Rochester. Building on his relational model of family systems and my geropsychology experience, we are working to expand and to deepen conceptualizations of late life family development. For example, we are developing a concept that I call "family integrity" to describe an elder's need to establish connection, wholeness and meaning in the context of the intergenerational family. Akin to Erikson's concept of "ego integrity" at the individual level of development, we are proposing a similar age-related striving towards relational closure at the family level. Please "stay tuned" for further work on this project, which I hope will be valuable to clinicians, elders and family members alike.

Although I have chosen to focus on scholarly pursuits in this column, all of these efforts have been fueled by collaborations with the superb clinicians in our program, as well as the elderly patients and families whom we have been privileged to serve. As Director of the Older Adults Service, an ambulatory mental health clinic for elders and their families, I have played the role of 'family consultant' on numerous cases that involved multiple generations of family members. I have been privileged to be a part of the healing process when bereaved families discuss painful losses and longstanding conflicts for the first time ever. I have also learned a tremendous amount while establishing mental health consultation services in nursing homes, where I work with talented clinicians who are devoted to serving underserved elders. My training in family systems has been very helpful in understanding the challenges and dilemmas confronting our consultants and the other health care providers working in long term care. The biggest obstacle I have encountered, however, is the ongoing lack of parity between medical and mental health funding. Regrettably, we still have a long way to go in educating nursing home owners, administrators, government officials and the general public about the increased need for mental health services for the expanding elderly population. Members of Section II have been leaders in this effort and we all must join the fight.

I will close by sharing a last bit of advice for budding geropsychologists. Although I run the risk of "preaching to the choir," I strongly recommend seeking training in family systems theory and treatment as part of your comprehensive preparation. As the aged segment of our population continues to grow, we are challenged to understand and support the "vertical" dimension of families containing multiple surviving generations. There is still tremendous urgency for meeting the psychosocial challenges encountered by these older adults and their families. Geropsychologists have made significant contributions to this effort, but we still lack

empirically validated approaches that are specifically attuned to a particular family's stage of development or the quality of their intergenerational relationships. Finally, beyond the professional benefit, a family systems background is also very satisfying personally. As I move through my middle years, I find that clinical experiences with older adults and their families have facilitated my own pursuit of "family integrity." After all is said and done, I just hope that my work has honored the legacy of my three wonderful grandmothers.

Feel free to contact Deborah King after August 1st at 585-275-3612 or e-mail her at deborah_king@urmc.rochester.edu with your comments, questions or mutual interests.

Division 12, Section 2 (Clinical Geropsychology) ***Distinguished Clinical Mentorship Award***

Nominations are sought for the new *Division 12, Section II Distinguished Clinical Mentorship Award*. The purpose of the award is to recognize clinical geropsychologists who have played important roles in the clinical supervision of psychology graduate students, interns, and/or postdoctoral fellows who provide services to older adults. It also recognizes individuals who have played mentoring roles for graduate students, interns, and fellows interested in a career in clinical geropsychology. Members and student members of Section II can make nominations. Nominees must be a member of Section II. Nominations should be accompanied by letters from at least three current/former supervisees attesting to the abilities of the nominee as a supervisor/mentor. Nominations must be received no later than **June 14** and may be sent to:

Gregory Hinrichsen, Ph.D., Chair, 12/2 Awards and Recognition Committee, Psychology,
Hillside Hospital, 75-59 263 St., Glen Oaks, N.Y. 11004.
For further information contact: hinrichs@lij.edu



Division 12, Section 2 (Clinical Geropsychology) ***Student Research Award***

Graduate and post-doctoral students may submit a completed project relevant to clinical geropsychology for the Division 12, Section II Student Research Award. The award (\$250 and a plaque) will be presented at the 2002 APA meeting in Chicago during the Section II business meeting. The award recipient also will be invited to appear at the Division 12 awards ceremony. Submissions will be accepted from student members of Section II and from students of members of Section II. Manuscripts should be 10-15 pages of text, plus tables and references. Manuscripts that are being presented as posters or in symposia at the APA convention will be accepted and are encouraged; please let us know if the manuscript you submit is being presented. Deadline for receipt of submission is **June 14, 2002**. Send submissions to:

Gregory Hinrichsen, Ph.D., Psychological Services, Hillside Hospital, 75-59 263 Street, Glen Oaks, N.Y. 11004.
For further information contact: hinrichs@lij.edu

DIVISION 12 SPONSORED CONTINUING EDUCATION WORKSHOPS

will be offered this year in Chicago, IL, McCormick Convention Center
August 20-21, 2002, just prior to the APA Convention.

Half-day Workshops, Tuesday, August 20
4 CE Credits

- A. **Advanced Competence: Ethics, Professional and Legal Issues for ABPP Preparation**
Norman Abeles, Ph.D.
- B. **Family Therapy: Ethical and Legal Issues**
Robert Woody, Ph.D.
- C. **Psychopharmacology for the Non-Physician Therapist**
Sheldon Whitten-Vile, M.D.
- D. **Avoiding Malpractice Complaints**
Robert Woody, Ph.D.

Full-day Workshops, Tuesday, August 20
7 CE Credits

- E. **Cognitive Behavioral Therapy with Generalized Anxiety Disorder**
Thomas D. Borkovec, Ph.D.
- F. **Frontal Lobe Function and Dysfunction**
Paul F. Malloy, Ph.D.

Full-day Workshops, Wednesday, August 21
7 CE Credits

- G. **Making ESTs Fit the Demands of Clinical Care**
Lawrence E. Beutler, Ph.D.
- H. **Cognitive-Behavioral Case Formulation and Treatment Planning**
Jacqueline B. Persons, Ph.D.
- I. **Multimodal Treatments of ADHD**
William E. Pelham, Jr., Ph.D.
- J. **Hope Theory and Therapy: On Accentuating Human Strengths**
C. Richard Snyder, Ph.D.
- K. **Child and Adolescent Anger Management**
Eva L. Feindler, Ph.D.
- L. **Neuroimaging for Psychologists**
Paul F. Malloy, Ph.D.
- M. **Starting a Private Practice: Practical Advice for Students and New Professionals**
APAGS

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SATURDAY HALF-DAY WORKSHOP, AUGUST 24 1:30pm-5:30pm
 4 CE Credits

**Location: Hyatt Regency Chicago*
 Dialectical Behavior Therapy for Borderline Personality Disorder
 Marsha Linehan, Ph.D.

.....

Chair:**Stephen S. Ilardi, Ph.D.**

Members \$170 full day \$85 half day
Non-members \$190 full day \$95 half day

Students
 Members \$95 full day \$50 half day
 Non-members \$115 full day \$60 half day
Limit of 10 Student Spaces Per Workshop

INFORMATION: Division 12 Central Office, P.O. Box 1082, Niwot, CO 80544-1082.
 Tel. (303) 652-3126 Fax (303) 652-2723 E-mail: div12apa@attbi.com

◆Don't Forget! Renewing Section II Members: Please pay 2002 dues!
Contact: Margie Norris, Ph.D., Treasurer
mpn@psyc.famu.edu

SPECIAL OFFER FOR STUDENTS!

Enrolled in an APA-Approved Doctoral Program

American Psychological Association: Society of Clinical Psychology

McCormick Convention Center Chicago August 20-21, 2002

Half-day Workshops, Tuesday, August 20**4 CE Credits**

- A. **Advanced Competence: Ethics, Professional and Legal Issues for ABPP Preparation**
Norman Abeles, Ph.D.
- B. **Family Therapy: Ethical and Legal Issues**
Robert Woody, Ph.D.
- C. **Psychopharmacology for Non-Physician Therapist**
Sheldon Whitten-Vile, M.D.
- D. **Avoiding Malpractice Complaints**
Robert Woody, Ph.D.

Full-day Workshops, Tuesday, August 20**7 CE Credits**

- E. **Cognitive Behavioral Therapy with Generalized Anxiety Disorder**
Thomas D. Borkovec, Ph.D.
- F. **Frontal Lobe Function and Dysfunction**
Paul F. Malloy, Ph.D.

Full-day Workshops, Thursday, August 21**7 CE Credits**

- G. **Making ESTs Fit the Demands of Clinical Care**
Lawrence E. Beutler, Ph.D.
- H. **Cognitive-Behavioral Case Formulation and Treatment Planning**
Jacqueline B. Persons, Ph.D.
- I. **Multimodal Treatments of ADHD**
William E. Pelham, Jr., Ph.D.
- J. **Hope Theory and Therapy: On Accentuating Human Strengths**
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- K. **Child and Adolescent Anger Management**
Eva L. Feindler, Ph.D.
- L. **Neuroimaging for Psychologists**
Paul F. Malloy, Ph.D.
- M. **Starting a Private Practice: Practical Advice for Students and New Professionals**
APAGS

Saturday Half-day Workshop, August 24 1:30pm-5:30pm

4 CE Credits

***Location: Hyatt Regency Chicago**Dialectical Behavior Therapy for Borderline Personality Disorder
Marsha Linehan, Ph.D.

Chair: Stephen S. Ilardi, Ph.D.

For a number of years, the APA Society of Clinical Psychology has offered a series of Professional Development workshops just prior to the APA Convention. This, year, students are being offered a special rate for the workshops that have space available after July 1. There will also be on-site registration at the Hotel. Please bring verification of student status if choosing to register on-site.

Registration Form

Name _____ Degree _____ Telephone _____
Address _____ City _____ St _____ Zip _____
Email _____

Payment by: Check enclosed Visa/MC

Workshop Choices: Half Day Tuesday 8:30am-12:30pm (A or B) First _____ Alternate _____
Half Day Tuesday 1:00pm-5:00pm (C or D) First _____ Alternate _____
Full Day Tuesday 9:00am-5:00pm (E or F) First _____ Alternate _____
Full Day Wednesday 9:00am-5:00pm (G-M) First _____ Alternate _____
Half Day Saturday 1:30pm-5:30pm (N) _____

Card Number _____ Exp _____ Signature _____

*Note: Student must obtain Training Director's signature to confirm student status. Student Registrations are non-refundable.

Send or Fax to:

Division 12 Central Office, P.O. Box 1082, Niwot, CO 80544-1082
Fax (303) 652-2723 Tel. (303) 652-3126 E-mail: div12apa@attbi.com

Program for Division 12/Section II (Clinical Geropsychology)

APA meeting in August 2002

Victor Molinari, Ph.D., President Elect

Friday 8/23, 11-11:50am:

- ❖ M. Powell Lawton Award for Distinguished Contributions to Clinical Geropsychology
McCormick Place, Lakeside Center - Level 2, Meeting Room E258
 - Recipient: Martha Storandt, Ph.D.
 - Chair: Sara Qualls, Ph.D.

Friday 8/23, 11-11:50am (co-sponsored with Section IV):

- ❖ Symposium: "Women & Aging: Challenges & Rewards"
 - Claire Brody, Ph.D. & Frances Trotman, Ph.D.McCormick Place, Lakeside Center, Level 3, Meeting Room E 353a.
 - Chairs: Adele Besner, Ph.D. & Sara Qualls, Ph.D.

Friday 8/23, 1-1:50pm:

- ❖ Presidential Address by *Sara Qualls, Ph.D.*
McCormick Place, South Building - Level 5, Meeting Room S504bc.
 - Chair: Victor Molinari, Ph.D.

Friday - 8/23, 2-5pm:

- ❖ Section II Tasks Forces, Div 12 Hospitality Suite

Friday 8/23, 7:00pm:

- ❖ Section II Social.
Giordano's, 236 Wabash Ave. (Wabash & Jackson)

Saturday - 8/24, 8-11am:

- ❖ Section II Executive Meeting, Div 12 Hospitality Suite

Saturday - 8/24, 1-2pm:

- ❖ Section II Business Meeting, Div 12 Hospitality Suite

Sunday - 8/25, 7:30-9:00am:

- ❖ Section II Student Breakfast, Div 12 Hospitality Suite

Sunday 8/25 9-10:50am:

- ❖ Symposium "Mental Health Delivery in Long-term Care Facilities"
McCormick Place, North Building, level 4, Room N 426b
 - Chairs: Lynn Snow, Ph.D. & Lee Hyer, Ph.D.



Clinical Geropsychology News
Newsletter of Section II, Division 12, APA
Michelle Gagnon, Psy.D., Editor
Nova Southeastern University Geriatric Institute
4800 North State Road 7, Suite #F102
Lauderhill Lakes, FL 33319

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Glen Oaks, NY 11004-0038

◆ **FYI:** Anyone interested in assuming Editorship of this newsletter beginning Fall 2003, please contact Michelle Gagnon at mgagnon123@aol.com. More information regarding this opportunity will be printed in the Fall 2002 newsletter.

◆ A special thanks to *Jill Freeman, M.S.* for her superb editorial assistance!

Did you know....

- ◆ If you need to **change your address** for the newsletter, please contact Barry Edelstein, Ph.D. at e-mail: barry.edelstein@mail.wvu.edu or 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 barry.edelstein@mail.wvu.edu (Be sure to include your name, e-mail address, and express your interest in joining the 12/2 e-mail network).
- ◆ Division 12, Section 2 has a **website**. Check in out at <http://bama.ua.edu/~appgero/apadiv12.htm>.
- ◆ Encourage your colleagues and students to **join Division 12, Section II**. Contact Michele Karel, Ph.D., Psychology Service, 3-5-C, Brockton VAMC, 940 Belmont Street, Brockton, MA 02301; e-mail: Michele.Karel@med.va.gov; or phone: (508) 583-4500, ext. 3725 regarding membership.