

Clinical Geropsychology News

Section II of the Society of Clinical Psychology

APA Division 12, Section II

Volume 11, Number 1

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

President's Column: Paula Hartman-Stein, Ph.D. Center for Healthy Aging



*I*ncreasing “added value” of membership based on meeting the grassroots’ needs of psychologists who serve older adults and encouraging innovation are

two key themes behind my willingness this year to serve as president of APA’s Division 12, Section II. The nation’s demographics make it imperative that psychologists be equipped with knowledge of how to work effectively with older adults in numerous settings as well as, how to make a decent living while doing so. I believe that 12/II can be keenly instrumental in helping

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Division 12, Section II, Clinical Geropsychology Board of Directors Meeting, Summary Forrest Scogin, Ph.D.

The meeting was called to order by Victor Molinari at 2:05 PM. In attendance were V. Molinari, M. Arnold, S. Qualls, L. Phillips, M. Norris, B. Edelstein, R. Intrieri, P. Hartman-Stein, E. Rosowsky, W. Haley, B. Knight, D. Raisin-Waters, F. Scogin

Secretary Report - Forrest Scogin. Minutes from the August 2003 Executive Board Meeting, prepared by Secretary Forrest Scogin, were submitted and approved.

Treasurer Report - Margaret Norris. Margie reported that the current balance was lower than usual but nothing of concern. She noted several expenses that were atypical.

Membership Committee - Robert Intrieri. Bob submitted a report on the activities of the membership committee. Overall, membership is down somewhat. Bob will pursue those who were once members but have lapsed. He will also identify listservs that might include persons with geropsychology interests. Bob suggested that the Membership Committee be expanded to include several individuals rather than one given the rather large tasks undertaken. He further suggested that the Executive Board develop a plan for marketing and action on maintaining or increasing the membership. Discussion ensued on how to increase membership and promote a more diverse membership. Several questions were posed. What do we offer to attract members? Benefits noted included the Newsletter, the Listserv, a

community of likeminded persons, CE offerings, and the website. It was noted that we need to make counseling psychologists aware that they can join 12/II, despite the clinical name and without joining Division 12. A brief discussion of the pros and cons of increasing membership was undertaken. The consensus was that an increase was desirable. One of the benefits of membership is having a Membership Directory for making contacts with other geropsychologists. The question was raised as to who would prepare the Membership Directory. It was suggested that the directory be prepared in PDF format to send as an attachment to section members versus creating hard copies. The directory could be organized by state, name, and interest areas for ease of use. Bob and Forrest can confer on producing this directory. As the discussion continued, the question was posed: Why do people not renew? Bob may set up a survey to try to answer this important question. Another question from the group was if members can pay ahead for future years of membership? The answer is yes and some members have chosen this option. Concern was also expressed about keeping student members in the Section when they graduate. One idea was a stepped fee schedule similar to that used by APA. More mentoring and more contact with students during the GSA and APA meeting may also keep them in the section.

Specialty Application for Geropsychology - Bob Knight. Bob updated the Executive Board on the activities of an ad hoc group preparing an application for recognition of geropsychology as an APA specialty field. Bob is leading this effort. The deadline for application is January 1, 2004 and there is

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**Society of Clinical Psychology
(Division 12):
Board Meeting, January 2004
Deborah King, Ph.D.,
Section II Representative**

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

Nadine Kaslow's Presidential Theme for 2004 is "Embracing the Diversity of Clinical Psychology". Her goals are to enhance the sense of community among Division 12 members by increasing communication within the Division and conveying a sense of inclusiveness for all psychologists and graduate students who identify as clinical psychologists. As one strategy for increasing communication, she has instituted an Announce Only Listserv. All Division 12 listserv members will receive a monthly update from her regarding Division activities. To avoid email overload, members will not be able to reply to the list. However, Dr. Kaslow encourages Division members to email her directly at nkaslow@emory.edu with any input or ideas regarding the Division.

Division 12 Board Retreat.

Consistent with the Presidential theme, the Board meeting began with a retreat focused on the identity and goals of the Division. Several themes emerged, including the need for better integration of science and practice issues and the related need for more active advocacy and public policy work within the Division. These themes were linked to the need to attract a broader base of psychologists to join the Division. In addition to increasing the racial and ethnic diversity of the Division, ideas were discussed for attracting more practitioners (as well as scientists) and encouraging more students and early career psychologists to join the Division.

Division 12 Strategic Planning Session. A strategic planning session resulted in consensus that the Division

should develop a series of white papers or monographs reviewing the science base of various clinical areas. These papers would be published in a succinct and highly readable format that would be useful to practitioners and scientists alike. Themes and findings from the papers would be linked to Division training and advocacy efforts. After active discussion of possible topics, the Board decided to begin the proposed monograph series with a volume reviewing the clinically relevant, scientific evidence regarding the assessment and treatment of geriatric depression. Nadine Kaslow agreed to support the development of this project as part of her presidential initiative and to explore venues for publication. As Section II Representative, Deborah King was charged with preparing an outline for this volume and working with Section II leadership to recruit authors.

Advocacy and Public Policy Issues.

Advocacy issues were discussed actively throughout the Board meeting and included the following topics: James Bray, the Division 12 Federal Advocacy Coordinator, joined the meeting to discuss advocacy efforts and to clarify his role. He encouraged Division 12 members to join a Political Action Committee (e.g., Association for the Advancement of Psychology, Women for Legislative Action in Psychology) and become involved in the Education Directorate Advocacy Group (e.g., by becoming a campus representative to a Department of University). He also encouraged grassroots advocacy through state psychological associations and the annual State Leadership Conference held in early March in Washington, D. C.

The Board applauded the advocacy efforts of the Section II Public Policy Committee and charged the Section II Representative with forming an Advocacy/Public Policy Workgroup. It was agreed that each Section Representative

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APA Committee on Aging and Office on Aging: Update

Deborah DiGilio, MPH, APA Office on Aging.

CONA welcomes two new members in 2004. Barry *Edelstein* and Toni *Antonucci* will join CONA for three-year terms. The other CONA members are John *Cavanaugh* (Chair), Greg *Hinrichsen*, Beth *Hudnall Stamm* and Leonard *Poon*. 2003 was a wonderful and productive year. We will certainly miss the contributions of *Forrest Scogin* and Toni *Zeiss* who completed their CONA terms in 2003.

The first APA Committee on Aging *Award for the Advancement of Psychology and Aging* was presented to Norman *Abeles* during the CONA Conversation Hour at the APA convention in Toronto. The award will be presented annually at the Convention to recognize psychologists and friends of psychology who have made significant contributions to the field of geropsychology. The 2004 Call for Award Nominations will be announced in April 2004.

The APA Office on Aging and CONA have secured funding from the Retirement Research Foundation to develop promotional materials that convincingly portray the contribution of geropsychology to the health and well being of older adults. The materials will serve two purposes: 1) to inform policy makers of the significant research, practice and educational endeavors of the psychology community on behalf of older adults and 2) to promote geropsychology as a career option among undergraduate students in psychology and human and family studies programs. Materials will be completed in 2004.

The newly instituted Aging Leadership Team has held two conference calls since its inception in August 2003. The team is currently comprised of the CONA Chair and the Presidents of APA Section II of Division 12 and Division 20. Its objectives are to create a mechanism for

increased and ongoing communication between these three groups, ensure a coordinated, timely and effective response to issues of import to geropsychology, and facilitate the flow of information on aging issues to APA entities including offices, committees, boards, directorates, divisions and the Council of Representatives.

CONA and the Office on Aging are collaborating with the American Bar Association's Commission on Law and Aging in the area of competency assessment and older adults. The CONA subcommittee includes Barry *Edelstein*, Gregory *Hinrichsen*, Daniel *Marson*, Jennifer *Moye*, Leonard *Poon* and David *Powers* (who has served as APA's liaison to the ABA Commission on Law and Aging since 2001). Two meetings have been convened in 2003 at which attorneys and psychologists discussed the contours of competence and capacity assessment of older adults. The group's first collaborative project will be a document for attorneys that addresses issues such as: the importance and underlying principles of attorney assessment of client capacity; legal definitions of impaired capacity and psychological models of diminished decisional capacity; techniques to enhance client capacity; attorney preliminary assessment of capacity; procedures for referrals for consultation or independent assessment; interpretation and use of assessment reports; and an overview of dementia facts and myths. The document will be developed in 2004.

The Office on Aging continues to provide staff support to the National Coalition on Mental Health and Aging. Representatives of approximately thirty national health and aging organizations meet three times yearly at APA headquarters. At its most recent meeting, the Chief Investigative Counsel of the Senate Special Committee on Aging presented on The Elder Justice Act; the Associate Staff Director of

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Public Policy Committee: Update

Donna Rasin-Waters, Ph.D.

Our Public Policy Committee has grown and will begin some new projects to strengthen the goals that were identified by the committee in the mission statement. We will start assembling a state by state network for clinical geropsychology for the purpose of strengthening our ability to advocate for mental health services to older adults. This will enable us to follow legislative and regulatory issues more closely so that we can analyze trends and decide on our advocacy efforts. A well-developed advocacy network of clinical geropsychologists will also enable us to offer something of value as liaisons with other organizations are established. We are encouraging members of our Section to contact us with information about the advocacy network in your state psychological association. The advocacy system in your state might include an insurance committee chairperson, aging committee chairperson, aging division president, or a hired public policy advocate. Any information provided by persons who are involved in their state associations will help us with this task. Please send information to DrRasinWaters@aol.com.

A second project underway is the development of a system that will assist in bringing scientific knowledge concerning the mental health of older persons to the media. Two new committee members have expertise in developing public education campaigns and effective media outreach programs. If you have an area of research that you would like to have the media pick up on please contact Angela Toia at AMToia@aol.com for assistance in writing a lead. We will be utilizing a system for contact with the media developed by Peter Kanaris and his colleagues in the Suffolk County Psychological Association of the New York State Psychological Association.

They have been effective in local, national and international news contact via television, radio and journalism.

Another project that is being developed will include shaping an agenda for the Public Policy Committee that addresses the diversity of our older adult population. These goals will include seeking greater ethnic minority representation on the committee as well as a legislative search for policy issues relevant to older adults of different ethnic minority backgrounds. The same goals will be applied to lesbian, gay and bisexual issues pertaining to the mental health of older adults.

I would like to welcome new members to the committee: Michael *Duffy*, Deborah *Frazer*, Vicki *Passman*, Angela *Toia* and Peter *Kanaris*. In addition, I would like to thank two members who have resigned, Bob *Intrieri* and Jiska *Cohen-Mansfield*, for their service to the committee for many years. Finally, I look forward to leading these new projects and am honored to have been appointed Chair of the Public Policy Committee. Contact from 12/II members regarding our public policy efforts is always welcome.

Please forward any opinions, comments or suggestions, which may be included in a subsequent Newsletter edition, to Merla Arnold, R.N., Ph.D. at: ma159@columbia.edu
As always, we appreciate the input of Section II members.

Vision for APA and Psychological Health Care for Older Adults

Ronald F. Levant,
Nova Southeastern University,
APA President-Elect

We are truly living in interesting times. The 21st century promises monumental changes in health care, education, communication, and science in general. The technology currently available has already provided the tools whereby educated consumers can make critical decisions regarding their own health care and health care providers can call up databases (such as Epocrates ®) to provide up to date information on pharmaceutical agents. Yet despite these promising developments, the status of health care in the U.S. is very worrisome.

Health care costs have once again begun to escalate faster than other segments of the economy, and the number of uninsured has reached 43.6 million Americans. The Secretary of the Department of Health and Human Services (HHS) met with leaders from the National Academies and challenged them to propose bold ideas that might change conventional thinking about the most serious problems facing the health care system today. The Institute of Medicine (IOM) reported: "The American health care system is confronting a crisis . . . Tens of thousands die from medical errors each year, and many more are injured. Quality problems, including under use of beneficial services and overuse of medically unnecessary procedures, are widespread. And disturbing racial and ethnic disparities in access to and use of services call into question our fundamental values of equality and justice for all. *The health care delivery system is incapable of meeting the present, let alone the future needs of the American public.*" (emphasis added).

These problems beg for the active involvement of our nation's health care professionals, who are among the most educated groups in society, and who therefore (in my view) have an affirmative duty to use their knowledge for the betterment of society. Psychology is clearly one of these groups, and one that has broad applicability to health care.

As APA President-Elect, I have a vision for psychology's future in which psychology truly steps up to the plate to address society's most pressing problems. One such problem is the need for psychological health care for older adults. As you may know, the demand for psychological health care for older adults is growing rapidly. The number of adults with mental disorders and behavioral health problems in 2030 is expected to reach 15 million--four times the number in 1970, according to the U.S. Department of Health and Human Services.

As APA President-elect, I want to ensure that APA develops and supports policies that promote the optimal development of older adults, facilitate psychological practice with older adults, expand scientific understanding of adult development and aging, and disseminate the best available information concerning older adults to psychologists, other professionals, policy makers and the public.

I would like to encourage APA to help develop a consortium on aging with other relevant organizations (e.g. the Gerontological Society of America, AARP, American Society in Aging, and the American Geropsychiatric Association), in order to provide a focused effort on dealing with issues and concerns related to aging. I would also like to encourage my geropsychology colleagues to consider the development of an ABPP Diplomate in Geropsychology, as I know there is some interest in this.

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Vision for APA and Psychological Health Care for Older Adults

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Progress is being made in geropsychology. I was delighted to see that the document, "Guidelines for Psychological Practice with Older Adults," developed by the Interdivisional Task Force on Practice in Clinical Geropsychology of Division 20 and Section II of Division 12, was approved by the APA Council of Representatives at their meeting in August, 2003. This document was originally titled "Training Guidelines for Practice in Clinical Geropsychology," when it was first introduced in 1998. The guidelines are at www.apa.org/practice.

Finally, I was very pleased to learn that seven psychology programs nationwide were awarded grants ranging from \$90,000 to \$240,000 last fall by the Federal Bureau of Health Professions for Geropsychology Training. The awards were allocated as part of the federal Graduate Psychology Education (GPE) Program, which supports interdisciplinary training programs that work with underserved populations, such as older adults or people with disabilities. APA's Education Directorate, Office on Aging and individual APA members helped to secure the funding through advocacy efforts in which they stressed to Congress the importance of geropsychology training to respond to the increasing demand for mental and behavioral health services for older adults. These grants, which run through September 2006, will support trainee stipends as well as faculty and curriculum development in their APA-accredited programs with the aim of increasing the number of practitioners in the field. For more information, visit www.apa.org/ppo/edppo.html.

In conclusion, I believe that APA now has some momentum and is beginning to address the needs of older adult for psychological health care. The question before us is: "Will we be able to build on this momentum and provide leadership for

the psychological health care of older adults in the 21st century?" The answer is: "It's up to us!"

As always, I welcome your thoughts on this column. You can most easily contact me via email: LevantR@nova.edu.

Biographical Sketch. Ronald F. Levant, Ed.D., M.B.A., A.B.P.P., is President-Elect of the American Psychological Association. He was the Chair of the APA Committee for the Advancement of Professional Practice (CAPP) from 1993-95, a member at large of the APA Board of Directors (1995-97), and APA Recording Secretary for two terms (1998-2000, 2000-2003). He is Dean and Professor, Center for Psychological Studies, Nova Southeastern University, Fort Lauderdale, FL.

CALL FOR ARTICLES/COLUMNS

Please contact Merla Arnold, R.N., Ph.D.,

Section II Newsletter Editor at

ma159@columbia.edu

if you want to contribute to the

Eye on Education and Training Column,

Profile On . . . Column,

or if you have an idea for a column that

would be of interest to Section II members.

Profile on... Margaret P. Norris, Ph.D.

Reflecting back on my first decision to pursue a career in psychology tells a poignant story about the mores of the early 1970s when I was a high school student (in a school where all of the students, young women only, were expected to attend college). In a college prep meeting with the guidance counselor, I suggested the possibility of following in my father's footsteps to study engineering. This elicited an immediate response that I was again being "rebellious". I don't recall the other details of what I was told, but clearly the message was that engineering was no career for a young woman and further, I was being obstreperous, if not uppity, to even think of such an idea. I left with the same defeated feeling that probably most people feel when prejudiced stereotyping squelches their ambitions. I compromised my dream by entering college as a Business major – an obvious mistake that I realized within the first week of classes. Although I clearly was not in sink with the premises of my Business classes, I was immediately spellbound about what I was learning in my Psychology class. I quickly switched majors despite the admonitions that I would never get a job with this degree. I was learning to cast doubt on admonitions.

These doubts proved correct as I landed my first job in the field of psychology in my last semester at Boston University. I worked as a "caregiver" in a residential facility for children who had been so severely abused and neglected that they could not be placed in private homes. I learned a lot from this experience. First, I learned that I had no interest or talent in working with children. I made a defining decision to work with adults and also realized that more education was the key to delving far deeper into the issues that I was merely sampling. I did not know at the time that this job also gave me hands-on

appreciation for the work and struggles, which aides in nursing homes experience – in hindsight, a very valuable lesson.

My initiation into geropsychology was entirely serendipitous and the most fortuitous opportunity in my professional development. In 1981, I had just completed a Master's degree at California State University, Bakersfield. I endured two years of Bakersfield because the Master's program there had a solid training emphasis in assessment. Perhaps reflecting some of my early interests in engineering, I was intrigued by assessment because the process is essentially one of integrating pieces into a cohesive picture that points toward a resolution or strategy. Although my initial drive into Bakersfield was incredibly disheartening ("This is California?!"), it turned out to be a well-rewarded sacrifice as the assessment training was outstanding, and it landed me the job that defined the rest of my career.

As I later told many fledgling students, realizing one's professional ambitions takes a lot of single-minded determination, far-sighted decisions, and good luck. Luck was in my favor when I attended the California Psychological Association's annual convention in 1981 and interviewed for a job as a Senior Psychometrist at UCLA's Neuropsychiatric Institute. I did not know, of course, that this work would reveal a passion and a delight for working with older adults. At UCLA, I was responsible for testing the patients on two adult and one geriatric inpatient units. I had never anticipated working with older adults but when presented with this opportunity, my immediate associations were my many elderly relatives who were always my favorite companions at family gatherings. My interest was piqued, which proved to be foretelling. The assessments on the geriatric unit were far more interesting because they included, obviously, a lot of neuropsychological testing.

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Eye on Education and Training

University of Colorado at Colorado Springs

Sara Qualls, Ph.D.

CU-Colorado Springs is proud to announce the launching of the first doctoral program fully focused on the psychology of aging in fall, 2004. The majority of students will be training in clinical psychology, with some on a research career track without the clinical training component. We anticipate that the first cohort will consist of 3-5 students whose career goals are focused on psychology of aging. Perhaps this represents a milestone in the development of our field, that an entire program could be devoted to this topic.

Clinical students will divide their time among coursework, research experience, and clinical experience, consistent with the scientist-practitioner model. The program offers several unique experiences for students interested in aging. In their first year, students begin with a two-semester course sequence on the psychology of aging while they take broader foundation courses. Later, the clinical geropsychology course sequence, aging-focused proseminars, clinical experiences, and research experiences round out the focus on aging.

A focused program affords the opportunity for a focused curriculum that lays broad general foundations in research methodology, scientific bases of psychology, and clinical theory and skill before progressing to specialty knowledge and skills. Much of the coursework in the first two years is traditional assessment, treatment, research methods, and basic science proseminars. The methodology sequence has been designed for students who need to study developmental or clinical change processes as well as traditional experimental designs. Students also complete a MA thesis that may be in a non

aging area if that is needed to provide the breadth for future focused study in aging.

Advanced coursework is primarily in aging, including a two-semester Clinical Geropsychology sequence that addresses Settings and Contexts of Practice in the fall, and Assessment and Treatment in the spring. The assessment sequence extends to include a required class in Neuropsychological Assessment. Aging proseminars in cognition, personality, social psychology, and neuropsychology provide an opportunity for clinical and experimental students to interact. Clinical internships are expected to be in clinical geropsychology, of course.

The CU Aging Center provides a truly unique opportunity for students to train in a department-operated outpatient mental health services facility that is embedded in the network of community services. Located next door to the Colorado Springs Senior Center that has about 1000 seniors in programs each month, the CUAC is highly accessible to seniors for research as well as clinical services. Trainees can select from rotations in Psychotherapy (individual, marital, family, group), Caregiver Counseling, Caregiver Classes, Neuropsychological Assessment, and Home-Based Services. In addition, trainees are involved in community outreach, psychoeducational presentations, and collaborative work with many community agencies. Advanced trainees will have opportunity to work in nursing homes, assisted living, and hospital inpatient sites as well. Non-aging practicum experiences are also available to round out training needs.

Current clinical geropsychology faculty include Dan Segal, Stacey Wood, and Sara Qualls (Director of Clinical Training). Health psychologist Charles (Chip) Benight rounds out the clinical faculty team with much-needed expertise in trauma and rehabilitation. Experimental faculty with a focus on aging include Hasker

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The Student Voice

Anna MacKay, B.A., Section II Student Representative

As I am writing this my predecessor, Sherry Beaudreau, is returning to St. Louis from her internship interviews. Sherry is an inspirational peer mentor and friend, and I am honored and humbled to take over her charge as a Student Representative for Division 12/II. Given our similar interests and past geographical proximity, Sherry and I missed many opportunities to share our experiences during our early studies.

Sherry and I did not meet when she attended Smith College as an undergraduate and I chose Brandeis University (it was a tough decision but I opted for Brandeis over my second choice, Smith). Again, Sherry and I did not meet when we both worked at the Boston VA Hospital as research assistants after graduation. Her efforts were focused on Post Traumatic Stress Disorder and she worked in the “Main Hospital”, whereas I did research on cognitive aging and aphasia a full parking lot way in “Building 9”. It was not until we, uprooted from our native New England, entered our graduate studies with Martha Storandt at Washington University in St. Louis that we were able to discuss our shared interest in aging.

I approached Sherry after her master’s talk on age differences in storytelling. I had completed a similar analysis while at the VA Hospital, and we had a lively discussion about the trials and tribulations we encountered due to the hairy methodology of discourse analysis. Some of the most valuable experiences I have had in graduate school have come through the exchange of ideas across a variety of perspectives on research and clinical work with peers and mentors. But the discussion need not be limited within the walls of our

respective offices or academic institutions. With increased specializations there is the opportunity for expanded interactions as well as the threat of potential isolation. It is through forums such as those created by the membership of Division 12, Section II, that we can share common interests and gain exposure to new ideas.

My student career began as a passion for neuropsychology. I soon recognized that neuropsychology is a discipline of description and prediction firmly grounded in context. Cognitive strengths and deficits are relative to both an individual’s past performance and the environmental demands. A key individual and environmental marker is age. It was with this perspective that I began studying healthy aging and age-related diseases. My understanding of neuropsychology and geropsychology has expanded as I have incorporated input from peers and mentors across a variety of disciplines including clinical psychology, cognitive aging, health psychology, social gerontology, neurology, neuropsychology, and speech pathology.

It is my hope that as a student representative I will be able to work with Laura Phillips to further promote communication among students and professionals in our common interests and through our diverse perspectives, to encourage the growth and betterment of geropsychology. I thank you for this opportunity to serve our Section and welcome any ideas or questions you may have (ajmackay@artsci.wustl.edu).

All Section II members are invited to write to Merla Arnold at ma159@columbia.edu with *Member News* (your own, or someone you know) which can be included in a subsequent Newsletter.

President's Column

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psychologists meet these goals and by doing so will increase 12/II's influence and visibility.

At the beginning of approximately the second decade in the history of this organization and as its first president employed in full time private practice, I am pleased to offer several initiatives. The Presidential Executive Committee had its first executive conference call last week, and I felt much support and renewed energy in the section. Here is a summary of several new projects:

On-line survey. In February you will receive a posting on our listserv requesting that you fill out a brief, 3 to 5 minute online survey. It has been field-tested, so I can promise you it is brief. We want to learn just who currently comprises our membership; e.g., how many of us provide psychological services directly to older adults, teach courses in geropsychology, consult with agencies, or administer programs. In order to maintain and improve useful endeavors, we need data - for example, what do our members perceive to be current benefits of belonging to 12/II? Listed on the survey are 16 examples such as, decreasing social isolation among practitioners, obtaining resources from the listserv, advocacy efforts in public policy, symposia offered at APA conventions, opportunities to take a leadership role, gaining information about evidence-based practice, just to name a few of the existing membership benefits.

In order to plan for future programs sponsored by 12/II, I list 14 potential new benefits to survey as to whether there is interest in for example, creating informal regional geropsych networks, obtaining private individual consultation in clinical, business, or research areas, creating an

online journal, or organizing regional or online CE programs.

New membership initiatives.

Linked to the survey we will be conducting an ambitious membership drive with Bob *Intrieri* at the helm of the Membership Committee. Volunteers will conduct exit interviews of non-renewing members to see how we might continually improve our organization. We hope to increase links with state psychological associations, and we ask each member of 12/II to recruit at least one additional colleague to join in 2004.

Updated website. An essential part of attracting new members will include updating our section's website to make its access easier as well as adding new resources. Rebecca Allen, our Website Coordinator and key person who will perform her role as part of the Membership Committee, is hiring professional support staff to re-design the site. I ask that any member of 12/II who has authored or edited a professional book or video to send your name to Dr. Allen (raburge@sw.ua.edu) so she can start to compile a list of media resources for the website. Look for other requests on the listserv for ideas of spicing up and revitalizing an important tool for marketing and a very useful resource for all of us.

Public policy expansion. Another major initiative in my presidential year is to review, revamp, and add projects led by the Public Policy Committee. Donna *Rasin-Waters*, our dynamic new Chair, has expanded her committee with some fresh new faces from her contacts in New York City, some of whom have valuable media experience, as well as adding two seasoned geropsychologists, Michael *Duffy* and Debbie *Frazer*. Donna and I have been brainstorming ways to network more closely

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President's Column

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with state psychological associations to further strengthen advocacy efforts. You will be hearing many creative ideas from her committee throughout this year.

It is my sincere hope that during 2004 I can provide forward-thinking yet practical vision and direction, while encouraging momentum and creativity from our dedicated members and leaders within our committees. I feel confident that 12/II will become more powerful within APA and helpful to increasing numbers of psychologists. I welcome ideas and proposals from you throughout the year. You can reach me through email: cha@en.com or visit my website, www.centerforhealthyaging.com.

Section II Board Meeting Minutes

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only one due date per year. Despite the time constraints, Bob is aiming to meet this deadline. Most of the work on the application has already been completed, in part by using material from other documents including the "Guidelines for Psychological Practice with Older Adults". Due to the tight deadline, Bob asked for permission to submit the application with little review by the 12/II Executive Board or membership. Endorsement of the application by 12/II, PTLC, and Division 20 will be needed for the application to be successful. Questions were posed as to whether this document will be defining the field of geropsychology and whether it might be wise to proceed more slowly and gather more input. Discussion ensued as to the merits of making the January deadline versus waiting a year. A motion was made to provide a letter of

support for the upcoming application. The motion was unanimously endorsed.

Before leaving the meeting, Bob also advanced the idea that 12/II should nominate someone for a seat on the APA Council of Representatives. Several names were mentioned, including Toni Zeiss and Barry Edelstein. The merits of having persons with geropsychology interests in APA governance were reiterated.

Awards Committee - Bill Haley.

Bill announced Larry Thompson as the *Powell Lawton Award* winner. Larry will deliver a presentation at the APA convention in conjunction with the award presentation. Bill also announced that Sara Wilcox had been nominated for the *Shakow Early Career Award* and that Paul Duberstein had been nominated for the *Milon Award*. Both of these awards are sponsored by Division 12. Forrest suggested that these nominees could be presented with parallel Section awards as well. The Awards Committee will consider this.

Bill presented certificates of appreciation to Victor Molinari for his service as President of 12/II and Margie Norris for her long service to the Section as the Public Policy Committee Chair.

Newsletter - Merla Arnold. Merla reported that she received both positive feedback on previous issues of the Newsletter with a recommendation for a change in format. The Executive Board expressed appreciation for Merla's hard and innovative work. Merla noted that a few Newsletters came back to her as undeliverable with the present address. Discussion ensued on using electronic versions of Newsletter rather than paper copies as an option offered to members of the Listserv. Those who are not on the listserv and/or want a hard version of the newsletter would receive one.

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Section II Board Meeting Minutes

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Division 12 Board Representative Report - Deborah King. Deborah was not in attendance but requested feedback on questions she had raised in an earlier email. A question prompted by the Division 12 Board was why people join Section II but not Division 12? Discussion ensued.

Evidence-Based Treatments Taskforce - Forrest Scogin. Forrest reported on the efforts of the EBT Taskforce. Several teams are reviewing the literature on depression, anxiety, sleep, dementia behavior problems, and caregiving to identify those treatments that have been sufficiently investigated to meet criteria as evidence-based for older adults. The depression team has finished their review and the other teams are in various stages of completion. Forrest indicated that he had hoped to submit a symposium proposal for APA 2004 in which results from the EBT coding would be presented but, could not get enough commitment from teams for attendance. The results of the coding efforts will be published as a special series or perhaps as a book.

Program Committee - Barry Edelstein. Barry reported on a joint effort with Division 22 to do something about program capacity at APA. Bill Haley will be doing a presentation on bereavement and, Barry will be doing a presentation on suicide. Barry suggested that the Business Meeting hour could be cancelled and an update from the EBT Taskforce could be presented in the hours saved. The business meeting time is part of the allocation given 12/II for the APA convention. Barry suggested that the meeting could be held during off hours. He will pursue these options.

Webpage - Rebecca Allen. A suggestion to create a "members only"

portion of the website as an added benefit of membership was introduced. Becky will discuss this and other website ideas with Paula in the near future.

Continuing Education Committee - Erlene Rosowsky. Erlene was introduced as the new Chair of the CE Committee. She has considerable experience in CE activities. She shared with the group some of her ideas for the CE Committee including developing a consortium of geropsychology CE providers and serving as a clearinghouse for those interested in particular topics. Combining forces with Division 12 and PTLC would consolidate efforts. It was noted that state psychological associations would be a natural linkage for the clearinghouse function in that state associations often provide and promote CE offerings in the service of licensure. Donna Raisin-Waters, new Chair of the Public Policy Committee is a CE provider and thus may be a valuable resource for the CE Committee. She noted that the trend is towards online continuing education, particularly for those providers who may be in rural or remote sites. Bill Haley shared a different model of CE provision, a Small Business Innovation grant mechanism through NIH that has provided funding for APA's End of Life Committee to offer CE on this topic. The Committee on Aging could possibly do something along these lines, it was suggested.

12/II and PTLC Booth – Report that the first joint booth appeared to be going well. It was noted that an increase in membership may be the critical test.

Public Policy Committee - Donna Raisin-Waters. Donna was introduced as the new Chair of the Public Policy Committee. Donna has been involved with

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Section II Board Meeting Minutes

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advocacy efforts previously and shared some of her ideas for committee work including a state by state network for advocacy in 12/II. She also discussed an initiative regarding recruitment of ethnic minority psychologists for the committee.

Student Representative Report -

Laura Phillips. The section needs to find a replacement for Sherry Beaudreau. Laura would like to continue if possible. A suggested possibility noted was Anna MacKay, a student who attended the August 2003 Executive Board meeting with her. It was suggested that one of the student representatives be on the membership committee.

Adjournment. Vic passed the gavel to Paula and the meeting was adjourned at 3:30.

CONA Update

Continued from page 4

the ABA Commission on Law and Aging provided an overview of her study and the resultant publication, "Incapacitated and Alone: Health Care Decision-Making for the Unbefriended Elderly"; and the Heinze Senate Fellow with Senator Hillary Rodham Clinton's office discussed the Lifespan Respite Act.

The Office on Aging has launched a new publication, the APA Aging Issues Newsletter that is sent to subscribers electronically three times per year. It is also available on the Office's web page <http://www.apa.org/pi/aging>. Information is presented on current APA activities related to aging, national aging initiatives, publications, conference summaries, as well as general information on health, psychology and aging. If you would like to

be on the distribution list, please send an e-mail to wfranklin@apa.org

As always, it is a pleasure to work on behalf of aging issues. If you would like more detailed information about CONA or Office on Aging efforts, I encourage you to sign up for the newsletter and/or contact me for copies of our annual reports. Also, please feel free to contact me at any time with your comments or concerns at 202-336-6135 or ddigilio@apa.org.

Division 12 Board Meeting Minutes

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would work with his/her Section to appoint a Section Advocacy Representative to serve on this Workgroup. The group will link with the Section II Public Policy Committee to form a grassroots network of psychologists interested in advocacy issues.

Several Division 12 Board Members recommended the advocacy training offered by APA in Washington, D.C. This could be done in conjunction with the 2005 convention in Washington. Division 12 members interested in this training should contact Dr. Kaslow.

An interdivisional breakout session on Advocacy and Public Interest was held and attended by members of Divisions 12, 16, 37, 53 and 54. Topics included how to address gaps in access to services across the lifespan, how to link APA Divisions in grassroots advocacy efforts, how to use knowledge of evidence-based therapies in advocacy efforts and how to use Amicus briefs in advocacy. It was agreed that the Section II Representative would organize an email distribution list of the attendees to enhance communication on these issues and link with the Division 12 Advocacy Workgroup.

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Division 12 Board Meeting Minutes

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President-Elect Linda Sobell announced that her Presidential Theme will involve substance use and abuse in clinical populations across the lifespan. As part of this initiative, she is considering the development of practice guidelines.

Awards. Past President Diane Willis announced the following awards: *Distinguished Scientific Contributions* - Sidney Blatt. *Florence Halpern Award* - Lynn Rehm. *David Shakow Award* - Jonathan Abramowitz. *Theodore Blau Award* - Mitchell Prinstein. *Stanley Sue Award* - Toy Caldwell-Culbert. *Theodore Millon Award* - Drew Westin

It was announced that the requirements for the Halpern Award will be changed to include those who have made contributions to psychology through science or practice. This change will help the Division recognize more practitioners and will distinguish this award from the Award for Distinguished Scientific Practice.

Finance Committee Report.

Careful review of accounting procedures revealed that the Division 12 Journal is making a modest profit and is not contributing to the deficit of the Division. Due to significant cost cutting measures and initiatives for revenue enhancement, the deficit of the Division has been reduced substantially from approximately \$48,000 in 2003 to approximately \$7,000 in 2004.

Council of Representatives

Report. It was reported that APA is now solvent due to significant cost cutting. APA is undergoing staff reorganization so that membership will now fall under the Communication Office, rather than Central Office. This change is expected to further enhance revenue and cut expenses.

Program Committee Report.

Nadine Kaslow lauded 2004 Program Chair

and Section II member Antoinette Zeiss for her successful efforts in obtaining increased interdivisional program hours for the Honolulu convention. In collaboration with Divisions 18 and 20, Dr. Zeiss submitted a cross-cutting symposium to the President's New Freedom Commission on Mental Health Report. This symposium was accepted despite significant competition for program hours.

The next Board meeting will be held in Las Vegas, June 25-27, 2004. Although some Board members were uncomfortable with this location due to its reputation, it was the least expensive of the locations considered.

Profile On . . . Margie Norris, Ph.D.

Continued from page 8

My interest in assessment grew as I explored these much more complicated puzzles. But the real allure came from the elderly patients who, compared to those on the adult units, had rich and long histories, more difficult challenges in their near futures, and greater acceptance and appreciation for the professional help they were receiving. (I never believed the stereotype that older adults are less accepting of mental health services.) Although I worked at UCLA 20 years ago, I still have memories of many of these patients and the vivid stories they told. Given the location, it is not surprising that we had many patients who were Holocaust survivors. In these subsequent 20 years, I have yet to hear of more heartbreaking tragedies – not only from the patients themselves who had escaped (i.e., lived; escape did not really occur) but also from the sons and daughters who carried their parents' deep scars into the next generation.

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Profile On . . . Margie Norris, Ph.D.

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The fruition of becoming a geropsychologist is not quite as interesting as its germination. After 4 years at UCLA, I accepted the decision that I had to leave the Sierra Mountains and Pacific Ocean for more book learning. Again, I headed across the country to attend the Clinical and Health Psychology doctoral program at the University of Florida where I could immerse myself in gerontology and neuropsychology. I did the same, again crossing the country, for internship at the Portland VA Medical Center and Oregon Health Science Center. All this education certainly brought me to many wonderful parts of the country! Well, at least until 1990 when I went to Texas A&M University as an Assistant Professor. Living in a bubble helps one earn tenure, which I did and that changed my perspective. I should have known that a 17-year-old girl in 1970 who has the chutzpah to think about becoming an engineer has no business trying to see eye to eye with university administrators who are entrenched in institutional “tradition” (tradition is a holy word at TAMU). While the research and graduate training work were fabulous, the environment was an irreconcilable mismatch. I am not sure why it took me 12 years to figure out that I could work for myself. In 2002, I exercised true academic freedom and started full-time private practice work, mostly seeing long-term care patients, as well as community-dwelling patients in my office and in physicians’ offices.

My involvement in APA’s Clinical Geropsychology Section and Psychologists in Long Term Care (PLTC) has also been a great source of satisfaction. I attended my first PLTC meeting in the early 1990’s and there were about 8 people at the meeting! It has obviously matured a great deal both in

numbers and function. I have had the privilege of serving as PLTC’s Treasurer from 1999-2001 and President from 2002-2004. APA’s Clinical Geropsychology Section also caught my attention in its early beginnings. I have served as Treasurer from 2002-2004 (maybe that one week of Business classes left some imprint after all) and was Chair of the Public Policy Committee since its inception in 1998. When I became attuned to geropsychology policy issues, my youthful activist days from the Vietnam era were rekindled. I think of this work as Aging Hippies for the Aged – promoting, campaigning, and advocating for geropsychology services. The other great source of joy in my national service activities has clearly been the colleagues! Early in my attendance at national meetings, it was clear that geropsychologists have a distinctive character for being collegial, open-minded, and cooperative. It is this spirit that helps us cultivate potent leadership in one of the biggest growth areas of mental health care.

I do not think I would have been a very good engineer, but geropsychology, well, that has been nothing short of a godsend!

Eye on Education and Training

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Davis (neuropsychology), Lori James (cognition and language), and Michael Kisley (neuroscience). Two of our senior faculty have new areas of work in aging as well (Edith Greene in psychology and law, and Tom Pyszczynski in social psychology). In the next three years, the program anticipates hiring two new clinical faculty members to help build the program.

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Eye on Education and Training

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This program builds on an existing general MA program that has drawn several students into the field of geropsychology over the years and sent them on to existing programs for further training. That MA will remain in place, and doctoral students arriving with a BA in hand will be integrated into foundation courses with the MA students.

The program is lucky to be placed in a beautiful site at the base of Pikes Peak, and in a community that is particularly rich in senior services. Students will have an opportunity to learn how community-based services work, and will be encouraged to integrate their academic and clinical experiences on a daily basis in their work at the CUAC.

The faculty is delighted to add to the capacity of the growing field of geropsychology to train psychologists to become experts in aging clinical services

and research. Existing programs have established a standard of excellence we seek to join as we launch. Colleagues within this Section have offered tremendous support over the many years during which this program has been built, and we are truly grateful for generous contributions of time and expertise in helping us shape the foundation of the program. As we work our way through our first years (and especially our first accreditation process) we are certainly going to be seeking input, ideas, and help to reach our full potential. For more information, feel free to visit the web site (<http://web.uccs.edu/psychology>) or call Sara Qualls (719-262-4151).



University of Colorado at Colorado Springs. Image of campus with lovely mountain in the background.

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Year 2004: 12/II Officers, Officers, Representatives, Committee Chairs, Liaisons, & Coordinators

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E-mail Network: Coordinator, Barry Edelstein, Ph.D. (see above)

Web-Site: Coordinator, Rebecca Allen, Ph.D. (see above)

* Voting Members, Section II Board of Directors

** Technically the Chair of the Program Committee is linked to Board Offices that change on January 1st. Practice has been for the Program Committee Chair to serve from annual meeting to annual meeting of APA.

The APA Division 12, Section II Executive Board would like to express a special thank you to the following members who made donations along with their membership dues. Your generosity is greatly appreciated and deserves a round of applause: Ann Marie *M*organ, David *P*owers, and Victor *M*olinari.

***Want to participate in Section II activities?
Join the Membership Committee.
Contact Bob Intrieri, Ph.D. at:
RC-Intrieri@wiu.edu***

**Give the Section II Membership
Application on the next page
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APA Division 12, Section II: *Clinical Geropsychology*

NEW MEMBER APPLICATION – 2004

Please complete the following information (print clearly or type):

Name: _____ Degree: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

(Note: The Section maintains an e-mail listserve that notifies members of policy updates, job opportunities, and is a resource for communicating with colleagues. New members are automatically added to the listserve. However, if you do NOT wish to be on this e-mail group, please check here _____).

APA Membership Status:

(You must be a member of APA to join Section II. Section II membership may be Divisional – for Division 12 members – or Affiliate – for non-Division 12 members. Applicants for Student Member status must have their application endorsed by a faculty advisor who is an APA member)

What is your APA membership status? Please check one:

Fellow Member Associate Emeritus (retired member of APA)
 Student Member (at graduate, internship, or postdoctoral level)
 Student, not a Member of APA Non-APA Member

Are you a member of Division 12 (The Society of Clinical Psychology)?

Yes Yes, as a student No

Special Interests within Geropsychology: (We update our membership directory every few years and we include members' primary areas of interest within geropsychology, as a resource for networking and mentoring.)

PAYMENT OF DUES:

Divisional and Affiliate Member Dues are \$15.00 (U.S.); Student Dues are \$5.00 (U.S.)
Emeritus Members are dues exempt.

2004 Membership Dues enclosed \$ _____ (Make your check – in U.S. dollars - payable to **APA Division 12, Section II**)

Signature: _____ **Date:** _____

If student, Faculty name (print): _____

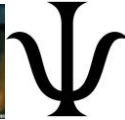
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Detach (or copy) and mail this form, along with your check, to:

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(man hand and cane)



Clinical Geropsychology News

Newsletter of Section II, Division 12, APA

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