

Clinical Geropsychology News

Society of Clinical Geropsychology

APA Division 12, Section II

Volume 14, Number 1

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Please contact Karyn Skultety at:
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on the contents of this Newsletter or share ideas.

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

President's Column Forrest Scogin, Ph.D.



Hello everyone! I want to use this first of three pieces I will prepare as President to give you an update on what the section is up to and what we hope to accomplish in the months to come. First, a

couple of observations. What a pleasure it has been to call our organization the *Society of Clinical Geropsychology*! Sounds good, doesn't it? Communicating who we are has been much easier. Heretofore it was time consuming and frankly boring to explain that we were a section of a division within an organization (which we still are, of course). Simple is better.

A second observation is that our Section (ahem...Society) is well-respected within Division 12. I believe we are perceived as being active, well-organized, and responsible. This is a testament to all of us, especially those who have assumed leadership in the Society over our relatively brief history. Vive la Society!

Just a brief note on the fiscal state of the Society: Jon Rose, our Treasurer, has been keeping careful watch on our finances.

 **THANK YOU FOR PAYING
YOUR 2007 DUES!!
OVER 50% OF OUR
MEMBERS HAVE ALREADY
RENEWED!**

**TO RENEW YOUR MEMBERSHIP,
GO TO:**
<http://geropsych.org/membership.html>

Our membership dues are quite low and it is a struggle to keep income and expenses equalized. But we are doing so and I'm pleased to report that our finances are solid.

The Society has a number of ongoing activities. Reports from these committees and taskforces are provided in this newsletter. As President, I have participated in Aging Leadership calls with the President of Division 20 (Adult Development and Aging), the Chair of the Committee on Aging (CONA), and Division 20's members of the Council of Representatives. These calls serve to coordinate efforts between organizations to promote our interests within APA and beyond. For example, we collaborated to nominate "aging friendly" candidates for many APA boards and committees such as the Board of Scientific Affairs and the Committee on Rural Health. A few years ago I thought such advocacy activities to be a bit distasteful but I am much wiser now...In my role as President, I have actively recruited Society members to continue important work. For example, the Society has made a significant commitment to participate in APA's Interdivisional Health Committee. Paula Hartman-Stein, a previous President of the Society, began this involvement and now Margie Norris has accepted the invitation to bring aging issues to this important committee. I have also prepared, with the help of the Board of Directors, nominations for awards and appointments within APA.

The Board of Directors is endeavoring to meet every couple of months via teleconference. In this vein, I intend to continue to use our listserv as a means to keep you updated on Society news. One Board member referred to these messages as "Forrest's fireside chats." Maybe I'll use that as the title to the next message sent you.

Let me close this column by sharing my Presidential Initiative. I was fortunate to participate in last summer's conference on training models in professional geropsychology. I think by most any estimate this meeting was a success and the "Pikes Peak Model" will become an important pivot point in the development of our field. However, I have concerns about the growth of the Pikes Peak model training without

the infusion of financial resources. In a very real sense, if we build it, they will come. But without the prospect of training money, I fear that the beautiful aspirational model we developed may remain only an aspiration. My Presidential Initiative is to begin (or continue) increasing funding to support training in geropsychology. At present, it is my perception that there are more opportunities to receive training in experimental geropsychology at the graduate level than there are to receive training in clinical geropsychology. Lest I offend someone, I'm not saying this is a bad thing. There are many reasons for the impressive growth of experimental geropsychology but undoubtedly one of them is the substantial funding provided over the years by the National Institute on Aging via training grants. Geriatric social work and nursing disciplines are expanding with generous funding from private entities including the Hartford Foundation. University administrators such as deans and chairs build programs through faculty lines and student support when there is actual or highly probable funding available. The Graduate Geropsychology Education grants through the Bureau of Health Professions have been a breath of fresh air but the future of this funding is tenuous and is largely directed at internship and postdoctoral training. Clinical programs throughout the country have child concentrations, health concentrations, adult concentrations, and so on...but where are the clinical geropsychology concentrations? Thus, my modest Presidential Initiative is to contact at least one private foundation to determine their interest in receiving a full proposal to fund predoctoral training in clinical geropsychology. The worst they can say is no and at least we will know where we stand. Admittedly, I have a personal stake in this pursuit as a faculty member in a clinical training program with a geropsychology concentration but this rising tide would float many boats. I will update you as to the progress of this long-shot initiative.

That is all for now. We are off to a good start in 2007. We have a cohesive Board of Directors and everyone is willing to pitch in and move the Society forward. Please contact us with your suggestions.

Executive Board Meeting

Summary: 1/22/2007

Bradley Karlin, Ph.D.

Secretary

The meeting was held via telephone conference and was called to order by President Forrest Scogin at 4:05p ET. In attendance were Forrest Scogin, Brad Karlin, Jon Rose, Deborah King, Martha Crowther, Norm O'Rourke, Karyn Skultety, Suzanne Meeks, Kathryn Moss, and Barry Edelstein.

Introductions – Forrest Scogin

Forrest began with introductions.

Secretary Report – Brad Karlin

Minutes from the August 10, 2006 Executive Board Meeting were approved. The minutes were previously distributed via e-mail.

Committee Appointments – Forrest Scogin:

Committee representatives will remain unchanged. Existing Committee Chairs have accepted the invitation to continue in their current roles for another year.

Website Coordinator – Norm O'Rourke

Norm, who has stepped down as website coordinator, proposed that Rachel Rodriguez, who has expressed interest, serve as the new Website Coordinator. He offered to mentor her during the transition. The Board accepted this proposal and thanked Norm for his terrific service and for offering to provide mentorship to Rachel.

Replacements for the Interdivisional Healthcare Committee – Forrest Scogin: The Society has participated on the Interdivisional Healthcare Committee of APA through the efforts of Paula Hartman-Stein and Greg Martino. Both have stepped down due to other commitments. Several names were mentioned, and the Board will approach potential replacements.

APA Presidential Taskforce on Integrated Healthcare for an Aging Population – Forrest Scogin: APA President Sharon Brehm has initiated a Presidential Taskforce on "Integrated Healthcare for an Aging Population," co-chaired by Toni Zeiss and Toni Antonucci, with representation from several other members of the Society. The Task Force is charged with

examining and providing recommendations as to how psychologists can work with other health care professionals to ensure effective health care for the growing population of older adults. The Task Force will produce a report, *Blueprint for Change: Achieving Integrative Health Care for an Aging Population*. The Society has been invited to have a formal representative on the Task Force. Jon Rose volunteered to be nominated.

APA Convention 2007 – Suzanne Meeks: The Society will have a total of four hours of programming at the 2007 APA Convention, which is one hour greater than last year. One hour will be devoted to the Business Meeting, one hour for an award address by Dolores Gallagher-Thompson, one hour for the Society Presidential Address by Forrest Scogin, and one hour for a symposium to be presented by George Niederehe and Pat Areán on psychosocial intervention research on late-life mental illness. In addition, a joint 12-II/20 workshop proposal on implementing psychosocial interventions for ethnic minority older adults has been submitted. A joint 12-II/20 dinner is being planned for the Sunday evening of the convention.

Treasurer Report – Jon Rose

The Society finished 2006 with a modest surplus, about \$700 ahead of our budget. Non-recurring costs for 2006 included co-sponsoring the "Pikes Peak" Training Conference and costs associated with covering the limited attendance at the workshop during the 2006 APA Convention in New Orleans. Income predictions in the 2006 budget were in line with actual income. The 2007 budget predicts a deficit of \$505 due to purchasing new software to update our website and increased travel allotment for representatives of the Society. These costs may be decreased by reduced spending on travel if meetings are local to our representatives, and if Presidential initiatives do not require allocated funds. The Society may also realize interest income by opening an interest-bearing bank account. If these possibilities are realized, our cash flow will be balanced by the end of the year; if not, current savings are more than adequate to absorb budgeted expenses.

Membership Report – Martha

Crowther: The Society had 291 paid members in 2006. Of these 291 paid members, 232 were regular members, and 59 were student members. 116 members of the Society (or 50% of non-student members) were members of Division 12, which exceeds the requirement that 45% of the Society's non-student membership also be members of the Division. Thus far, 111 members have renewed for 2007, which is superior to where the Society was with respect to membership renewal last year at this time.

Newsletter – Karyn Skultety

Karyn announced the deadline for submissions for the newsletter is March 1. The newsletter is distributed to the majority of members by e-mail, which has been going smoothly.

Public Policy Committee – Donna

Rasin-Waters and Peter Kanaris: Forrest read the PPC report submitted by Donna. The Society will continue with ProfNet. Another section of Division 12 has asked to join the ProfNet project, along with Section II. The Board was agreeable to this, provided that that section contribute to the annual fee (\$125) the Society pays to participate in the service. With respect to the public media campaign, members of the Society continue to be quoted by the media on topics related to older adults. Donna reported that she would like to develop media leads, which she will discuss further with the Board during a future Board meeting. Donna proposed that the Society contribute \$100 or more to a black tie event honoring Senator Gordon Smith, to be held at the State Leadership Conference in Washington, DC in March. The Board discussed that, as a nonprofit organization, a contribution could not be made by the Society, though members of the Society, as individuals, could choose to contribute if they wish. Finally, Donna is planning to propose an absentee voter registration effort for older adults to be headed up by members of the PPC who volunteer to participate. The initiative would focus on increasing access to absentee ballots for older adults who may have difficulty accessing voting methods (e.g., older adults recovering from hospitalization, residents in long-term care settings, etc.). The sense of the Board

was that this is a worthwhile and is appropriate given the voluntary and non-partisan nature of the project.

Continuing Education Committee –

Ann Pearman and Dan Segal: Forrest read the CEC report submitted by Dan. A proposal for a full-day CE workshop on implementing psychosocial interventions for ethnic minority older adults has been submitted for the 2007 APA convention.

Education and Training Task Force –

Erin Emery: Forrest read the Task Force report submitted by Erin. The Task Force is completing data collection for the survey to assess geropsychology training opportunities in graduate and internship programs. In addition to assessing training opportunities in the United States, the Task Force has collected data on training in Australia and Canada, with the help of co-collaborators Nancy Pachana and Candy Connert. Members of the Task Force plan to present the data at the next GSA convention.

Mentoring Committee – Amy Fiske

Forrest read the Mentoring Committee report submitted by Amy. The Mentoring Committee is in the final stages of data collection via a web-based survey of Society members to learn about the mentoring experiences of members and to identify areas where new programs or services may be helpful. Results will be posted on the Society web page. Information was also gathered from students on their experiences and mentoring needs at the November 2006 GSA convention.

Diversity Committee – Angela Lau,

Forrest read the Diversity Committee Report submitted by Angela. The Committee has been continuing its efforts to recruit students and early career psychologists to join the Committee, as well as new members (particularly those from diverse backgrounds) to the Society. The Committee is also attempting to arrange for a special journal issue on diversity and aging.

Student Representatives – Kathryn

Moss and Caitlin McEntarfer: A breakfast was held at the November 2006 GSA convention on improving student member recruitment in the Society. There was some interest expressed for the Society to provide additional information to

students on internships and other training-related issues. The Board discussed the value of contributing to discussions on the student listserv and generally increasing student access to the Board. The Board agreed greater contact with students could promote student participation and membership.

Aging Leadership Call – Forrest Scogin

Forrest announced that an aging leadership call is held every two months between the Presidents of the Section II and Division 20, the Chair of CONA, and the APA Council Representative of Division 20 to exchange information. The focus of the last call was to discuss nominations for various committee positions.

Current Issues – Forrest Scogin

The Board discussed whether to further explore the possibility of having a publishing representative talk with the Board about a Society-sponsored journal during a future Board meeting. Society Past-President Barry Edelstein had previously raised this for consideration, and the Society was approached in the past by a publishing company. The Board agreed that a geropsychology-oriented journal (perhaps in electronic format) could be a valuable addition to the scientific community and agreed to invite a journal representative to a future Board Meeting to further discuss this possibility and whether this would be economically feasible. Forrest agreed to attempt to schedule this discussion.

Presidential Initiative – Forrest Scogin

Forrest described his Presidential initiative, which will involve working towards increasing funding for training in Geropsychology, to follow from the success of the “Pikes Peak” conference on training models in professional geropsychology held last year. Forrest discussed possibly approaching the Hartford Foundation about establishing a scholarship/fellowship program for psychology trainees focusing on aging, similar to other programs the Foundation has funded for other disciplines, such as social work.

Next Board Call – Forrest Scogin, Ph.D.

The next Board telephone conference call will be conducted on March 19, 2007, at 4:00p ET.

Meeting adjourned at 5:45p.

Society of Clinical Psychology, Division 12 - Board Meeting, San Antonio, Texas, 2/2-4/06 Deborah King, Ph.D., Section II's Representative to Division 12

The following is an abbreviated summary of selected topics from the mid-winter meeting.

Presidential Themes

2007 President Marsha Linehan

announced the appointment of *Section 3 Representative David Klonsky* as Chair of the Division 12 Committee on Science and Practice. The Committee is charged with updating the Division 12 list of evidence-based psychotherapies and with developing strategies for making the list more accessible to practicing psychologists and psychotherapy consumers. Dr. Linehan announced other appointments, including the appointment of *Section 2 member and Past President Victor Molinari* as Program Chair for the Division 12 2007 APA convention.

President Elect Irving Weiner announced his initiative to make Division 12 a professional “home” to a broader range of clinical psychologists representing a diversity of practice and research areas. He has been actively reaching out to other divisions to explore areas of common interest and to facilitate interdivisional collaborations.

Finance Committee Report

Treasurer Bob Klepac reported that the 2006 budget will be closed with a modest surplus despite declining Division membership and the negative impact of having to cancel Postdoctoral Institutes at the 2006 Convention in New Orleans due to decreased attendance. The positive financial picture is due largely to profits from Division publications.

Awards Committee

Past President Gerald Davison announced the following award winners:

Award for Distinguished Scientific Contributions to Clinical Psychology: *Larry E. Beutler, Ph.D., ABPP*

Florence Halpern Award for Distinguished Professional Contributions to Clinical Psychology: *Richard Rogers, Ph.D.*

David Shakow Award for Outstanding Early Career Contributions to the Science and Practice of Clinical Psychology: *Michael J. Zvolensky, Ph.D.*

Theodore H. Blau Award for Outstanding Early Career Contributions to the Profession of Clinical Psychology: *Melissa C. Kuhajda, Ph.D.*

Stanley Sue Award for Outstanding Contributions to Diversity in the Profession of Clinical Psychology: *John D. Robinson, Ed.D., MPH, ABPP*

The American Psychological Foundation Theodore Millon, Ph.D. Award: *Aaron L. Pincus, Ph.D.*

Samuel M. Turner Clinical Research Award for Distinguished Contributions in Applied Clinical Research in the Profession of Clinical Psychology: *Deborah Beidel, Ph.D.*

Outstanding Clinical Educator Award for Excellence in Mentoring Clinical Psychology Graduate Students, Interns, Postdoctoral Fellows and Junior Faculty: *Marsha D. Marcus, Ph.D. and Paul A. Pilkonis, Ph.D.*

Distinguished Student Research Award for Exemplary Theoretical or Empirical Contributions to Research in Clinical Psychology. *Amit Bernstein and Martin Sellbom*

Distinguished Student Service Award for Outstanding Service Contributions to the Profession and Community: *Brian J. Hall*

Distinguished Student Practice Award for Outstanding Clinical Practice Contributions to the Profession: *Julia D. Buckner*

Membership Committee

Membership Chair Barry Hong reported

there were 4,354 Division members in 2006. The Division lost 228 members and gained only 97. The Board discussed strategies for increasing Division membership, including the new Section for Students and Early Career Psychologists (Section 10).

Committee on Diversity

Diversity Member-at-Large Asuncion Austria discussed a report submitted by *Diversity Chair Gail Wyatt* entitled "Recommendations for Increasing Diversity within APA Division 12". The report includes five key recommendations: 1) increase attention to and endorsement of culturally congruent and empirically validated treatments, 2) increase the diversity of Division 12 sponsored publications and revise review criteria regarding the inclusion of diverse populations, 3) increase the diversity of Division 12 leadership through more active recruitment of diverse psychologists, 4) adopt strategies to recruit and retain new early career members representing diverse populations, and 5) increase diversity in Division award recipients. Sections are now required to report annually on their diversity strategies.

Task Force on Division Identity

Past President and Council Representative Linda Sobell introduced the Identity Task Force Report, summarizing recent efforts to better define the Division identity, mission, and goals. Task Force members are: David Barlow, Toy Caldwell-Colbert, Karen Calhoun, Ed Craighead, Nadine Kaslow, Tom Ollendick, Mitch Prinstein, Lynn Rehm, Linda Sobell, and Irv Weiner. Selected excerpts of the report are included here:

"...The overarching concern centers on what is Division 12's mission and goals for the next decade or put differently "How can we center or anchor or position the division?" The specific concerns can be broken down into: (1) how to define and describe ourselves; (2) how to attract new and young members and how to retain old members; (3) how to accept and value the diversity of clinical psychology by addressing the needs of scientists, practitioners, educators, and policy advocates; (4) how to enhance our attention to diversity (broadly defined); and (5)

how to become more welcoming to our membership, and how to proactively partner with other divisions...’

The report identifies concerns in the following areas:

1) *Sections within Division 12 need to feel an identity with the division.* The report notes the need for “a very clear agenda to advance the mission of the sections using the full force of Division 12 over and above inviting sections to send a representative to the Division 12 board.”

2) *Moving evidence-based practice forward:* The report recommends that the Division focus on our cross-cutting strengths such as health and mental health delivery that is evidence-based and transportable to the professional community. The report notes that “in the early 90’s, Division 12 focused on empirically supported treatments, now it is time to go beyond that and focus on EBP that incorporates idiographic approaches to clinical care in combination with the more nomothetic activity of identifying and promulgating empirically supported treatments...”

3) *Attracting new and young members and retaining long-time members:* It is recommended that the Division use the new Section 10 to help us disseminate our changing values... “It is important to have Divisional activities that are exciting and invigorating to clinical psychologists across the professional life-span”.

4) *Enhanced attention to diversity issues in the profession:* The report recommends that the new Member-at-Large for Diversity on the Board, the Diversity Committee, and Section 6 help disseminate the Division’s changing values and emphasis. It further calls for a commitment and action plan from each Section and Division Committee to foster the recommendations of the Diversity Committee’s Strategic Plan for Diversity.

5) *Partnering and Connecting with Other Divisions:* The report suggests the development of a “Coalition of Divisions” as a mechanism for collaborating with other divisions to have shared benefits among members and to keep the focus on clinical psychology rather than subspecialty interests.

6) *Connecting with, engaging, and applying the resources of the broad diversity of our members from practitioners to scientists to educators in order to promote clinical psychology.*

The report concludes with the following summary statement: “If we are to advance the mission of clinical psychology, the division needs to be more welcoming. We need to bring ALL stakeholders to the table and to welcome all facets of clinical psychology including recognizing the breadth of experiences and backgrounds of our own members. The success of this will be in the numbers we can bring to the table to advocate for policy issues and needed change.”

After discussion of this report, the following individuals were charged with developing specific action plans to promote the goals identified in the report: *Deborah King (Section 2) and Richard McKeon (Section 7):* Relationship between sections and the Division; *David Klonsky (Section 3) and Linda Sobell (Council Member):* Advancing evidence-based practice; *Barry Hong (Council Representative) and Sean Sullivan (Section 10):* Attracting new members and retaining longstanding members; *Nadine Kaslow (Council Member) and Asuncion Austria (Diversity Member-at-Large):* Diversity issues; *Irving Weiner (President Elect) and Linda Knauss (Secretary):* Interdivisional relationships; *Norman Abeles (Section 9 Representative) and Donna Rasin-Waters (Public Policy Chair, Federal Advocacy Coordinator):* Promotion of clinical psychology.

The next Board of Directors meeting will be September 14-16, 2007 in Tucson, AZ.

Treasurer's Report

Jonathan Rose, Ph.D., Treasurer

The Section finished 2006 with a modest surplus, about \$700 ahead of our budget. Non-recurring costs for 2006 included co-sponsoring the "Pikes Peak" Training Conference and poor attendance at the workshop during the 2006 convention in New Orleans. Income predictions in the 2006 budget were accurate. The 2007 budget predicts a deficit of \$500 due to purchasing new software to update our website and increased travel allotment. It is hoped that these costs will be decreased by reduced spending on travel if meetings are local to our representatives, and if Presidential initiatives do not require allocated funds. We also hope to realize interest income by opening a money fund account. If our hopes are realized, our cash flow will be balanced by the end of the year. If not, our savings are more than adequate to absorb budgeted expenses.

Clinical Geropsychology Section 2007 Budget	
Income	
Dues**	\$5,000
Contributions	\$500
Ad in Newsletter & website	\$75
Grants	\$400
CE Offerings	\$500
Income Total*	\$6,475
Expenses	
Grants (student paper awards)	\$500
Salaries (technical and clerical support)	\$900
Supplies	\$50
Telephone	\$600
Postage	\$70
Equipment rental	\$0
Printing	\$150
Travel (reps. to the Interdivisional Healthcare Committee)	\$2,000
Conferences (subsidy for student meals at Section dinner, and refreshments at Board Meeting)	\$710
Awards noncash	\$300
Bank fees	\$0
Directory	\$200
Other:	
Computer fees	\$300
Profnet (connects our members with the press)	\$500
Presidential Initiatives	\$500
Organizational Fees	
Webpay Fees (informational only, already deducted from income)	\$120
Total Expenses	\$6,780
Gain or Loss	(\$305)

APA Office on Aging and Committee on Aging Update

Victor Molinari, Ph.D.

CONA Member

As a member of American Psychological Association's Committee on Aging, I have been impressed and I must admit at times daunted by the variety of ventures with which we get involved. In this article, I will focus on those with which I have been actively engaged.

One of my assigned roles has been as a monitor to the "Teachers of Psychology in Secondary Schools" (TOPSS), a group of high school teachers who are organized to promote high standards for the teaching of psychology in secondary schools. When I went to the TOPSS meeting as a designated monitor, I was asked to write a column for their newsletter 'Psychology Teacher Network,' published by the Education Directorate. With input from TOPSS liaison Emily Leary, I discussed geropsychology career options and the importance of providing high school students with positive experiences with older adults. This was a labor of love since it was so consistent with the insight of many geropsychologists that exposure is a key to early priming of the pipeline for more specialists in this area. My other task was to update high school lesson plans for their life span developmental content. Since my expertise is less on normal development and more on psychopathology, I was lucky that CONA has bona fide experts in this area (i.e., Rosemary Blieszner) who will assist with this task.

Another of the projects that I was involved with was to furnish a critique and possible endorsement (together with Peter Lichtenberg) regarding a proposed American Psychiatric Association's Alzheimer's disease practice guideline. The paper was very well written with a nice literature review, but we shared our concerns that it focused too much on psychopharmacological interventions and too little on the corpus of knowledge developed regarding the effectiveness of behavioral treatments for inappropriate behavior. CONA has since contacted the American

Psychiatric Association to express interest in increased collaboration between our groups, and has invited a representative to attend CONA's next meeting.

I was also asked to read and provide comments on the report by APA's Task Force on Socioeconomic Status. Given the extensive vetting process that all official APA documents undergo, I was not surprised by the high quality and almost encyclopedic nature of the product. We made minor editorial suggestions regarding including ageism in a few places. I assume that all the other APA groups at the consolidated meetings who reviewed the report also felt that it was quite well done, because the final version has just been published: http://www2.apa.org/pi/SES_task_force_report.pdf. By the way, this report helped spark a CONA discussion which turned into a proposal for the 2007 APA convention spearheaded by former chair Toni Antonucci on "Aging and Health Disparities: Cumulative effects of Race, Gender and SES."

The other general duties for which I have been allocating time can be put under the rubric of promoting geropsychology within APA and beyond. Much attention is devoted to trying to identify slates of aging candidates for slots on APA boards, for positions on cross-cutting sub-committees or task forces, or for nominations for varied divisional and national APA awards. Despite the growth of geropsychology as a sub-discipline, the size of APA is formidable, and sometimes we need to shout to attract attention and get on APA's agenda. CONA members provide the fuel and Debbie DiGilio does the organizing (and at times the shouting). With the active leadership of Section 2, Division 20, PLTC, Office on Aging, and CONA at least aging finally has a voice at the table.

OUR THANKS TO SOCIETY OF GEROPSYCHOLOGY CONTRIBUTORS!!

**On behalf of our Board and members, we give
great thanks and appreciation to our colleagues
who made contributions to the Section!**

**Susan Cooley
Florence Denmark
Caitlin Holley
Victor Molinari**

**Jon Rose
Jaime Spinell
Toni Zeiss**

Public Policy Committee Update

Peter Kanaris, Ph.D.

Public Policy Co-Chair

Media Campaign:

This past year has seen the beginning of the Public Policy Committee's media campaign. The goal of the media campaign is to increase public awareness of the value of geropsychology and the vital role that geropsychologists play. We have started to provide important public education regarding the relevance of psychological services for our elder population. Additionally, it is our hope that over time we can favorably influence public policy makers in their support of legislation that facilitates mental health service for our older population. During the first year of our program, members have actively participated by conducting interviews in various media.

The importance of these appearances cannot be overstated. The media is currently very influential in shaping public perceptions and opinions. Unfortunately, the news is often sensationalized and laden with exaggeration and distortions. It remains important for psychologists to present responsible information, informed by social science, as a desperately needed service to the public. Further, the impact can only be measured over time through numerous appearances in a prolonged public education effort. Through the repeated presence of psychologists commenting on breaking news and feature stories, the public is allowed to get to know both the field of psychology and the important role that psychologists have to offer in research and practice. Psychologists have struggled to convey the applied value of their research and the importance of services to the elder population. The media remain a key vehicle for disseminating this knowledge. Again, as we inform the public our influence among policy makers is likely to grow.

Ways for geropsychologists to participate:

1) Respond to media requests. At this level of participation merely send an email to me at drpit1@aol.com or my co-chair Donna Rasin-Waters at drrasinwaters@aol.com with your name

and media volunteer in the subject line requesting that you be included in the media volunteers mailing list. This list will be used to email directly to you any requests for interviews from the media that we receive. You can also select any to which you are interested in responding. You then simply follow the instructions in the request and respond directly to the writer/reporter. All we ask is that you send a follow-up email to us after you have done the interview so that we can keep track of our outcomes.

2) Submit an expert profile form. This form will allow you to be listed on our media service that will enable writers and reporters to contact you directly on stories that they are doing in geropsychology. This form along with guidelines for how to complete it can be found on our website www.geropsych.org in the members only section.

3) Create and submit media leads. Media leads are brief quotations provided by you "the expert" commenting on your work or a timely topic in geropsychology. For example, a research psychologist may share several observations about his/her most recent study. A clinical psychologist may comment on a current topic in psychology with which he/she is providing a relevant service. Through our media service these leads are distributed to writers and reporters who can then pick them up for stories that they are working on.

Sample Media Lead -

Dr. Paula Hartman-Stein, a psychologist specializing in geriatric psychology, has used spelling as a technique to keep elders' thinking skills sharp. "I have found that spelling/vocabulary classes help older adults feel confident about themselves, and as they master more spelling words they feel a sense of accomplishment, knowing that they are still able to use their memory and learning skills." Dr. Hartman-Stein has developed a unique concept of senior spelling bees that combine social and cognitive activity both of which have been shown in recent studies to stave off dementia. Contact Dr. Hartman-Stein at 330-678-9210

For assistance in completing either the expert profile form or on constructing a media lead, feel free to contact me, Peter S. Kanaris at

speaking skills; to become the "local face" of psychology in the region; to learn how to use the media to present special services and programs; to gain the added exposure and credibility that indirectly accrues through appropriate media exposure; to influence a responsible and scientifically informed mental health reporting; to publicize important psychological research, making it available and easily accessible to the public; to become a more valuable faculty member and reach students in ways in which they can relate; to better prepare students and supervisees for entry into the field; to get out of the office, classroom, and so forth and do something different, exciting, interesting, and of value; and to increase professional esteem. Finally, perhaps the most important reason given for participating in public education campaigns is that it is fun.

Efforts in public education are almost always uplifting, revitalizing, and joyous. Approached in a way that is made to fit reasonably into a psychologist's schedule and is respectful of personal needs and life balance, participation in public education campaigns that include outreach and/or media work is rewarding. Through careful scheduling, it need not take time away from practice. While keeping in mind the importance of being timely and responsive, particularly when dealing with the media, public education campaign participation is a win-win for the public and the psychologist. It is important to take the long view. Whether going it alone or as part of a group, the success of a public education campaign is not by a single spectacular effort, but rather a sustained effort over time. The final critical factor to recognize is that success is predicated on relationships with colleagues, public education partners such as coparticipating or cosponsoring organizations, and the media. In order for the media to think of us, we must meet their needs and develop positive relationships. This makes it more likely that they will return with future requests.

[end excerpt]

Reprint requests may be sent to Peter S. Kanaris, Kanaris Psychological Services, P. C., 496 Smithtown By Pass, Suite 304, Smithtown, NY 11787; E-mail: <drpit1@aol.com>.

Eye on Education and Training **Erin Emery, Ph.D.** **Education Task Force Chair**

The 12/II Education Task Force was created to better understand the geropsychology educational needs of psychology trainees. The committee was charged with 1) Conducting a national survey of graduate and internship programs to assess current geropsychology training opportunities; 2) Looking for training needs, and then 3) Creating educational materials to fill gaps in training. The Education Task Force has completed data collection on our survey of geropsychology educational opportunities in graduate and internship programs. We are now in the data analysis phase, and are working with colleagues in Australia and Canada to submit our combined data for presentation. Many thanks to all of you who participated in the survey! We will report our findings soon.

Call for Clinical Mentorship Nominations

The Society of Clinical Geropsychology is seeking nominations for the Distinguished Clinical Mentorship award. The purpose of this award is to recognize clinical geropsychologists who have played important roles in the clinical supervision of psychology graduate students, interns, and/or post doctoral fellows who provide services to older adults. It also recognizes individuals who have played mentoring roles. Nominations can be made by members and student members. Nominees must be Society members. Nominations should be accompanied by letters from at least three current or former supervisees.

Please send nominations to:

Barry Edelstein, Awards and Recognition Chair
Department of Psychology, P.O. Box 6040
West Virginia University
Morgantown, WV 26506-6040
Email: Barry.Edelstein@mail.wvu.edu

Either electronic or paper nominations are acceptable.

**DEADLINE for receipt of nominations is
April 30, 2007.**

Profile On . . .

Norm O'Rourke, Ph.D.

With delight I accepted the invitation to provide a description of my circuitous career path to clinical geropsychology/academia. This is the section of the newsletter I always find the time to read as I invariably find stories of other's respective professional journeys both novel and interesting. I hope others will find the same applies here.

I originally entered university upon graduating high school to swim varsity (when asked when this was, I generally reply 65 pounds ago!). Selection of a program of study was almost an afterthought; in retrospect, I think my parents selected business administration as my major and I simply acquiesced. After graduation (i.e., after exhausting varsity eligibility), I worked in the advertising industry for several years. What I did enjoy about this work was the constant variety, attention to detail, and the ongoing need to analyze ever-changing conditions.

However, the absence of meaning and purpose in this work not only made me come to hate my job but also spilled over into most other life domains. Paving the way for yet another consumer product provided no satisfaction; I simply do not have the mindset where making money is a be-all unto itself. The day I was laid off is among the happiest in my life. After a year in Europe (selling cigars in Harrods) and a stint on a communist kibbutz, I returned to Canada eighteen months later with a renewed sense of purpose and direction.

Having taken only Introduction to Psychology as an undergraduate, I needed to take a full year of coursework to complete the prerequisites required by graduate programs. This was likely the most unnerving time of my scholastic career. The need to attain straight A's with no guarantee of anything concrete to show at the end of this 12-month ordeal required a level of determination and goal orientation I didn't know I possessed.

At first, the prospect of empirical research was intimidating, largely as a function of limited

exposure and misconception. Working as a data clerk on a large alcohol treatment study cured me of these apprehensions. Nonetheless, I entered graduate school to pursue a degree in counseling psychology (University of British Columbia) as my original interests were more aligned to therapy than research. The reverse now applies.

During the course of this degree, I discovered that psychopathology is inherently of greater interest to me than work with normal populations – whatever they might be. It was also during this period I serendipitously stumbled upon clinical work with older adults. I undertook a practicum with Dr. Holly Tuokko at the UBC Clinic for Alzheimer Disease and Related Disorders which was supposed to last only four months; I remain affiliated with that facility to this day.

My mother had died that year with AD at a comparatively young age, and I envisioned this placement as an opportunity to understand her illness more fully and the havoc it caused in my family of origin. And though I already had a thesis well underway, I abandoned this topic (to the chagrin of my first supervisor) and started from scratch, instead examining predictors of hopelessness among spousal caregivers. This topic area remains a primary interest, as well as the use of self-deception as a coping strategy. With respect to the latter, clinical contact led me to the awareness that those who idealize the premorbid personalities of their spouses and their prior relationship (i.e., those reporting a near perfect marriage before the illness) appear to be euthymic and free of caregiver burden. I found nothing in the literature at that time describing this phenomenon.

For me, this experience underscores the utility of the scientist practitioner model as clinical contact became the impetus for research which was subsequently supported via empirical study. This iterative process speaks to a primary strength of clinical psychology as a synergistic discipline.

During this time, I made my first submission to *Psychology and Aging* and was immensely fortunate to have had this manuscript adjudicated under the supervision of Margaret Gatz. In retrospect, this paper was in no state for submission in its initial form; however, both

Margie and the reviewers saw merit in the findings and after six revisions – yes, six - it was eventually accepted for publication. My first manuscript submission published in an APA journal! It would be difficult to overstate the importance of the caliber of mentorship I received from someone who didn't know me from Adam. Today, I strive to be as constructive in my dealings with student authors as an editor recognizing that their perceptions of the peer review process and their willingness to pursue academia are shaped in large degree by these initial experiences. To my mind, part of this is the need to discard factually flawed and vitriolic reviews. (Not to be confused with constructive feedback associated with rejection of manuscripts.) Although this means finding yet another reviewer (no small task) and further delay in an already extended process, students are far too prone to take vindictive feedback to heart and see this as a bona fide reflection of their capabilities.

At about this same time, another event occurred to which I reacted differently than others might have. In the process of investigating doctoral programs, I was referred to a leading non-clinical psychologist who decided to tell me I was incompetent within minutes! (I later learned this was likely the result of a rebuffed sexual advance he had recently made to my then supervisor.) Needless to say, I was furious and became resolute that I would prove this... person wrong. Instead of accepting his appraisal, I redoubled my efforts; I realize that many would have been crushed in this instance and would have abandoned their dreams on the basis of a baseless comment. To quote Johnny Rotten of Sex Pistols fame, "Anger is an energy." (I have since happened across this individual a couple of times at which points he has acknowledged and complimented my work; I have yet to have the nerve to recount this incident of which I'm sure he has no recollection.)

After a brief stint in Saskatchewan, I returned to Ontario to work with Dr. Philippe Cappeliez at the University of Ottawa. His expertise in geriatric depression, CBT and normal memory function proved an ideal fit for me. One of the most remarkable aspects of Philippe's supervisory style is his ability to adapt his mentorship style to the unique abilities, interests,

work ethic, and personality of each student. Fully half of his graduates have gone on to academic positions in a department where the majority go into private practice. Philippe and I remain colleagues and regular collaborators to this day.

Another sound choice was the decision to intern at Rush-Presbyterian-St. Luke's Medical Center with Drs. Bruce Rybarczyk, Martita Lopez and many others. Having trained exclusively within the Canadian public healthcare system to this point, working in a private for-profit setting was an exceptional learning experience. One of the particular strengths of the internship was the liberty I was afforded to undertake independent research. This opportunity to augment my vitae was instrumental in having a choice of employers upon graduation.

At this juncture, I faced a difficult choice as to join a strong psychology department in a less than ideal (for me) area or a multidisciplinary gerontology department in a city I love. The former would have been the better career choice, but quality of life factors led me to select the latter. Although I have questioned the soundness of this decision at times, overall I feel I made a wise choice yet cognizant that I would have chosen differently had I been five years younger. I do miss the ability to interact with peers on a regular basis; however, I provide clinical supervision to doctoral students who have been assigned older adult clients. Unfortunately, there are no other clinical psychologists at SFU with a primary interest in geropsychology aside from neuropsychologists.

I became an APA student affiliate during my first year as a graduate student and felt fortunate to receive travel and research funding over these years. Moving from an affiliate to a full APA member was a logical transition and, in my mind, marked the transition from student to professional status. As one of the first geropsychologists to make regular use of websites for research data collection, I happily accepted Paula Hartman-Stein's invitation to revamp the 12/II website three years ago. Last year, however, I came to the realization that external service had grown to consume roughly 60% of my work week! The one recommendation I would make to other (comparatively) young academics would be to be

cognizant of agreeing to multiple service commitments, though each may require only a few hours a month. Saying no in these instances is often awkward, but these time commitments can be insidious and limit other opportunities.

The past five years have flown by at breakneck speed. I'm poised to receive tenure and early promotion (and best of all, a 12-month sabbatical!). I feel I have the opportunity to take stock and make strategic professional decisions. For some reason, having more peer-reviewed publications than years on this planet was some self-imposed benchmark that now allows me to be less preoccupied with volume of output. Supervision of graduate student research has proven to be an unexpected joy and I'm very fortunate to mentor the top students in my department. The challenge has been to agree to work only with those expressing a bona fide interest in mental health or scale construction and validation (my secondary area of research activity). I am eager to embark on the next phase of my career and am certain the future has more than its share of surprises in store.

ARE YOU GOING TO SAN FRANCISCO?

Then join us!

**Annual 12-II Joint Dinner
with Division 20**

**Sunday Evening, August 19
Grandviews, Top of the Hyatt Hotel
(Walking distance from Convention
headquarters)**

The cost is \$60 for members, \$30 for students. Enjoy a fine 3-course meal and a fabulous view of the city, and, of course, socializing with your peers. Tickets must be purchased in advance!

To reserve your spot, contact: Suzanne Meeks, smeeks@louisville.edu, Dept. of Psychological and Brain Sciences, University of Louisville, Louisville, KY 40292

Student Voice

**Caitlin K. Holley, M.A.
Student Representative**

Many thanks to those of you who were able to attend the student breakfast held at this past GSA conference in Dallas, TX! The meeting was a success in a number of ways, and was an exciting opportunity for student members from across the nation to get to know one another and discuss student membership issues. We want to take this opportunity to provide you with an update on the topics that were discussed, and possible future directions for implementing the ideas.

The meeting was hosted by former President Bob Intrieri and President Elect Suzanne Meeks, and attended by thirteen students representing six different schools with the purpose of discussing ways in which the division could improve upon how it meets the students' needs. Many useful suggestions were made, with the most prominent being to increase the division's relevance to its student members. Many commented they would like to hear more about student aspects of the division, specifically about opportunities for involvement such as serving on committees or attending division events at conferences. We plan to continue to organize events such as the student breakfast at conferences like GSA and APA to encourage continued student involvement and keep communication lines open. We also spent some time discussing what the division could additionally offer to students to make membership more rewarding. It was offered that students would be interested in learning about various career opportunities within the field of geropsychology. Others commented that they would like to know more about senior members of the division, including their research and clinical interests and what their career paths have been like. In an attempt to address these two needs concurrently, plans are currently underway for a symposium at the upcoming GSA conference given by members of the division from a variety of different careers.

- Continued on Page 18-

Consider This: Mild Cognitive Impairment in Late-Life Anxiety: Issues for Diagnosis and Treatment

Sherry Ann Beaudreau, Ph.D. and Karyn Skultety, Ph.D.

This spring, the authors will embark on a pilot study to determine if mild cognitive impairment moderates psychological treatment outcome in late-life generalized anxiety disorder. In this article they discuss issues related to cognitive functioning and anxiety in older adults and address difficulties in designing and testing interventions that apply to a wide range of the older adult population.

Anxiety disorders are the most common class of psychiatric illness among elders (Kessler et al., 2005). Despite the prevalence of anxiety disorders, the primary focus of late-life mental health literature thus far has been depressive disorders. There are justifiable reasons for the focus on depression, including the high occurrence of minor depressive symptoms, the documented health costs associated with depression and the prevalence of these symptoms in the primary care setting (Skultety & Zeiss, 2006). In addition, on a practical level, there are assessment tools and diagnostic guides for recognizing late-life depression facilitating the identification and recruitment of older individuals for clinical studies. Anxiety disorders, particularly generalized anxiety disorder (GAD), are often elusive in presentation. Because of high levels of co-morbidity with depression, these disorders are often difficult to recognize and treat in isolation of depressive symptoms. Finally, despite many advances in the literature on late-life depression, much work remains, which may have served to delay of further development of the anxiety literature.

One important consideration for the identification and treatment of depression or anxiety in older adults is cognitive impairment. In the late-life depression literature, the co-occurrence of vascular pathophysiology and cognitive impairment (Alexopoulos, et al., 1997) has been shown to complicate pharmacological treatment

response (Alexopoulos, et al., 2000). More recently, the issue of cognitive impairment and mental health treatment outcome has been extended to GAD in older adults (Mohlman, 2005). This is an important and potentially fruitful area of study based on a growing number of studies illustrating that cognitive functioning is more likely to be compromised among anxious elders. In particular, there is emerging data to suggest that the presence and severity of general anxiety symptoms is greater among cognitively impaired older adults, and that clinically significant anxiety predicts a greater decline in memory ability over time (Beaudreau & O'Hara, in preparation). Whether cognitive impairment or anxiety occurs first is unknown as is the mechanism of the relationship between these disorders. One possibility is that anxiety usurps the cognitive reserve of an older individual. A second possibility, as proposed in the trauma and stress literature, is that chronic activation of the neuroendocrine stress response via the hypothalamic-pituitary-adrenal (HPA) axis leads to damage to the long-term memory center of the brain (i.e., hippocampus). A third possibility, anxiety manifests as a result of underlying pathophysiological process, such as a neurodegenerative process (Beaudreau & O'Hara, in preparation) or sleep problem (Spira, Friedman, Flint, & Sheikh, 2005). These are just a few possible mechanisms. Clearly, a better understanding of this relationship would guide treatment approaches and targets of intervention.

The late-life depression literature does provide some clues about important avenues to explore with regard to anxiety treatments. Of interest, there is some evidence that problem-solving therapy (PST) is efficacious for reducing depressive symptoms in older adults, both in the specialty mental health and primary care setting (For review of depression literature and recent studies in primary care, see Skultety & Zeiss, 2006). PST is a behavioral treatment that teaches patients the skills necessary to solve their life problems. Traditional PST moves through each skill set sequentially, where one problem solving skill is learned each session, whereas PST for the primary care setting (PST-PC), developed by Drs. Mark Hegel and Patricia Aréan, goes through all

stages of the problem-solving process every session, allowing for ample repetition and review (Materials and training available at <http://impact-uw.org/tools.html>). Briefly, the 7 stages of the problem-solving process are: 1) defining the problem; 2) setting goals to address the problem; 3) generating solutions; 4) considering the pros and cons to each solution; 5) selecting a solution; 6) specifying a plan of action in concrete, behavioral terms; 7) evaluating the outcome, and beginning the problem solving process again for that problem (if the outcome is non-satisfactory) or a new problem. Given the straightforward and clear nature of PST-PC therapy, it may be an effective intervention for treating anxiety in older adults, especially those with cognitive impairment. There is evidence that problem-solving therapy is efficacious for reducing depressive symptoms in elders with concomitant executive dysfunction (Alexopoulos, Raue, & Aréan, 2003). In addition, a small pilot by M. Hegel, the first author of the PST-PC treatment manual, found some preliminary success of PST-PC for reducing anxiety symptoms among adult GAD patients (M. Hegel, personal communication, February 6, 2006). It is still unknown if PST-PC reaps the same benefits for late-life GAD, as it has with late-life depression, particularly if cognitive impairment exists.

Another possible treatment approach for those with cognitive impairment and anxiety was considered by Mohlman & Gorman (2005). In a recent pilot study, they considered the efficacy of executive dysfunction on enhanced cognitive behavioral therapy (eCBT) for late-life generalized anxiety disorder (GAD). They found two different responses — some individuals showed enhanced treatment response, and others showed virtually no response at all. Those individuals who had an enhanced treatment response in this study were also found to improve on executive dysfunction measures. Might these two different responses, enhanced vs. no response, suggest two distinct mechanistic pathways between anxiety and cognition? The literature on this topic is too sparse at present to draw any firm conclusions, but this study certainly raises additional issues to consider in the treatment of anxiety in this population.

A clinical demonstration project is currently underway at the Geriatric Research, Education, and Clinical Center (GRECC) through the Palo Alto VA Health Care System to try to address this very issue. In this study we compare these two treatments, eCBT for older adults and PST-PC in a small sample of older veterans with GAD and varying levels of cognitive functioning. Our goal is to determine if PST-PC improves symptoms of worry, disability, and sleep, at least as well as eCBT. A second goal is to see if cognitive functioning *moderates* treatment outcome. Data collection is expected to be completed by the end of August, and will hopefully add new knowledge to this area. At the very least, this project will provide information regarding the feasibility of applying PST-PC with older adults with GAD.

Clearly, many challenges exist for practitioners and clinical researchers studying late-life anxiety. As the Society of Geropsychology readership is well aware, a one-size-fits-all treatment approach is not best for older adults who are a developmentally heterogeneous group. Determining the best treatments for elders with some combination of anxiety, depression, and cognitive impairment is a significant challenge. As recently pointed out in a review by Wetherell and colleagues (2005), many clinical trials exclude older adults with psychiatric or medical comorbidities for the sake of scientific rigor; however, this selection bias limits the applicability of many studies to many older adults who more often than not present with multiple comorbidities. In addition, it is unclear how geropsychology researchers should account for cognitive impairment in their studies. In some instances, cognitive impairment is the primary issue, and in others it is a consequence of the depressive or anxiety symptoms. Certainly, the direction of this relationship is important for treatment delivery (e.g., applying strategies to facilitate learning among the cognitive impaired enrolled in psychological treatment) or selection (e.g., do we treat the anxiety and depression, or is it better to treat the cognitive impairment?) An important third issue is teasing apart medical comorbidity from anxiety not only for diagnostic purposes but also treatment selection and outcome. It is possible

that what appears to be anxiety or depression is in fact primarily a medical illness.

What is clear as we begin to explore anxiety in aging is that much work remains in discovering what treatments work best for which older adults. We may need broader samples to address how levels of cognitive impairment and psychiatric and medical comorbidity moderate or alter treatment response. We look forward to continuing to explore these complex, yet fascinating areas, and learning from our fellow geropsychology colleagues in helping to create evidence-based treatments that apply to a wide range of older adult clients.

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Student Voice (Continued From Page 15)...

We hope students will find this a useful opportunity to learn about the wide variety of career options within geropsychology on a personal level from some of the more experienced members of the division!

Another idea that was brought to the meeting that holds promise for student involvement is updating the website to include more information for students. Rachel Rodriguez, a postdoctoral fellow at the VA Palo Alto Health Care System, has taken on this task and is currently working to update the training section. She stated, "I would also like assistance with updating other training opportunities for students (grant writing seminars, conferences, workshops, etc.) on a regular basis. And I am definitely open to discussing other ideas on how to improve this portion of the website for the student members of 12-II. I can't guarantee major changes overnight, but I think that with input and help over time we can make this a great resource for students at all levels of training!"

My fellow representative, Kathryn Moss, and I are working hard to take these suggestions and ideas and put them into action. We welcome any suggestions you have regarding ways to best make these changes; in fact, we'd love to hear from you! Students can also offer to get involved directly by volunteering to take on any of the discussed projects. Thanks again to all those who attended the breakfast, and we look forward to hearing from you with feedback or ideas!

Caitlin Holley: c.holley@louisville.edu

Kathryn Moss: moss024@bama.ua.edu

CALL FOR STUDENT RESEARCH AWARD!!

The Society of Clinical Geropsychology invites entries for the annual Student Research Award competition. The winner will receive an award plaque and a check for \$250. Submissions should be reports of original research for which the student is the senior author, and should be in journal submission format.

THE SUBMISSION DEADLINE HAS BEEN EXTENDED TO APRIL 30! Submit electronically as a Word or PDF file to Dr. Barry Edelstein:
E-mail: Barry.Edelstein@MAIL.WVU.EDU

Passing the Torch At Geropsych.org

Norm O'Rourke, Ph.D.

When recently asked when the 12/II website was overhauled I responded, half jokingly, "Three years ago – though it seems much longer!" This reply reflected not only the work involved but the number of strides our face-to-the-world has taken over this short period. As we now transition to a new website coordinator, I wanted to take this opportunity to acknowledge those who enabled this to occur and our various accomplishments to date.

This past month witnessed total visits to the website exceeding 2,500 for the first time (based on 23,465 *hits*). For a section with roughly 300 members, either members are accessing the website repeatedly and/or it is gaining broad exposure outside our immediate circle. Support for the latter comes from the observation that, in addition to those from the U.S., persons from 22 other countries visited geropsych.org last month alone. The most commonly accessed sections are the student pages (e.g., listing of internships and postdocs), job postings, consultation services, Medicare information, newsletters and the members only area. As noted on the listserv, the 12/II website has now been indexed by Thompson Scientific in their *Web of Knowledge* database.

I must first acknowledge the work undertaken by Becky Allen and her colleagues at the University of Alabama. The original website provided the initial content and structure which saved untold hours that would have been required to populate content. This helped immensely to contain initial costs as all web-related tasks have been completed within a very limited budget.

Most importantly, I must acknowledge Paula Hartman-Stein for first recognizing the need to update 12/II's window to the world and for her unflinching support. As well as an aesthetic overhaul, she enthusiastically welcomed the inclusion of the members only area and online credit card processing which has greatly simplified the membership application/renewal process.

During this time, we also moved to an online ballot for the election of section officers. This resulted in a 3-fold increase in member

participation as well as greater confidence in election results. The most recent revision to the popular Directory of Geropsychology Internships and Postdoctoral Fellowships was also done online last year with considerably fewer person hours as compared to the previous two iterations.

Allow me to welcome Rachel Rodriquez who has graciously agreed to assume website duties. Rachel was one of Becky Allen's students involved in the creation of the original website; it somehow seems fitting that she re-establish her involvement with the website how that she embarks on her professional career.

As we make this transition, I would like to suggest one way to make the website even more useful. Overall, this reflects a change in outlook in which ownership and responsibility for maintaining timely information is shared more broadly. It would be ideal, for instance, if various committees and their chairs come to see sections of the website as their own and provide regular (or at least annual) content updates. Online information is most useful when current and, frankly, the diverse areas of activity and interest are too broad - even with our comparatively small section - for one person alone. I was encouraged to receive an unsolicited message from student representatives to this end.

A caution I want to convey pertains to the temptation to farm out electronic tasks to commercial entities. Although a comparatively small group, our membership largely reflects the population of clinical geropsychologists in North America; our database has commercial value as a result. Organizations such as Zoomerang make their money selling electronic information and their willingness to provide subsidized services reflects this fact. (There is no free lunch!) To my mind, it would be ideal to maintain our e-initiatives internally so long as feasible.

In closing, I would like to thank Barry Edelstein, Donna Rasin-Waters, Forrest Scogin, Martha Crowther, Victor Molinari, Jon Rose, and Greg Hinrichsen among others who have been supporters of the website and our various electronic initiatives. An undertaking like this cannot be sustained by one person alone. I am confident that Rachel will continue to receive your assistance in order to take the website to the next level.



APA - Division 12 - Society of Clinical Psychology

Professional Development Institutes CE Credit
August 16, 2007 San Francisco, CA

Pre-Convention
Hilton San Francisco

Full-day Workshops, Thursday, August 16
7 CE Credits

- A. **Recent Developments in MMPI-2 Interpretation: The Restructured Clinical Scales and Non-K-Corrected Profile**
 Yossef S. Ben-Porath, Ph.D.
- B. **Treating Victims of Mass Trauma and Terrorism**
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- C. **Movies and Mental Illness: Using Films to Understand Psychopathology**
 Danny Wedding, Ph.D.
- D. **Mentoring Women and Ethnic Early Career Academic Psychologists (ECP)**
 Helen Pratt, Ph.D.

Full-day Workshops, Thursday, August 16
7 CE Credits

- E. **Dialectical Behavior Therapy for Borderline Personality Disorder**
 Anthony P. DuBose, Psy.D.
- F. **Psychological Interventions for Patients with Heart Disease**
 Judith A. Skala, RN, Ph.D. and Kenneth E. Freedland, Ph.D.
- G. **Diagnosis and Treatment of Obsessive-Compulsive Disorder**
 Jonathan Abramowitz, Ph.D.
- H. **Advances in Evidence-based Treatment for Bipolar Disorder**
 Robert Reiser, Ph.D.
- I. **Improving Therapy Outcome by Monitoring Process and Outcome**
 Jacqueline B. Persons, Ph.D.

WORKSHOP	Member/Non-Member	Student Member/Student Non-Member
A	\$180/200	\$100/120
B	\$210/230	\$130/150
C	\$210/230	\$130/150
D	\$180/200	\$100/120
E	\$180/200	\$100/120
F	\$210/230	\$130/150
G	\$210/230	\$130/150
H	\$210/230	\$130/150
I	\$180/200	\$100/120

Workshops B, C, F, G, and H include the book form Hogrefe and Huber Series valued at \$30
Fees are discounted \$10 per workshop if check or credit card payment is received by June 15, 2007

CONTACT INFORMATION: Lynn Peterson Division 12 Central Office PO Box 1082, Niwot, CO 80544-1082
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CE CREDIT: CE credits are given for each workshop as listed above. The number of CE credits is equal to the number of contact hours. Full attendance at the entire workshop is prerequisite for receiving CE credit. **Partial credit may not be earned.** *The APA Division 12 is approved by the American Psychological Association to offer continuing education for psychologists. APA Division 12 maintains responsibility for the program.*

CANCELLATION/REFUND POLICY: Full refund for cancellation by Division 12 because of inadequate enrollment or by participant before **June 29**. A 25% handling charge on cancellations between **June 30 and July 13**. *No refunds for cancellations received after July 16, 2006.*

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Workshop Choice: **A B C D E F G H I**

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