

Council on geropsychology training formed

By Lee Hyer, Ph.D.,
and Sara Honn Qualls, Ph.D.

The field of clinical geropsychology continues to evolve and mature. The latest step forward is the recent formation of the Council of Professional Geropsychology Training Programs (COPGTP), an organization of graduate, internship, postdoctoral and post-licensure training programs focused on aging.

The Council provides direction and policy to implement the guidelines within the Pikes Peak Model for Training in Geropsychology as established at the National Conference on Professional Training in Geropsychology held in Colorado Springs in 2006 (Knight, Karel, Hinrichsen, Qualls and Duffy, unpublished manuscript).

The Pikes Peak conference is built on previous conferences, Older Boulder I and II, which identified and established an identity and training opportunities in geropsychology. COPGTP also serves to promulgate and extend the 2003 benchmark publication, *Guidelines for Psychological Practice with Older Adults*, approved as APA policy.

The mission of COPGTP is to develop aspirational educational models at the doctoral, internship, postdoctoral and post-licensure levels for training psychologists who provide psychological services to older adults. COPGTP offers guidelines for programs conducting geropsychology training, as well as for individual psychologists working with older adults.

As professional psychology moves toward competency-based models, this council makes policy regarding the recommended education, training and clinical skills for geropsychology, as well as for credentialing. COPGTP further helps to identify the components of competence that refer to the professional's ability to act on the current technology and information of older adults, reflecting knowledge, skills, attitudes and their integration. Competency in geropsychology is seen as a process that is incremental, developmental and context dependent.

Approximately 50 conference delegates, representing several APA Divisions, training programs and councils, as well as non-organizationally affiliated, at-large delegates and student delegates, participated in the planning.

Emerging themes adopted by the conference attendees are:

* **Balance in training** – balance was sought between assuring an adequate supply of trained, competent geropsychologists and encouraging membership with extant practitioners who work with older adults.

* **Focus on competencies** – focus was on developing competencies, rather than specific content or length of study.

* **Multiple pathways** – the conference recognized different pathways for geropsychology competency, with a special encouragement of post-licensure training opportunities.

* **Core training elements** – identification of a variety of methods for attaining geropsychology competencies, including didactic and clinical training, experiences in different clinical settings, especially in multidisciplinary teams, and direct observation of the trainee's work.

* **Training council** – designation of a council, separately incorporated and independent of APA, to serve as a guiding body for the unfolding of the council's ideals.

Conference participants revised a draft of competencies prepared by the leadership prior to the conference. These competencies have been adopted by COPGTP as the core benchmarks for professional practice in geropsychology (Karel, Knight, Hinrichsen and Zeiss, unpublished manuscript). The competencies are linked to behavioral objectives that can be attained at multiple levels of training for professionals in a variety of career paths.

The council also is committed to the promotion of excellence in training in professional geropsychology and to supporting the development of high quality training programs in professional geropsychology at the graduate school,

internship, postdoctoral fellowship and post-licensure level.

Membership consists of training entities which have at least one geropsychologist actively engaged in both didactic and experiential geropsychology training. Associate membership is available for persons who share the council commitments but do not meet qualification for full membership. The COPGTP is now incorporated as a nonprofit corporation in California. The first board of directors was elected and met in 2007. A COPGTP web page is under development and important committee work is under way to develop tools for assessment of geropsychology competencies. CE

Lee Hyer, Ed.D., is a professor of psychiatry at Mercer School of Medicine and Georgia Neurosurgical Institute. He is the author of more than 200 journal articles and book chapters and has authored three books. He currently has personal investigator awards on three grants related to aging-related topics and directs the Parkinson's Disease Project in Macon. Hyer can be reached by e-mail at: leehyer@ganeurosurg.org

Sara Honn Qualls, Ph.D., is Kraemer Family Professor of Aging Studies and director of the Gerontology Center at the University of Colorado at Colorado Springs. She can be reached at sqalls@mail.uccs.edu.

Parity debate drags on

Continued from Page 1

would satisfy the House and still overcome objections of Senate conservatives. "We believe the Senate bill is a good bill with a bit of room that could change things through negotiations."

If they can agree on any change, "the House people can come back with credibility and claim that they improved on what the Senate had done in the final bill," Newbould said.

"This is the strongest full parity bill since 2000 when the Senate passed a bill that was rejected by the House. This is the first time contemporaneously both houses have passed full parity bills that are more similar than dissimilar. And that's why we're buoyed by the chances of getting it done," Newbould said.

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California RxP dies amid infighting

By James Bradshaw
Senior Editor

For the second consecutive year a bill to give properly trained psychologists prescriptive authority died in the California legislature largely because of a rift between two psychological organizations.

Senate Bill 1427, backed by the National Alliance of Professional Psychology Providers (NAPPP), was scheduled for an April 13 committee vote that could have sent it for consideration by the full Senate, but no action was taken after the California Psychological Association (CPA) voiced reservations about the bill.

"It was what I consider to be a sad day for psychology," said John Caccavale, Ph.D., NAPPP's executive director. Caccavale accused CPA of opposing the bill because of professional jealousy over support NAPPP is gaining among practicing psychologists.

"Here we have our own people arguing against it (RxP privileges) for organizational purposes," Caccavale said.

The official CPA position expressed in a policy statement on its website was that the association "strongly supports the goal of establishing prescriptive authority for appropriately trained psychologists" but had "serious concerns about the legal implications of this bill for all psychologists, not only the psychologists who

would prescribe."

CPA said the bill, modeled after nurse practitioner laws that grant properly trained nurses limited prescriptive authority, would have restricted prescribing psychologists by placing them in a "physician-supervised practice model" that could have been extended to place other psychologists under physicians' control.

Caccavale said that criticism is totally off-base. "I wrote that bill and I know exactly what's in it," he said.

He said the bill calls for a prescribing psychologist to get a standard treatment protocol approved by a physician – any licensed physician the psychologist chooses – and then would permit the psychologist to write prescriptions independently without restriction for clients whether or not they are patients of the physician who approved the protocol.

NAPPP had been in fruitful negotiations with the California Medical Association, which initially opposed the bill, and was near gaining its support for passage, Caccavale said. He conceded the bill is dead this year, largely because of what he sees as sabotage by CPA and the American Psychological Association.

Those who will suffer most from the bill's failure are patients in need of mental health services, Caccavale said. "It (RxP) is important for psychologists but it's more important for the people who are not being treated."

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