

Conference Series on Clinical Geropsychology

Sara Honn Qualls

University of Colorado-Colorado Springs

Can a conference series serve as a mechanism for training psychologists to work with older adults? CoPGTP is devoted to supporting strong training programs, including post-licensure opportunities. The \$64,000 question seems to center around how, when, and where to provide advanced level training for seasoned clinicians who are now interested in building knowledge and skills in aging. We began an experiment five years ago at the University of Colorado at Colorado Springs as we launched a five-conference series that was devoted to post-licensure clinical training. The basic idea was to create an annual learning experience that would be highly practitioner focused, grounded in research, sequential, and focused on a new topic each year. With UCCS as the host institution, we planned to offer the training in Colorado Springs during the summer when psychologists' practices are traditionally lighter and personal travel could be combined with professional learning. We also committed to developing a book series and (hopefully) an online CE offering based on each conference, so people who could not attend also would have access to the material.

The conferences were structured initially to cover a range of topics that are now integrated into the Pikes Peak

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CoPGTP: History and Future

Bob G. Knight

University of Southern California

The seed of the idea for the creation of CoPGTP occurred at a breakout meeting during the Pikes Peak training conference that developed the training model for professional geropsychology. I think it was Sara Qualls who remarked that it was both fun and highly unusual to have the opportunity to just sit and talk about what we did as trainers. Most of us in the room had known each other for many years and often saw each other at professional meetings. However, we had never had a forum before that to actually talk about what we did as educators of future geropsychologists, as contrasted to what we did as researchers and clinicians. We discussed the possibility that existing groups could and would provide such a forum. We discovered that several types of trainers at the Pikes Peak meeting would be unlikely to attend those meetings or to find the existing groups a welcoming environment. The core idea in the creation of CoPGTP was, and still is, to provide places for the discussion of training issues, both in person at meetings and via the list serve.

With some concurrent exposure to how other training councils operate, the value of having a training council for professional geropsychology training programs became quickly apparent to me. CoPGTP could play a unique role in advocacy for training issues around aging in the broader training community for professional psychology with groups like CUDCP, APCS, NCSPP, and APPIC among others. The chairs of these training councils meet regularly as the Council of Chairs of Training Councils. Having a voice for geropsychology training in the room would raise our profile greatly in the professional psychology education community. We currently have an application pending to join that group. There is also value in having a voice for geropsychology that is independent of APA in addition to the valuable contributions of the APA groups like CONA, Division 20, and the Society for Clinical Geropsychology (Division 12, Section II).

If (or more optimistically *when*) professional geropsychology is recognized as a specialty, CoPGTP would become part of a geropsychology synarchy (don't ask) that would likely include 20, 12/II, and PLTC as well. This group would address specialty related issues and then could

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Model Competencies. At the time, a small advisory group helped hone a short list of topics that we believed psychologists new to the field would need to know in order to make a transition into aging work. The initial advisers included Paula Hartman-Stein, Greg Hinrichsen, Peter Lichtenberg, Erlene Rosowsky, Greg Smith, and Toni Zeiss. Having just summarized the APA member survey regarding interest in geropsychology training (Qualls, et al, 2002), I was interested to realize that people outside of the field focused on therapy thematic topics (e.g., grief and bereavement, loss) rather than the topics that many of us were focusing on: assessment of changes in decision-making capacity, integrated care models, family caregivers. We ultimately went with what people “needed,” with determination to package the training into language that mapped onto what they wanted. We decided to start with depression, a topic about which considerable literature existed, and which fit a non-geropsychologist’s view of common therapy work with older adults. The advisers also prudently recommended that we include training on business of practice, and on the professional’s own journey, in each conference. Each conference was to have a co-chair who was an expert on that particular topic and I provided the continuity year to year.

Following good advice, the conferences were conducted on topics as follows, with co-chairs noted: 2005 – *Psychotherapy for Depression and Anxiety in Older Adults*, co-chaired by Bob Knight; 2006 – *Aging and Decision-Making Capacity: Clinical, Family and Legal Issues*, co-chaired by Mick Smyer; 2007 – *Aging Families and Caregiving*, co-chaired by Steve Zarit; 2008 – *End-of-Life Care and Bereavement: What Clinicians Need to Know*, co-chaired by Julia Kasl-Godley; 2009 – *Integrated Health Care for Older Adults*, co-chaired by Deborah King. We enjoyed phenomenal speakers; almost everyone we asked was willing and able to come. We asked them to stay throughout the conference in order to provide attendees the opportunity to access them, which the attendees noted was valuable to them.

Funding of the conference was a challenge. The first three years were substantially underwritten by Retirement Research Foundation, because of the personal backing of John Santos. Smaller sponsorships from local companies and organizations filled gaps and sponsored a luncheon speaker each year whose presentation was open to the public. However, the attendance base never grew sufficiently to make the conference fully self-sustaining, which became a major issue when John Santos’ support was no longer available after he rotated off of the RRF Trustee Board. The lack of a CE requirement for psychologists (or other mental health professionals) in Colorado was not helpful in building a local base upon which national attendance could have fluctuated.

The vision of creating alternative ways to access the rich material that was gathered each year by the presenters is becoming a reality. John Wiley Publishing picked up the book series, and has published a book that evolved from the first three conferences with the next two in

process. The book creation process was a highlight for the presenters each year as we designed the book roughly based on the conference over good food and wine one evening during each conference. The books are listed below in the bibliography. Watch for the fourth one to be out in spring 2010, and the fifth hopefully close behind. The online offering will build from the books, enhanced by short film clips of speakers and additional resources including handouts of clinical tools. I will announce its availability when we have it up and operational.

What did we learn about our original question?

1. Psychologists indeed want additional training in geropsychology. Clinicians who attended genuinely and enthusiastically praised the conference as exceeding their expectations. Those new to aging clientele were awed by what they learned. Year after year they made similar comments about the value of being together with other practitioners for 2-1/2 days with an excellent faculty and topics devoted to clinical applications. Two gentlemen traveled from Vermont and Trinidad (yes, it was officially an international conference!) all five years. Several others attended 3 or 4 years.

2. Despite significant investment in targeted mailings and email and listserv distributions, the conference did not grow large enough to be comfortably self-sustaining; the organizers were out on a limb each year taking a fiscal risk. The first three years enjoyed Retirement Research Foundation funding that allowed us to keep the series going. After five years, the size remained consistently just under 100.

3. The intellectual excitement of bringing the speakers together consistently yielded a learning experience for experts as well as novices. This field is graced with exceptional people, and we were honored to have so many of them commit to this long teaching experience.

4. Attendees consistently asked for more – more topics, more time for depth on each topic, more clinical opportunities for consultation and supervision. They loved the interactive venues that were created around case discussions, dinner conversations, and Q&A sessions.

The planning committee will come back to the table this fall to review these and other lessons learned. We will consider whether a different model might still be sustainable, or whether we need to let this rest with significant training accomplished and important lessons learned. The book series is a permanent benefit that is broadly available, and hopefully genuinely useful to those of us in the field as well as those dabbling in geropsychology.

Qualls, S. H., Segal, D. L., Norman, S., Niederehe, G., & Gallagher-Thompson, D. (2002). Psychologists in practice with older adults: Current patterns, sources of training, and need for continuing education. *Professional Psychology: Research and Practice*, 33, 435-442.

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Wiley Series in Clinical Geropsychology

Qualls, S. H., & Knight, B. (2006). *Psychotherapy for depression in older adults*. Hoboken, NJ: Wiley.

Qualls, S. H., & Smyer, M. A. (2007). *Changes in decision-making capacity: Assessment and intervention*. Hoboken, NJ: Wiley.

Qualls, S. H., & Zarit, S. H. (2008). *Aging families and caregiving*. Hoboken, NJ: Wiley.



their contact information, a complete member list (with standardized information about each member program), application materials, the latest version of the Pikes Peak Model geropsychology competencies evaluation tool, and a resource list tied to the Pikes Peak Model Competencies.

In addition, the website contains a diverse list of training opportunities in geropsychology. The training offerings are divided into three categories: web-based, APA videos, and conferences/workshops. Each training opportunity is briefly described, along with any relevant registration information (e.g., cost, conference dates, and continuing education credits offered). The website includes a wide variety of trainings from free online presentations to specific workshops at future conferences. This section of the website aims to be a “one-stop shop” for those wanting information about educational opportunities in geropsychology. If you know of an upcoming training opportunity, please forward this information on to Annie Mueller at AMuelle2@uccs.edu.

Please check out the website and let us know what other helpful information we should include there.



advocate for aging concerns within the Council of Specialties.

Then, as the Pikes Peak conference drew to a close, we also saw CoPGTP as the logical group to carry forward the ongoing work on the Pikes Peak model. Thus, the first CoPGTP task force (headed by now Chair-elect Michele Karel) developed the assessment tool for the knowledge and skills competencies. The board more generally has followed up with the creation of the website, the list serve, and membership meetings in conjunction with APA in 2008 and GSA later this year.

As CoPGTP moves into the future, what it becomes will be up to the membership, but in these early days it is well positioned to provide a forum for discussion of training programs for psychologists working with older adults, to help educators interested in starting new programs, and to advocate for aging interests within the training communities of psychology and perhaps of other disciplines with interests in mental health and aging.

**Worth Reading:**

Institute of Medicine (2008). *Retooling for an aging America: Building the healthcare workforce*.

<http://www.iom.edu/?id=53452>

Ready or not, here they come. With 76 million aging babyboomers poised to start hitting the 65 year-old yard line soon, policy makers are wondering: Do we have enough health and mental health care workers to serve them? The answer is a sobering “no.” This report comes from the Institute of Medicine which is part of the National Academies that have been advising the government since Abraham Lincoln’s day. The report offers insights into problems and possible solutions to the workforce crisis that will soon arrive.

Also see APA CEO’s Norman Anderson’s critique of this report (“Staying vigilant about being included”) in a recent *APA Monitor on Psychology*.

<http://www.apa.org/monitor/2009/01/ceo.html>

The CoPGTP Website

Annie Mueller and Dan Segal

University of Colorado-Colorado Springs

An important aspect of CoPGTP’s national presence is its website. The website has been up and running since CoPGTP formed but has recently had some significant expansion. The website (www.uccs.edu/~cpgtp) is hosted by the University of Colorado at Colorado Springs (UCCS). Annie Mueller, a doctoral graduate student in the clinical psychology program at UCCS, is responsible for managing the website. Updated often, the website contains a brief background of the organization, a description of the purpose and mission of CoPGTP, a listing of the current officers and

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Council of Professional Geropsychology Training Programs

Council of Professional Geropsychology Training Programs

<http://www.uccs.edu/~cpgtp>

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CoPGTP Newsletter

Produced by the Council of Professional Geropsychology Training Programs for its members.

Contributions welcome.

Editor: Gregory A. Hinrichsen, Ph.D.

"The more sand that has escaped from the hourglass of our lives, the clearer we should see through it." Jean-Paul Sartre

The USF/Tampa VA Geropsychology PostDoc

Victor Molinari

University of South Florida

When I first arrived in my new academic position in August of 2002 in the Department of Aging and Mental Health (AMH) of the Florida Mental Health Institute (FMHI) at the University of South Florida (USF), I was very clear that I would like to continue to conduct geropsychology training as I had at the Houston Veterans Affairs Medical Center (HVAMC). As the director of geropsychology at the HVAMC for over 17 years, I had both informally and formally trained externs, interns, and post-doctoral fellows in working with the psychological problems of older adults. For many years, the VA system had been a leader in geropsychology training, and I believed that there could be a natural partnership between my new academic home and the James A. Haley VA in Tampa if a training opportunity became available. I was therefore exhilarated when I discovered that through the educational efforts of APA's Office on Aging and the Public Interest Directorate that the Bureau of Health Care Professions of the Health Resources Services Administration had set aside a special 'pot' of money in the Graduate Psychology Education legislation (which initially had been funded FY 2002-2003 for general psychology training) earmarked for geropsychology training. I eagerly applied.

USF is blessed with an unusual number of geriatric mental health resources. In addition to my being a faculty member in the only department of 'aging & mental health' in the country chaired/co-chaired by experts in the field of elder alcohol abuse (Larry Dupree/Larry Schonfeld), there was also a department of gerontology (now the School of Aging Studies) headed by a well-known clinical geropsychologist, Bill Haley. We banded together and decided that in order to make our grant application work we would need to be true both to the major missions of the university (teaching & research), to FMHI (research to guide state public policy), and to the granting agency (clinical services to underprivileged groups in public settings). The USF/Tampa VA Post-doctoral Fellowship Program in public sector interdisciplinary training was thereby borne.

The plan was to train three post-doctoral fellows to provide services to disadvantaged older clients in primary care and long term care settings, to gain exposure to overarching public policy issues affecting older adults, and to conduct evaluations of geriatric programs. The Tampa VA, with highly rated internship and fellowship programs in geriatric neuropsychology under the direction of Rod Vanderploeg, graciously aligned with USF and offered optional training sites in the Tampa VA nursing home, spinal cord injury unit, and trauma program. We also partnered with Premiere Health Alliance to offer services to adults in a primary rural health clinic (located first in rural Zephyrhills and later in Dade City), and with Tampa General Hospital's rehabilitation unit. The post-doctoral fellows also took courses in public health and interdisciplinary training, and were able to participate in a seminar series coordinated by Rick Weinberg, the director of FMHI's award winning psychology internship program specializing in public policy. To fulfill the research requirement, fellows needed to complete a project that addressed health services with older adults.

For the three years that USF/Tampa VA program was in existence (the special funding for geropsychology unfortunately was stripped from the Graduate Psychology Education budget in 2006) we graduated nine post-doctoral fellows. The fellows hailed from traditional research-oriented PhD programs as well as

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Members

Graduate

Colorado State University
 Massachusetts School of Professional Psychology
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 University of Colorado at Colorado Springs
 University of Louisville
 University of Massachusetts, Amherst
 University of Southern California
 Washington University in St. Louis
 West Virginia University
 Wheaton College
 Xavier University
 Yeshiva University

Internship/Postdoctoral

Bay Pines VA
 Center for Aging Resources
 Institute on Aging
 Long Island Jewish Medical Center – Hillside Hosp.
 Mercer University School of Medicine
 Minneapolis VA Medical Center
 Piedmont Geriatric Hospital
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Merla Arnold, Ph.D., R.N.
 Office of Mental Health Services, Dept. of Veterans Affairs

more clinically oriented professional schools. Over the years, informal evaluations of the program suggested general high levels of satisfaction with their training. However, although I had a weekly supervisory meeting with the fellowship class, one of the problems that surfaced was a dearth of on-site geropsychology supervisors for their external placements. It appeared that fellows were generally most happy when we were able to allow them optional rotations in their sub-specialties with highly qualified supervisors i.e., neuropsychology, rehabilitation etc. Three of the graduates subsequently have worked in VA settings, one is in academia, and the others are employed in hospital and private practice settings. All of the fellows garnered a significant amount of experience in treating older adults, and I believe that most if not all would be considered proficient in many of the competency areas identified in the newly developed Pike's Peak competency tool.

Unfortunately, at this point in time, most of our graduates are not employed in settings where they are specifically identified as geropsychologists. In good part this is due to the way reimbursement works in our health care system, which does not favor positions that pay well for dealing with the complicated problems of older adults who are often on fixed incomes or in long term care settings. However, problems with the health care system notwithstanding, it has appeared to me that other geropsychology post-doctoral programs have been more successful in graduating self-identified geropsychologists. If I had to do it over again (and hopefully I will get the chance!), I would craft the goals of the post-doctoral program to be a little less expansive, and concentrate on admitting students with more advanced interests in geropsychology who thereby would be more likely to focus their professional work on older adults per se rather than some of the sub-fields (e.g., neuropsychology, health psychology). I would also do my best to hire 'card-carrying' geropsychologists as supervisors who could function as professional role models and who could help the postdoctoral fellows' identities cohere as clinical geropsychologists. I expect that the Council of Professional Geropsychology Training Programs (CoPGTP) will be of assistance in developing resources or exploring ways to nurture newly fledged psychologists with some experience treating older adult clients, and in encouraging their budding identities to blossom into stable careers as geropsychologists.

The cadre of individuals who are qualified as geropsychology specialists remains far too small to address the mental health needs of even our most seriously disturbed older adults, especially in long term care settings. As such, I recently was gratified to receive a message from the APA Education Directorate that there has been a formal authorization for existing Graduate Psychology Education programs. Hopefully, some of this funding again will be targeted specifically for geropsychology training. Special thanks go to Nina G. Levitt in the APA Education Directorate, and Diane Elmore in the Public Interest Directorate. It is incumbent upon us to continue to educate lawmakers regarding the necessity of having a well trained geriatric mental health workforce to manage the complex bio-psycho-social problems of an aging population. Fostering the development of tools to assess adequacy of geropsychology training and professional competence is one way that CoPGTP can help to achieve this valuable goal.



In This Issue

Gregory A. Hinrichsen
Editor, CoPGTP Newsletter

Welcome to this first edition of the *CoPGTP Newsletter* which is the next building block in our new organization. The CoPGTP board now has regular calls, our website continues to expand with resources, we've provided some financial support for a study of the Pikes Peak Competency Assessment tool, submitted an application for membership in the Council of Chairs of Training Councils, and have an upcoming membership meeting/dinner in Atlanta in conjunction with the Gerontological Society of America convention.

In this issue Bob Knight gives a brief history of the genesis of CoPGTP and a vision for its future. Sara Qualls tells the story of her remarkable effort to build an annual series of geropsychology training for mental health professionals interested in establishing or expanding their geropsychological skills. Vic Molinari details the history and substance of a varied and novel geropsychology postdoc. Annie Mueller and Dan Segal give an update on our impressive website. Vic and Sara's efforts offer inspiration and caution. The success of Sara Qualls' conference series is tempered by concerns that without foundation support it may not have enough participants to break even. Vic and his colleagues establish a unique training opportunity but it does not continue when Graduate Psychology Education funds are cut. Diane Elmore's piece underscores how important it is for geropsychology's concerns to be heard in the halls of Congress – and hope that new avenues for support of geropsychology and other aging programs are being paved. The Institute of Medicine's 2008 report *Retooling for an Aging America* attests to the urgency of building a workforce that serves the health and mental health needs of a historically unprecedented, soon-to-arrive, cohort of older Americans.

At a recent professional meeting Judith Feder of the Georgetown Public Policy Institute remarked, "We've been working on the elderly so long we *are* the elderly." For us aging geropsychologists this remark struck a resonant chord – inspiring us to continue our work and cautious about what kind of system of health care we will see in our later years.

CoPGTP

Save the Date

CoPGTP Dinner/Annual Meeting

Friday November 20, 7 PM

Azio Downtown Restaurant, 229 Peachtree St., N.E.,
Atlanta, GA

[2 blocks from GSA convention hotels]

Italian Food, \$46.50 per person

RSVP to Greg Hinrichsen geropsychgah@aol.com

APA Focuses on the Geriatric Health Professions Workforce in Health Reform

Diane L. Elmore, Ph.D., MPH

Senior Legislative and Federal Affairs Officer; Director,
Congressional Fellowship Program, Public Interest Government
Relations Office, American Psychological Association

As Congress continues to develop plans to reform our nation's health care system, APA is hard at work ensuring that psychology has a seat at the table. In particular, the Public Interest Government Relations Office (PI-GRO) and Education Government Relations Office (Education GRO) are taking the lead on issues related to geriatric professional education and training issues. PI-GRO and Education GRO are focusing most closely on the three existing geriatric health professions programs under Title VII of the Public Health Service Act, including:

Geriatric Education Centers (GECs), which provide grants to accredited programs of allopathic and osteopathic medicine or for collaborative arrangements that include a medical school. GECs provide interdisciplinary training for health care professionals in assessment, chronic disease syndromes, care planning, emergency preparedness, and cultural competence;

The Geriatric Training for Physicians, Dentists and Behavioral and Mental Health Professionals (GTPD) Program, which provides intensive one and two-year fellowship training programs in geriatrics through accredited schools of allopathic and osteopathic medicine, teaching hospitals, graduate medical education programs and dental schools to train physicians, dentists, and behavioral and mental health professionals who decide to teach geriatric medicine, dentistry, and psychiatry; and

Geriatric Academic Career Awards (GACAs), which support the development of newly trained geriatric physicians to better prepare them for careers in academic medicine. GACAs support the academic career development of geriatricians in junior faculty positions who are committed to teaching geriatrics in medical schools across the country.

While these programs are important to the broader geriatric health workforce, few opportunities are available for psychologists and psychology training programs through these existing initiatives. Therefore, PI-GRO and Education GRO have been working over the last two years with key congressional leaders to develop and draft several pieces of legislation to expand and enhance the existing geriatric health professions programs under Title VII to be more inclusive of psychology. These legislative proposals include:

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The **Retooling the Health Care Workforce for an Aging America Act** (S. 245/H.R. 468), introduced by Sen. Kohl (D-WI) and Rep. Schakowsky (D-IL), includes provisions that would: (1) expand eligibility for GACAs to include psychology faculty; (2) authorize a new Geriatric Career Incentive Awards (GCIA) program to provide financial support to those pursuing a doctorate or other advanced degree in geriatrics (including students of psychology); and (3) expand authority for GECs to offer short-term intensive courses in geriatrics to faculty members (including those in programs of psychology). GECs receiving grants would be required to offer courses to family caregivers, or to incorporate mental health and dementia “best practices” training into their courses. In addition, this legislation authorizes a study focused on geriatric mental health workforce needs;

The **Health Professions and Primary Care Reinvestment Act** (S. 3708/H.R. 7302–110th Congress), introduced by Sen. Clinton (D-NY) and Rep. DeGette (D-CO), includes provisions to: (1) authorize the Graduate Psychology Education (GPE) Program; (2) expand eligibility for GACAs and the GTPD program to include graduate programs and professionals in behavioral and mental health; (3) support the training of health professionals in interdisciplinary integrated models of care; and give priority to education and training focused on potentially vulnerable populations, including older adults; and

The **Caring for an Aging America Act** (S. 750), introduced by Sen. Boxer (D-CA), includes a provision that would establish a Geriatric and Gerontology Loan Repayment Program for a variety of disciplines, including psychology.

Following many months of advocacy, PI-GRO and Education GRO successfully secured some important provisions from two of the three above mentioned bills in the Senate Health, Education, Labor, and Pensions (HELP) Committee health reform proposal. Specifically, the included provisions would: (1) expand eligibility for GACAs to include psychology faculty; (2) authorize a new GCIA program to provide financial support to those pursuing a doctorate or other advanced degree in geriatrics (including students of psychology); and (3) expand authority for GECs to offer short-term intensive courses in geriatrics to faculty members (including those in programs of psychology), and require GECs receiving grants to offer courses to family caregivers, or to incorporate mental health and dementia “best practices” training into their courses. PI-GRO and Education GRO are now working to retain these important provisions from the Senate HELP bill and urge Congress to add provisions related to loan repayment for geriatric health professionals in the final health reform package that Congress passes.

To complement our independent efforts, APA has been working as a member of the Eldercare Workforce Alliance (EWA), a coalition of 29 national organizations, joined together to address the immediate and future workforce crisis in caring for an aging America. In June, PI-GRO helped to coordinate and participated in a national EWA Advocacy Day to send a critical message to Congress: *A strong eldercare workforce is essential to real health reform*. EWA members visited key congressional offices, participated in a concurrent national call-in day, and purchased a full page advertisement in *Roll Call*, a popular Capitol Hill publication, to share our health reform priorities. In September, APA again worked with EWA to coordinate a second Advocacy Day which included over 50 participants from around the country who represented interdisciplinary health professionals, direct-care workers, and family caregivers. These advocates took part in advocacy training at APA followed by meetings with key congressional leaders to discuss EWA priorities for health reform, including expansion of Title VII geriatric health professions programs and support for initiatives to promote effective interdisciplinary integrated models of health care. Among the advocates were Deborah DiGilio, MPH (APA Office on Aging) and APA members Lisa Brown, PhD (University of South Florida), Paula Hartman-Stein, PhD (Center for Healthy Aging), Suzann Ogland-Hand, PhD (Pine Rest Christian Mental Health Services), Donna Rasin-Waters (Brooklyn VA), and Kathleen Van Dyk (City University of New York). To learn more about the EWA, please visit www.eldercareworkforce.org.

Along with our ongoing efforts to expand and enhance Title VII geriatric health professions programs, PI-GRO is also assisting Education GRO in support of the Graduate Psychology Education (GPE) Program. Education GRO worked with Sen. Inouye (D-HI) and Reps. Green (D-TX) and Murphy (R-PA) to draft the **Graduate Psychology Education Act** (S. 811/H.R. 2066), to authorize the GPE Program, which was established in 2002 to provide funding to accredited doctoral, postdoctoral, and internship programs for interdisciplinary training for underserved populations (e.g., older adults) in rural and urban communities. Education GRO successfully advocated for the inclusion of modified provisions from this bill in the House Tri-Committee and Senate HELP Committee health reform bills. To learn more about the GPE program, please visit www.apa.org/ppo/education.

In addition to our PI-GRO health reform efforts focused on the geriatric workforce, we are also working on issues including the integration of mental and behavioral health care into primary care and other health care services; the need for long term services and supports for individuals across the lifespan; and the importance of family caregivers. To date, PI-GRO has worked with a variety of health care experts and advocates to secure important provisions related to integrated care, long term services and supports, and family caregivers in the Senate and House health reform proposals. For additional information on our health reform efforts, please contact me at (202) 336-6104 or delmore@apa.org or visit our website at www.apa.org/ppo/pi.



USA National Masters Indoor Track and Field Championships, March, 2009



Competitive Athletes (Ages 85 and 90)
Photos: Courtesy of Robert Jerome