

Clinical Geropsychology News

Society of Clinical Geropsychology

APA Division 12, Section II

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Please contact Erin Woodhead at Erin.Woodhead@va.gov or Kaci Fairchild at JenniferKaci.Fairchild@va.gov if you wish to comment on the contents of this Newsletter.

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

President's Column GeroCentral.org: Centralizing Geropsychology Resources *Erin Emery, Ph.D.*



As geropsychologists, we are all well aware that there is a severe geropsychology workforce crisis. Access to educational materials and training opportunities for psychologists and trainees about later life is critical now, to ensure a more adequate workforce pipeline to treat the fastest growing and most complex segment of the population.

Each of the four major geropsychology organizations in the US (APA Divisions 12/II and 20, Council of Professional Geropsychology Training Programs [CoPGTP], and Psychologists in Long Term

Care [PLTC]) has training and professional development information, resources, and opportunities to connect with others for consultation and mentorship in geropsychology; some are available on the internet and others via listserv or as part of membership meetings. Not all of this information is easy to locate or access, however, and it is all incomplete.

Thus, as part of my 12/II presidential initiative, these four organizations, in consultation with the APA Committee on Aging (CONA), are endeavoring to develop an internet clearinghouse website,

GeroCentral.org, to bring together existing resources, organize them into useful whole, and collaboratively create a few new ones. We intend for GeroCentral.org to provide education about geropsychology competencies and resources to achieve them, increase access to resources that can be used to educate generalists and prime the pipeline of geropsychology students, and create collaborations that can facilitate the development of effective care models for older adults, including the use of technology. The development of this website is anticipated to be the first step in a nationally collaborative process of geropsychology training development and dissemination.

Because we are geropsychologists and not computer scientists, we sought out options for funding, and were awarded a \$5000 grant from the APA Committee on Division/APA Relations (CODAPAR) to create the site. Additionally, each of the participating organizations has contributed resources to the project to develop what we hope will be a fantastic tool for all of us!

The GeroCentral Committee is in the process of developing structure and content for the site (still lots of room for people to get involved – no web design experience needed – let me know if you're interested!). We have plans to include a number of components, including (a) a web-based version of the Pikes Peak geropsychology competencies assessment tool with multiple reporting functions and links to learning resources; (b) direct links to geropsychology readings across domains; (c) links to existing training and mentoring opportunities; (d) a clinician's toolbox with links to articles, books, and treatment manuals for the latest evidence-based treatments for older adults along with older adult assessment measures and links to articles about reliability and validity in both clinical and research settings; and (e) the first in a series of geropsychology webinars, which will examine the potential benefits and risks of early diagnosis of Alzheimer's disease.

I am very excited about this project, and hope that it will be incredibly useful for all of you! I am also exceptionally grateful to the GeroCentral Committee, whose representatives from all five organizations include: Carolyn Aldwin (Div 20; Co-Primary Investigator for CODAPAR grant), Sandy Krohn (Div 12/II faculty), Jay Gregg (Div 12/II student), Joe Gaugler (Div 20 faculty), Lewina Lee (Div 20 student), Natalie Brescian (PLTC faculty), Kyle Page (PLTC student), Susan Whitbourne (CoPGTP faculty), Lindsay Gerolimos (CoPGTP student), and Kelly O'Shea Carney (CONA). Many of you also responded to my invitation to participate in the development of the site, and will definitely be called upon soon – thank you so much!

Comments from the Editors: Kaci and Erin



Welcome to the Spring edition of the 12/II Newsletter! As your 12/II Newsletter Editors, we're working hard to bring you relevant and interesting information about Clinical Geropsychology. This is the first Spring newsletter we've done independently, and we've made some changes that we'd like to highlight:

- Introducing new special features: You will see some of these in the current issue such as Meet the Committees (pg. 7) and the Did You Know section (pg. 20) with more to come in future issues. Send us an email if you have any ideas for future special features!
- Increasing member content: We want to hear more from our members! Do you want to profile a student or full member? Write about an interesting project or clinical case? Contact us and we'll work with you on your ideas for submission.
- Highlighting opportunities for involvement in the Society: Are you interested in getting more involved in 12/II? We're hoping to highlight opportunities to do just that. Stay tuned!

Consider This

Personal Experiences in Applying Contemporary Psychodynamic Perspectives to Working with Older Adults

*Douglas Lane, Ph.D., ABPP
VA Puget Sound Healthcare System, Tacoma, Washington*

The Chief of the Geriatrics and Extended Care Service at my facility commonly describes geriatric medicine as a discipline whose art is managing complexity. In kind, as geriatric psychologists we, too, routinely wade into cases featuring interrelated psychological and neuropsychological issues, medical and pharmacological concerns, and complex psychosocial factors, all embedded in a historical context that usually predates us. Moreover, in some cases we may face the added challenge of interpreting and ameliorating psychological distress in individuals who cannot even speak for themselves, those with advanced dementias. Given this, I often find it helpful to work from a theoretical integrationist position, as doing so allows access to ideas from multiple theoretical perspectives. These can be woven together into a conceptualization that best captures the complexity of the case, and intervention strategies derived accordingly. Alongside CBT, behavioral analysis, and family systems theories, principal among these sources for me are contemporary psychodynamic approaches.

In the last six months we have formed an informal reading group within Division 12/2 that focuses on exploring applications of contemporary psychodynamic thinking in our work with older adults. We “meet” once a month over teleconference and discuss an article or two. It is important to note that of those who attend none of us is a fully trained psychoanalyst. We are instead simply a group of psychologists, students, and interns interested in these ideas. In other words, no experience is required to join.

Early on we read of and discussed some of the undercurrents that have pulled our field away from thinking about older adults through a psychodynamic perspective. Many readers of this article may recall that in 1905 Sigmund Freud himself expressed his view that adults over the age of 40 or so did not make good candidates for psychoanalysis. While decades of research, clinical work, and theoretical evolution have proven him soundly wrong, barriers to working with older adults from a psychodynamic stance remain. In her 2005 paper, Dr. Jolyn Wagner offered some thought provoking insights into this issue. First, she identified persistent ageist assumptions in the field that specifically discourage taking a psychodynamic approach to older adults. These are that older adults develop psychic rigidity, lose their sense of investment in the future, develop an excessive attachment to the past, and undergo a weakening of life fulfilling drive. Second, she described more broadly the way in which such assumptions, based as they are in linear, stage models of lifespan development, become reified into unquestioned truths. As an antidote, she cited the work of Coates (1997) who advised us to conceptualize human development instead “in the context of multiple transactions between self and other across different domains with consequences that cannot be predicted a priori” (p. 45). Finally, and perhaps closest to home, so to speak, Wagner alluded to the unique, and sometimes daunting, countertransference issues that can arise in working with older adults. The opportunity for these to emerge is especially ample when engaging psychodynamic perspectives, with their emphasis on fundamental human needs, fears, and longings.

I noted previously that sometimes in geropsychology we are asked to provide assistance for individuals with dementia, including those in the advanced stages. In this work we rely especially heavily on the treatment

team, whose members in turn look to us for insight into what might lie behind challenging behavioral issues in this population, and what strategies might help reduce them. We often employ the “ABC” method of behavioral analysis here, and for good reason. Also though, I think it can be helpful to add some basic psychodynamic thinking to the mix as well, as it especially allows us to develop a deeper understanding of the subjective emotional experience of dementia. It is this that can, I believe, be most helpful to other staff in truly understanding the needs of the person with dementia.

I have found that in an inpatient environment the concepts of “object relations” especially can be usefully applied. Briefly, as I am using it, the term “object relations” refers to our need for seminal emotional connectedness with others, and how this need is met in increasingly complex and interactive ways as we develop as humans. Indeed, human attachment has been described as a fundamental survival mechanism that functions *throughout* the life span. Such relationships give us our sense of presence and identity, and facilitate the growth and maintenance of our abilities to cope with the internal and external demands of our world. In other words, humanization is an ongoing, reciprocal process. Not surprisingly, the human brain itself has evolved to exist and thrive in a social context. We possess complex, multimodal neural networks dedicated to social cognition, “mirror neurons” being just one example.

Even in people with advanced dementia, this powerful need for safe relationships can remain intact for a long time, long after the higher cognition that once facilitated attachment behavior has crumbled under the weight of neurofibrillary plaques, Lewy bodies, cerebrovascular insults, and other neuropathologies. The great risk is inadvertent interpersonal and emotional abandonment of individuals with dementia by others. In particular, Thomas Kitwood (1999) has written extensively about the therapeutic milieu (or lack thereof) in long term care units, and specific interpersonal strategies that staff can use on a day-by-day basis to reach out to people with dementia, and try to keep them attached. Caregivers can become new “self-objects,” almost an “ego prosthesis” (Cheston & Bender, 1999). Thus, how we interact with the person with dementia can provide and support the structure of their experience, including that of themselves.

In the remainder of this article I’ll attempt to demonstrate briefly with some examples from my own work. I do so with the words of Wagner and Coates cited above in mind. In this material we can see and hear the human drives for a sense of connection, safety, purpose, and resolution exerting themselves, even for individuals in more advanced stages of dementia. The first case is that of a gentleman with Alzheimer’s disease who lived in our facility for an extended time. He regularly wrote notes to me, as best he could given his aphasia, and forwarded them to me through the nursing staff. They chronicled his experiences as his illness progressed. His family has given me permission to use the quotes that follow for instructional purposes.

In the early months of our work, he was focused on being a spokesman for what he and his fellow residents were enduring. He found meaning in this, a sense of continued relevance and dignity based in what he could do for us. In one of his notes he wrote (syntax/spelling corrected), “I have done everything I can think of to get more attention for dementia of all sorts. Please now give me a chance to learn all I can about this disease. My spelling and other crazy things are happening to make this far more difficult than necessary.” I used to tell him that by helping me understand his experiences with dementia he was, in turn, helping me help other caregivers do the same. In a way, he was a teacher and I was his student. My effort was to validate and support his continued sense of purpose and value for as long as possible, a palliative approach.

One of his greatest fears about having dementia was that it would ultimately lead him to become a “monster,” a frightening shell of his former self. Because of his aphasia he had trouble expressing himself at times, especially when upset. In moments of frustration he would become agitated and shout. Some staff

did not know how to react to this and would instinctively disengage and move away. After one of these incidents he wrote to me (syntax/spelling corrected), “One of the saddest things about this malady is when I speak up. When people are around everyone runs when I raise my voice or move too quick. This is really sad for me and those around me.” Confirmation of his sense of himself as devolving into a “monster” was coming inadvertently through these interactions with those around him.

My second example is a gentleman who I met initially, and for only a few times, when he was admitted to our facility for a brief respite stay. He was then readmitted to our facility for long-term care a year later. Not long after his admission for long-term care his beloved spouse died. I had a brief occasion to meet with his wife during his earlier respite stay, but not to any significant degree. Following his admission for long-term care, it soon became evident that he was closely attached to me, to a degree that was beyond what our prior time together would seemingly warrant. I also noted that he regularly reminded me (and himself) that I had known his spouse. Viewed through the lens of object relations, my prior experience with him and his wife, although objectively brief, allowed me to develop and serve as a form of a “transitional object” for him, which facilitated my efforts to help him adjust to being on the unit again (Loboprabhu, Molinari & Lomax, 2007).

There are many ways in which psychodynamic ideas can be applied in working with older adults, as our reading group is discovering. My goal here has been only to whet the appetites of any who might be interested, and encourage them to join us. Old age is known to be a time of great complexity. My belief is that this offers not only an invigorating challenge for us as clinicians, but also a great well of resources for us from which to draw in our work.

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The Student Voice

To Postdoc or Not, That is the Question

Joseph M Dzierzewski, MS

12/II Student Representative

Hello fellow clinical geropsychology students! The student membership of 12/II is comprised of students at various stages of degree conferment. Many student members have recently begun their graduate programs, others may have just matched for internship, and some are nearing completion of internship. No matter what stage of training, keeping some focus on the outcome can be useful. While I am certain that none of us entered the field of clinical geropsychology with the ultimate goal of obtaining a postdoc, it is the last

potential stop prior to becoming an independent psychologist. To that end, the focus of this Student Voice column is postdoctoral training.

Postdoctoral training is often times viewed as a nebulous in-between stop in the transition from trainee to psychologist. Formal postdocs are not required to become licensed psychologists (though postdoctoral clinical hours most frequently are required to sit for licensure). They are not required to obtain faculty research positions. And, postdocs are not required to secure teaching positions or positions within industry. With the lack of regulations mandating formal postdoctoral training one might ask, “Why should I do a postdoc?” Countless graduate students are faced with this question during the final year of their graduate training or while they are on internship. To help answer this question we recently sent out a brief survey to senior geropsychologists.

Without exception, established geropsychologists involved in research, clinical care, and public policy all highly endorsed postdoctoral training. While all respondents reported that they believed a postdoc was necessary for individuals with career aspirations as a researcher, it was generally reported that postdoctoral training would be beneficial for additional clinical training and refinement of clinical skills - though not necessary. When asked if they would change their individual choices regarding postdoctoral training all respondents indicated that they would still do their respective postdocs. In fact, one individual reported that they did not complete a postdoc, but if they had the opportunity to do things over they would do a postdoc.

Regarding the perceived pros and cons of postdoctoral training, responses were varied. Pertaining specifically to clinical geropsychology postdoctoral training the most frequently reported benefits included: specialty training with older adults, hours for licensure, working with seasoned clinicians, refinement of clinical skills, opportunity to conduct supervision, filling training gaps/needs, and general professional development. The most cited negatives associated with a clinical postdoc were: lack of Medicare funding restricting patients served, reduced pay, and additional moving expenses/inconveniences. The most frequently reported benefits of research postdoctoral work included: additional mentoring, protected time to publish, development of independent lines of research, grant writing, increased number of publications, networking opportunities, and reduced pressures compared to tenure track positions. The most frequently reported negatives of research postdoctoral work included: potential lack of independence in research endeavors, reduced pay, training experience highly dependent on selected mentor, time commitment of at least two years (potentially three years), and additional moving expenses/inconveniences.

Lastly, the senior geropsychologists surveyed were asked about general advice they would offer to junior colleagues regarding the decision to pursue a postdoctoral position. In general postdocs were highly encouraged. Some respondents suggested completing multiple postdocs while others noted that not completing a postdoc likely puts a job applicant, whether primarily clinical or research, at a serious disadvantage. Other respondents reflected back fondly of their postdoctoral training, referring to it as “some of the best training experiences” of their careers.

Clinical psychology, specifically clinical geropsychology, is a profession that entails many important and difficult choices throughout training process. From the difficult admission procedures associated with graduate school applications, to practicum placements, thesis and dissertation hurdles, the internship imbalance, and the postdoc decision one can easily become overwhelmed or lose sight of what had initially attracted them to the profession. Postdoctoral training is undoubtedly an important decision in one’s professional development. As one survey respondent suggested, such decisions are likely best resolved through “balancing logical thought and pro/con analysis with intuition.” When decisions may have such a

great impact on our future following a “combination of your head and heart” may be the wisest course of action.

Meet the Committees!

For this issue of the newsletter, we’ve highlighted the various committees of 12/II so that members are aware of the activities of the committees and have an opportunity to become involved if interested. If you’d like to learn more about a committee, please feel free to contact the chairs of that particular committee.

Interdivisional Healthcare Committee (IHC)

Cheryl Shigaki and Margie Norris
shigakic@health.missouri.edu; margienorris@hotmail.com



Members of the IHC consist of representatives supported by APA divisions that have investment in clinical healthcare. Note, despite members being drawn from APA divisions, the IHC is not formally affiliated with APA. However, the IHC does work closely with APAs Practice Directorate. The IHC offers a way for clinically specialized psychologists to work collaboratively and act on common issues and concerns. Some recent and ongoing projects include:

- Development and monitoring of H&B codes and their use
- Providing comments to CMS on behavioral treatment of obesity
- Expressing concern to APA regarding Louisiana’s Act 251 and its implications for psychologists in healthcare settings across the nation
- Keeping abreast of the role of psychology in Patient Centered Medical Homes and other health care reform
- Facilitating involvement of psychologists in the ICD revision
- Monitoring reimbursement issues for psychological and neuropsychological services

Each division supports its IHC representative(s) by providing travel funds. Current representatives for the Society of Clinical Geropsychology are Margie Norris and Cheryl Shigaki, who alternate attendance at the midyear meeting in February. The IHC also meets at the APA annual convention. Projects of the IHC are frequently in need of volunteers. We post such requests to the 12/II list serve and in newsletter articles and will report volunteer needs to the Board as they arise.

Multicultural Committee

Yvette Tazeau
ytazeau@ix.netcom.com

The Multicultural Committee works to engage division 12/II members in recognizing the relevance of diversity to their professional lives and the future of psychology of aging.

The Committee works to promote diversity initiatives as established by the board, including to increase the diversity of division membership across multiple aspects of identity (age, gender, race, ethnicity, religion,



sexual orientation, socio-economic status, ability, language, marital status, specialty area, theoretical orientation, years of experience in the field, geographical region, and type of work setting). The Committee also works to address multiculturalism throughout all division initiatives and activities.

Current projects of this committee include identifying, compiling, and organizing diversity article citations for a section in the new GeroCentral website. If members want to send their favorite diversity citations for posting, please send to ytazeau@ix.netcom.com.

Education Committee

Erin Emery
Erin_Emery@rush.edu



The goals of the Education Committee are to assess geropsychology training opportunities at multiple levels of training and to pursue opportunities for disseminating geropsychology training materials at the undergraduate, graduate, and post-graduate level. Members of the Education Committee received the 2010 CoPGTP Award for Research or Program Evaluation in Geropsychology Training. This project examines the relation between exposure to geropsychology training opportunities and geropsychology competencies and career decision making. Prior projects have examined geropsychology training opportunities available to graduate students, and the barriers to offering these experiences as reported by directors of clinical training within clinical

and counseling graduate programs.

Members of the Education Committee include Erin Woodhead, Nancy Pachana, Candace Konnert, and Barry Edelstein.

Continuing Education Committee

Michelle Hilgeman
Michelle.Hilgeman@va.gov



The Continuing Education Committee promotes continuing education opportunities for psychologists interested in clinical geropsychology. In the past, the committee has submitted geropsychology workshops for the annual APA meeting. Currently the CE Committee has two members, Michelle Hilgeman, the current Chair, and Doug Lane, who chaired the committee for several years before Michelle began her term in August 2011. As the 12/II website is revitalized, the CE Committee is exploring the possibility of a community posting page on the new website to display CE opportunities as they become available. If you are aware of educational opportunities, workshop ideas, or would like volunteer with the CE Committee, please contact

Michelle.Hilgeman@va.gov. Check out the 'committee updates' section below to learn about CE opportunities that may be of interest to 12/II members.

Mentoring Committee

Amy Fiske
Amy.Fiske@mail.wvu.edu



The Mentoring Committee was established with the goal of enhancing the quality and availability of mentoring within clinical Geropsychology. As the population ages, the need for well-trained clinical geropsychologists is growing; mentors can play a key role in expanding this workforce. Mentoring involves pairing a more experienced person with a less experienced person for the purpose of imparting skills and providing advice and guidance that will help the less experienced person move to the next level. Mentoring can take place in the context of both short-term and long-term relationships, formal and informal, at any level of training from undergraduate through professional, and in any domain, including clinical as well as research activities. Activities of the Mentoring Committee have focused on surveying current mentoring practices and programs, and disseminating information through publications, presentations and a website. Within the last year, several members of the committee edited a special section of on Mentoring in Clinical Psychology (*Educational Gerontology*, 37, issue 5).

Public Policy Committee

Margie Norris and Mary Lewis
margienorris@hotmail.com; marylewisphd@gmail.com



The Public Policy Committee monitors and evaluates issues that pertain to the delivery and reimbursement of mental health services to older adults and their families. The Committee maintains liaisons with other professional organizations that are concerned with mental health services for older adults and their families.

Nominations/Elections Committee

David Powers and Jon Rose
PowersDA@seattleu.edu; Jonathon.rose@va.gov



The Nominations and Elections Committee is tasked with implementing the policies required for the nomination and election of Society Officers. The committee is chaired by the Past-President and up to three members of Society who are appointed by the President in consultation with the Board of Directors. The Nominations and Elections Committee is responsible for:

- Solicitation of nominations for officers

- Oversight of the mailing of ballots
- Notification of the Board of Directors of the results of the elections
- Notification the members of the members whose name appeared on the ballot
- Report of election at annual business meeting and in the pages of its publication

Awards and Recognition Committee



David Coon
David.W.Coon@ASU.Edu

The Committee on Awards and Recognition consists of a chair and at least two other members who are appointed by the President. The Committee is charged with development of nominations of Section II members for APA-wide awards and as well as those for Section II members and students. Society Awards include:

- M. Powell Lawton Award for Distinguished Contributions to Clinical Geropsychology
- Distinguished Mentorship Award
- Award for the Advancement of Psychology and Aging
- Award for Excellence in Research by a Student Member

Announcements and Member News

This section of the newsletter highlights announcements relevant to the membership and the accomplishments of the Section's members. If you have received any local or national awards, or want to let the Section know about recently accepted publications, or recently published books, please email updates to Erin Woodhead (Erin.Woodhead@va.gov) and Kaci Fairchild (JenniferKaci.Fairchild@va.gov).

Announcements

Society for Clinical Geropsychology – Call for Nominations

There are two Officer positions open for election within the Society for Clinical Geropsychology this year, Section Representative to Division 12 and President-Elect. This message is a call for nominations for these two positions.

The description of the position of **Division 12 Representative** from our bylaws is as follows:

G. The Section's Representative to the Board of Directors of the Division must be a Divisional Member of the Section, and is elected for a term of three years. He/She shall perform the duties specified in Article V of the Bylaws of the Division. (Note: "the Division" refers to the Division 12, the Society for Clinical Psychology of APA).

The description for the position of **President-elect** is as follows:

C. The President-Elect shall be a Divisional or Affiliate Member of the Section elected for a term of one year. The President-Elect shall be a member of the Board of Directors with the right to vote, shall serve as the Program Chair, and shall perform the duties traditionally assigned to a Vice-President. In the event that

the President shall not serve his/her full term for any reason, the President-Elect shall succeed to the unexpired remainder thereof and continue to so serve through his/her own term as President.

The President-elect goes on to serve as President, then Past-President for one year in each position.

If you would like to nominate someone (someone else or yourself) for either of these positions, please respond ONLY TO ME by clicking THIS link: powersda@seattleu.edu

Our bylaws further state that: any member who is willing to stand for election and who is nominated for an office by three percent (3%) of the voting membership of the Section shall be eligible to be placed on the ballot. In addition, the Committee on Nominations and Elections shall be empowered, if required, to nominate such additional names for the election ballot.

Both of these positions are very important for the organization and serve as wonderful opportunities to become highly knowledgeable about the activities and role of clinical geropsychology within APA and more broadly. Candidates elected to these positions will work with senior leaders in clinical psychology generally and clinical geropsychology specifically. I encourage you to think of quality individuals whose contributions in these roles will benefit the organization and add to their own development as professionals in our field.

The nominating process will be open through April 12, 2012.

David Powers, Ph.D.
Past-President and Chair of the Elections Committee

12/II has a Facebook page!

The Society for Clinical Geropsychology now has a Facebook page:
<https://www.facebook.com/#!/ClinicalGeropsychology> . Please consider “like”- ing this page!

12/II Member Plays a Key Role in Reversal of Medicaid Cuts in Texas

Margie Norris was part of a small group of psychologists who were influential in the reversal of proposed state mandated Medicaid cuts. These proposed cuts were a one-two punch for psychologists as the cuts would have reduced their reimbursement rates by 22% while increasing the co-payments for the state’s dual-eligible Medicaid/Medicare Mental Health patients. More information about this important achievement can be found on the Texas Psychological Association’s website: www.texaspsych.org.

Alzheimer’ Association Releases 2012 Facts and Figures

The Alzheimer’s Association has released the annual report, *Facts and Figures*, for 2012. This report, as well as a briefer version, *2012 Alzheimer’s Disease Facts and Figures Fact Sheet*, can be found online at www.alz.org.

Member News

Awards and Recognitions

Philip Sayegh, M.A., a 5th-year doctoral candidate at the University of Southern California's Clinical Science Program (Aging Track), was recently awarded a 2011 APA Dissertation Research Award for his proposed dissertation research project entitled "Cross-cultural Differences in the Diagnosis of Dementia in Hispanic and Non-Hispanic White Outpatients."

The Canadian Institutes of Health Research (CIHR) recently awarded Norm O'Rourke (PIs: O'Rourke; Michalak; Sixsmith) funds for a 4-year multi-site CIHR grant entitled, "Bipolar disorder in later life: A mixed-methods, experiential sampling study of health and well-being over time".

The 2011 Psychologists in Long Term Care (PLTC) award for Outstanding Contribution to Education, Science, and Practice in Long Term Care will be presented to Paula Hartman-Stein at the 2012 APA conference in San Diego, CA.

Recent Member Publications

David Glenwick has co-edited (with Leonard Jason) *Methodological Approaches to Community-Based Research* (American Psychological Association, 2012).

Paula Hartman-Stein's article, "Alzheimer's plan emphasizes biology over behavior," was recently published in *The National Psychologist*, 21 (2), pp 1, 3.

Committee Updates

Education Committee Update

Submitted by Erin Woodhead and Erin Emery

The Education Committee of the Society of Clinical Geropsychology is continuing with data collection for a survey of students' geropsychology training experiences in the USA, Canada, Australia and New Zealand. The project is funded by an award from the Council of Professional Geropsychology Training Programs. The goal of the project is to assess training opportunities and student competencies in geropsychology and determine the factors that influence students to pursue or not pursue a career in geropsychology. We are currently trying to recruit a broader sample of clinical and counseling psychology graduate students.

Continuing Education Committee Update

Submitted by Michelle Hilgeman, Ph.D., Committee Chair

Check out these online CE Opportunities:

The APA Continuing Education Office's webinar on Interpersonal Psychotherapy for Depressed Older Adults by Gregory A. Hinrichsen, PhD recently aired on March 16th and will soon be available on demand

as part of its Clinician's Corner series [http://apa.bizvision.com/video/clinician-corner-workshop/new-interpersonal-psychotherapy-for-depressed-older-adults-live-webcast-march-16-2012\(4067\)](http://apa.bizvision.com/video/clinician-corner-workshop/new-interpersonal-psychotherapy-for-depressed-older-adults-live-webcast-march-16-2012(4067)).

A second CE opportunity that may be of interest to some is the **free** 14-part series, "From the War Zone to the Home Front: Supporting the Mental Health of Veterans and Families" by Naomi M. Simon, MD and Matthew J. Friedman, MD, PhD. This series is running from FEB 23, 2012 – MAY 24, 2013. For more information and registration for the online training go to: http://mghcme.org/courses/course-detail/from_the_war_zone_to_the_home_front_supporting_the_mental_health_of_veteran

Other resources are available under the "Our Partners" link on the 12/II website <http://www.geropsychology.org/home/our-partners> and through the APA's Continuing Education website <http://www.apa.org/education/ce/index.aspx>.

Public Policy Update

Submitted by Margie Norris and Mary Lewis

PLTC and 12/II Join Public Policy Efforts

We are pleased to announce that the Society of Clinical Geropsychology (12/II) and Psychologists In Long Term Care (PLTC) have decided to combine their Public Policy Committees. Given the common overlap in policy and advocacy issues that impact members of both organizations, the leadership of both organizations feel that combining efforts will be most efficient and effective. As members of both 12/II and PLTC, Mary Lewis and Margie Norris have agreed to Co-Chair the Public Policy Committee (PPC). The Public Policy Committee membership is open to members from either 12/II or PLTC. If you are interested in working on this very important committee, please contact Mary Lewis (marylewis@earthlink.net) or Margie Norris (margienorris@hotmail.com).

Interdivisional Healthcare Committee (IHC) Update

Submitted by Margie Norris, Representative for Division 12-2

Interdivisional Healthcare Committee Mid-year Meeting
February 11, 2012
Report to Division 12, Section 2

Updates from the Practice Directorate (e.g., Integrated Care, State Implementation of Health Care Reform Advisory Group, and H&B Reimbursement) – Randy Phelps

CAPP and APA activity in health care issues:

Randy Phelps discussed healthcare reform and framed the APAPO's approach as "knocking down barriers to psychologist full participation in healthcare." APA will be working to develop relationships and broad political advocacy networks with state associations to help them advocate strongly with their legislatures insofar as Medicaid funding/regulations. Two targets:

1) APA will activate states and pull in division expertise to remove legal barriers to psychologists' participation in Medicaid. The focus will be on reimbursement for psychotherapy and also increase number of state Medicaid programs that reimburse for H&B services.

2) Accountable Care Organizations (ACOs) and other collaborative practice models are envisioned to be run by providers, but currently many states have old laws that define or restrict “providers” as physicians only. Additionally, there are similar regulations and policies in the private sector. APA is aware of where these laws exist and plans to address them systematically.

Katherine Nordal, APA Executive Director for Practice has formed a State Implementation Advisory Group. The group is purposefully small and, notably, Donna Rasin-Waters is a member.

H&B code utilization:

Randy shared most recent data on H&B utilization in Medicare. He noted that this is the only way to assess psychologists’ practice of providing health care services outside of traditional psychotherapy. 2011 H&B code use is down a bit in all areas, although, the graph for total services looks very similar to 2008. Also, payments went down a little bit.

Several members noted that some payers are limiting numbers of units allowable for H&B services. Group discussed at several points that preventive services are pointedly excluded (e.g. weight loss and smoking cessation). It was noted that reimbursement for the codes remains low.

Treatment Guidelines

APA is in the process of developing treatment (clinical practice) guidelines. These are statements/recommendations derived from a systematic review of what is known of best practices in the treatment of various disorders. Once completed and approved, the guidelines will be published and made available on the APA website.

Within a few weeks there should be an announcement about the composition of the panel for guidelines on psychosocial treatments for depression. A call for nominations went out in fall. Guidelines for obesity treatment will likely be next. It was noted that if created, a guideline on obesity would exist in the absence of any direct mechanism for payment of this service (H&B specifically excludes smoking and weight loss). APA feels it important to establish the guidelines in behavioral as well as mental health.

APA Endorsement of Multidisciplinary Treatment Guidelines:

Several multidisciplinary working groups have developed guidelines for treatment of health issues that include psychological treatment (e.g. guidelines for treating chronic pain). APA currently has no mechanism for identifying or endorsing worthy guidelines and does not have the person-power for reviewing such guidelines. BPA is attempting to modify COR policy to facilitate this issue. Once a mechanism is in place, the IHC will inform constituent divisions/section with regard to potential guidelines, their importance and how divisions/sections may be able to be involved in the review process.

Medicare Reimbursement for Psychologists:

Medicare fees have declined since 2006 (see Appendix). The reductions affect all patient populations (note, most private and public insurance companies tie their fees to the Medicare fee schedule). The fees allowed by Medicaid and private insurance companies almost always are a reduced amount of the Medicare fees.

Medicaid does not pay the copay remaining after Medicare pays, which creates a major barrier to mental health services for dually eligible Medicare-Medicaid beneficiaries.

Follow-up on Prescribing Psychology Regulatory Issues:

History and timeline of events that occurred in Louisiana around the passing of Act 251 were reviewed. Notably, CAPP has passed a resolution to restrict grant funding to states proposing legislation for prescriptive authority unless the proposed legislation complies with certain limitations. Briefly, these include: 1) Prescribing psychologists cannot have the exclusive use of term “Medical Psychologists,” 2) Prescribing psychologists should not place themselves under the jurisdiction of a state’s medical board, and 3) Prescribing psychologists should not be required to have ongoing supervision in a way that would diminish their autonomy. The IHC will initiate a proposal to amend the APA Model Legislation for Prescriptive Authority to reflect these stipulations. The entire process will likely take several years. Part of the process will include identifying co-sponsoring divisions/sections for the amendment. The IHC will ask Division 12, Section 2 to consider co-sponsorship of the amendment.

Billing for Obesity/Weight Management (and other behavioral health services in primary care):

Concern was raised that psychology has not always been “at the table” when important policy is discussed. One example given was the recently-issued, CMS Memo regarding Intensive Behavioral Intervention for Obesity Treatment, which allowed only physicians and advance practice nurses who work in primary care settings to provide this service. The memo didn’t include psychologists as service providers despite psychologists’ skill in providing intensive behavioral health treatments. It was noted that in the comment periods, other organizations outside of Psychology gave strong arguments for the inclusion of Psychology among reimbursable providers of obesity treatment, but without accomplishing any change in the final CMS policy statement. Discussion included the possibility of seeking alliances with other groups in the future.

Division 12 Update

Submitted by Brian D. Carpenter

Section II Representative

Meeting of the Society of Clinical Psychology Board of Directors

January 7-8, 2012

Memphis, TN

Below is a summary of topics discussed during the recent Society of Clinical Psychology Board Meeting.

Section Caucus

Section representatives discussed the challenge of creating an identity for “generalist” clinical psychology when so many people are identifying with more narrow specializations. In essence, that is the value and significance of “clinical psychology” when specialization is the dominant trend? Representatives also discussed the Division’s expectation that 50% of Section members will also be Division 12 members, and a consensus opinion emerged that any policy that would reduce section members would be inadvisable at this time.

Short-Range Division Planning

President *Gayle Beck* presented recurring themes and ideas synthesized from Society meeting minutes over the last three years, with an eye toward setting concrete goals for the short term. Declining membership is one overarching issue that has implications for almost every Division and Section activity. Membership Chair *Tony Celluci* reviewed recent efforts to recruit and retain members. The Board discussed several options for enhancing the viability of the Society. Of those options, the Board chose to focus on three goals. In the first, the Board plans to develop a members-only section of the website that would include select resources. In the second, a Continuing Education Workgroup was formed (Brian Carpenter (Chair), Marc Hillbrand, Larry Beutler, Tony Celluci) to explore CE opportunities and report to the Executive Committee by the next Board of Directors call in June, 2012. In the third, a Mentoring Workgroup was created to explore ways to expand mentoring opportunities. In one immediate example, early career psychologists were solicited on Facebook for their interest in shadowing current Executive Committee leaders.

Presidents' Reports

President *Gayle Beck* discussed her presidential initiative focused on developing best practices regarding doctoral training in evidence-based practice in psychology. A committee of seven scholars has been meeting monthly to create resource materials that synthesize best practices (e.g., courses, readings, supervision), in preparation for dissemination. Past President *Danny Wedding* reviewed accomplishments from the previous year, and President Elect *Mark Sobell* discussed his preliminary ideas regarding a presidential initiative focused on helping practitioners and scientists to collaborate more effectively with one another.

Publications Committee

Frank Andrasik, the new Chair of the Publications Committee, attended the meeting, and the Board provided an update on the Society's publications. The journal continues to have a wide distribution and a high impact factor. The newsletter is the second most visited link on the Society's website (after the EST pages). The Hogrefe and Huber Book Series continues to sell well, and four additional volumes are in process. Editor *Danny Wedding* would like to have 40 volumes in total, and he welcomes ideas for new volumes. Several sections are discussing possible content. The Board plans to make significant changes to the Society's website, which also comes under the supervision of this committee. In addition to a member's only section, the website may be reconfigured to include information about and access to continuing education offerings sponsored by the Society.

Finance and Treasurer's Report

Treasurer *Robin Jarrett* reviewed the 2012 budget proposed by the Finance Committee. Only one major adjustment was made in the upcoming budget relative to the prior year: \$5,500 was added to support a new website editor, who would be responsible for attending to website content. (A call to fill this position will be distributed shortly.) The Board discussed and approved the balanced budget, totaling \$278,200 in income and expenses.

Membership Committee

Past Chair *Tony Celluci* reported for new Chair *Kate Gordon* that membership trends were consistent with last year, with a small percentage loss in membership (~5%). At the close of the year the Section had 2,779 members and 453 student members. The average age of Society members is 61, highlighting the difficulty the Society has had in recruiting and retaining younger members. Student membership fees were reduced to \$25, and an early career professionals Facebook page has been created to tackle this issue. The Society continues to recruit approximately 500 new student members each year, but nearly half do not renew, which will be a locus for retention efforts. The Membership Committee has established 45 campus representatives

to help recruit student members. The Board also decided to include Membership Chairs from each Section on the Society's Membership Committee to coordinate membership efforts.

Convention Program

Brandon Cole and *Meredith Gibb* are leading this effort in this first year of reduced programming hours. Two preconvention workshops have been proposed: the first by Bill Pelham and Andrea Chronis-Tuscano on ADHD in children, the second by Judy Beck and Deborah Busis on weight management and obesity. As in previous years, the Society will sponsor a Section Showcase to highlight student work from each section. All student submissions that are accepted will be reviewed by Lynn Peterson, who will canvas this list, in coordination with Section leaders, for students interested in participating. The convention will include an expanded Croissant and Conversations session, one for students and one for early career professionals. The Board decided not to recognize Fellows at the convention due to complexities around the timing of their selection.

Nominations and Election

Chair *Danny Wedding* announced the ballot slate for 2012: David Tolin and Barry Hong as presidential candidates, and Danny Wedding and Jeff Magnavita for Council Representatives.

Fellowship Committee

Chair *Carole Rayburn*'s report indicated that four Fellows applications are currently being processed; two of those candidates have Fellowship status in other divisions. The Society receives relatively few applications for new Fellows, and the committee will be expanding its nomination efforts in the coming year.

Awards Committee

Chair *Danny Wedding* announced the list of Society award winners, all of which were approved by the Board.

Diversity Committee

Chair Arthur Nezu reported that the committee had organized four columns for *The Clinical Psychologist*, contributed to the diversity section of the CRSPPP application, and had worked with Section 10 to widen the mentorship program to include opportunities to pair mentors/mentees based on diversity issues (e.g., personal characteristics, research interests, clinical interests).

Council Representatives Update

Representatives *Irv Weiner*, *Deborah King*, and *Larry Beutler* reported on Council activity in this first year that the Society has had three representatives rather than four. The Society lost its fourth representative by only eight votes, suggesting that renewed efforts to improve participation in the apportionment ballot may be fruitful. Some recent issues prominent before Council have included: 1) adjustments to convention, including a reduction in hours, phased in over several years; 2) recommendations to remove membership discounts when people are members in related organizations, an issue that was tabled; and 3) the petition to reject the PENS (Psychology, Ethics, and National Security) report regarding ethics and psychologists' involvement in interrogation. The Board decided not to endorse the petition, leaving members to make the decision for themselves.

Clinical Synarchy/Council of Specialties

Irv Weiner reported that the CRSPPP petition has been submitted, and although results are not likely to be known until much later in the year, early feedback has been positive. The Board thanked Dr. Weiner for

crafting an eloquent document that outlines the important and unique role that clinical psychology plays in the scientific and healthcare marketplace.

Section Reports

The Section 2 (Geropsychology) report by Brian Carpenter highlighted the Section's involvement in pursuing the ABPP credential for professional geropsychology, the upcoming presidential initiative to create a web-based clearinghouse for geropsychology education and training resources, and the Section's continued activity in public policy and advocacy for psychologist's role in providing mental health services to older adults. The Section 3 (Society for a Science of Clinical Psychology) report by Doug Mennin highlighted the Section's leadership changes, new student website, a recent survey to students to identify key issues in that constituency, an expanded mentoring program in collaboration with APS, and representatives in place on the APA committee for developing treatment guidelines. The Section 4 (Clinical Psychology of Women) report by Elaine Burke highlighted the Section's efforts to enhance services and resources for members, the development of a listserv and on-line journal, and development of a symposium proposal for convention on sex trafficking. The Section 6 (Clinical Psychology of Ethnic Minorities) report by Guillermo Bernal included details on several improvements in membership services, organizing the successful Caribbean Regional Conference on Psychology held in the Bahamas with over 400 attendees, expanding resources for students, and developing initiatives in 2012 that will focus on health disparities in research, practice, and training. The Section 7 (Emergencies and Crises) report by Marc Hillbrand described the section's focused effort in the coming year to develop a set of resources that address suicide risk assessment, with plans to mount these resources on the Society's website after they have been developed. Student and professional members continue to collaborate on a revised version of the Directory of Internships that Offer Training in Behavioral Emergencies. The Section 8 (Association of Psychologists in Academic Health Centers) report by Barry Hong highlighted the section's successful advocacy for psychology through the American Association of Medical Colleges. This section played a major role in advocating for changes in the MCAT. The new version will be released in 2015 and will include 25% content related to psychology (comparable to the biology, chemistry, and physics sections), which will have implications for training in psychology at the undergraduate through resident levels. The Section 9 (Assessment Psychology) report by Norman Abeles highlighted several successful offerings at the APA convention, change to a two-year presidential term, and the continued impact of the section's journal, *Assessment*. The Section 10 (Graduate Student and Early Career Psychologists) report by Brian Hall focused on the section's extensive recruitment efforts, development of a Facebook page and newsletter, panel discussions for students at convention, and expansion of the mentorship program.

New Business

The Board plans to undertake a review of by-laws at some point this year to make several minor changes to bring policy in line with Society practice. The Board also decided to shift the date of the Board's meeting, now that the Board only assembles for one meeting in addition to APA. The proposed dates for the 2013 meeting are February 9-10.

APA Office on Aging and Committee on Aging Update

Submitted by Deborah DiGilio

As you may know, I spend a significant amount of time, along with my APA colleagues and the Committee on Aging (CONA), advocating for the inclusion of psychology in national health and aging efforts. We continue to provide input to the Institute of Medicine (IOM) regarding their upcoming report, "Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?" that will be released in early summer. Information on the report will be a component of the 2012 APA convention symposium, *The*

Geriatric Mental Health Workforce: Current Initiatives and Critical Issues. Another recent advocacy effort relates to the Department of Health and Human Services' *National Plan to Address Alzheimer's Disease*. The Office, in collaboration with the APA Science Directorate and with the support of the Committee on Aging (CONA) has prepared oral and written comments in response to the Plan focusing on: psychology's efforts in conducting basic and translational research, developing and implementing neuropsychological tests for assessment and diagnosis, developing evidence based behavioral interventions to address age-related cognitive change, reduce caregiver stress and to manage challenging behaviors, assessing decision making capacity, and using psychotherapeutic approaches to help patients and caregivers cope with the illness and its associated consequences. The next round of our comments will focus on: the need to include the critical role of neuropsychological testing and assessment to measure changes in cognitive performance; the need for additional research to link the presence of biomarkers with cognitive declines and gains; and, expansion of the public education initiative beyond creating awareness of the disease to education on modifiable risk factors for AD, pronounced racial differences in the prevalence rate of dementia, and the importance of informing the public that dementia is not a part of normal cognitive aging.

Another ongoing effort is planning the second wave of the 2011 Survey of Professional Geropsychology Training and Experiences. The first wave was conducted last summer. It was jointly administered by the Office on Aging and the Education Directorate in collaboration with the geropsychology community (especially Drs. Dan Segal, Sara Qualls and Michele Karel), and with the support of the Center for Workforce Studies in the Science Directorate. It surveyed psychologists who are members of the APA Practice Organization and are licensed. However, given the goal of documenting the broad engagement and interest of psychology health service providers in work with older adults, we want to expand this survey to capture responses from non-APA member psychologists as well. This is very important as we do not have a good sense of size of the current geropsychology workforce nor do we have any projections of future demand/need. The implications of not possessing these data are very problematic (e.g. unlike other disciplines, we were not able to provide complete information to groups requesting such data including the Institute of Medicine and the Eldercare Workforce Alliance). We believe these data will be useful in informing APA participation in national geriatric workforce efforts and provide direction to psychology's efforts to address the needs of older adults.

The final effort I will update you on is related to our capacity assessment project efforts. As you know, APA in collaboration with ABA published a 3-volume handbook series, *Assessment of Older Adults with Diminished Capacity* with handbooks for lawyers (2005), judges (2006), and psychologists (2008). The handbooks continue to be quite popular. In 2011, *Assessment of Older Adults with Diminished Capacity: A Handbook for Psychologists* garnered over 20,000 hits on the APA website. The Office on Aging is currently conducting a survey of individuals who requested a copy of the psychologist handbook in order to gather information about: how and in what setting the handbook has been used; whether it has been helpful; and to identify interest in future training opportunities. We plan to use these findings to inform the development of train-the-trainer workshops for psychologists interested in enhancing their competency in this area. For more information about activities and products, visit the Office on Aging website, <http://www.apa.org/pi/aging/index.aspx>. As always, please direct your ideas and questions to me at ddigilio@apa.org.

Updates from the Board

Membership Update

Submitted by Rebecca Allen and Casey Azuero

273 Paid Members (up from 261 in January 2012)

- 228 Regular Members (up from 221 in January 2012)
- Student Members (up from 40 January 2012)
- 56 are set to renew their membership in 2012 for at least 1 year (we will be contacting you)

Before APA, the membership committee will contact dropped members from the listserv to ask them to renew their membership.

One area where we believe we lose members is in the conversion from student to PhD. A summer project will be for the membership committee to reconcile lapsed student members from 2004, try and find them, and recruit them into re-joining 12II

Faculty members, please encourage your students to join because as you already know, this a great opportunity for students to inexpensively (only \$10!) join professional organizations and supplement their education with valuable listserv posts by the best and brightest in the field! It is also a great opportunity for students to network and begin building a presence in the field in their own right.

As an additional note, the “Members Only” section of the website is not currently working. Unfortunately, no one on the Membership Committee has the expertise to fix that. We will periodically (once per quarter) send PDF updates to the website coordinator for posting on the 12/II website so that you can check your own membership status. Rest assured, if you have lapsed, we will be contacting you!
We are looking forward to seeing you in Orlando at APA!

Did You Know...

- That the Society has two Facebook pages?
 - One is for all members: <https://www.facebook.com/#!/ClinicalGeropsychology>
 - The second is for student members: <https://www.facebook.com/groups/53793187809/>
- That you can spotlight members with a newsletter submission? If you're interested in doing this, email the newsletter editors!
- That you can receive listserv messages in a daily digest form? Go to <http://listserv.wvu.edu/archives/wvuger-l.html> and click on "Join or Leave WVUGER-L" to manage your listserv settings.
- That you should encourage your colleagues and students to join the Society? Please distribute the membership form on the next page to encourage others to join!

Officers of the Society of Clinical Geropsychology

President: Erin Emery

President Elect: Amy Fiske

Past President: David Powers

Secretary: Sherry Beaudreau

Treasurer: Norm O'Rourke

Division 12 Representative: Brian Carpenter

Nominations and Elections Committee: David Powers and Jon Rose

Mentoring Committee Chair: Amy Fiske

Membership Chair: Rebecca Allen

Newsletter Editors: Erin Woodhead & Kaci Fairchild

Awards Committee Chair: David Coon

Training Committee Chair: Erin Emery

Interdivisional Healthcare Committee Chairs: Margie Norris and Cheryl Shigaki

Student Representatives: Joe Dzierzewski and Jeffrey Gregg

Diversity Committee Chair: Yvette Tazeau

Public Policy Committee: Margie Norris and Mary Lewis

Continuing Education Committee Chair: Michelle Hilgeman

**APA Division 12, Section II: The Society of Clinical Geropsychology
2012 MEMBERSHIP DUES FORM**

Name (Print) _____	Degree	Membership Status (Please check one) ____ Renewal ____ New Member	
APA Member No. (Required) _____ (You must be a member of APA to join Section II. Student applicants must have their application endorsed by a faculty advisor who is an APA member)			
APA Membership Status (Please check one) ____ Fellow ____ Member ____ Associate ____ Emeritus (retired member of APA) ____ Student Member (graduate, internship, postdoc)			
Street Address _____ _____			
City	State	Zip Code	
Phone ()	Fax ()		
E-mail _____ (Note: E-mail is crucial for our records, and therefore strongly encouraged) ____ Check here to opt OUT of the LISTSERV ____ Check here to opt OUT of the membership directory			
Are you a member of Division 12 (The Society of Clinical Psychology)?		____ Yes	____ Yes (as a student)
____ No			
Please list other Divisions you are affiliated with: _____			
Special Interests within Geropsychology _____			
What is your PRIMARY emphasis as a Geropsychologist? (Define primary as 51% or greater) ____ Clinical practice ____ Research ____ Teaching ____ Administration			
PAYMENT OF DUES (USD) – Please check one of the following boxes: <input type="checkbox"/> \$25 for 1-year membership <input type="checkbox"/> \$75 for 3-year membership <input type="checkbox"/> \$10 for 1-year student membership <input type="checkbox"/> Emeritus members are dues exempt			\$ _____
B. Added Contribution to Section II (donations are strictly voluntary, but greatly appreciated!)			\$ _____
C. Total Amount Enclosed (Please make your check in U.S. dollars payable to APA Division 12, Section II)			\$ _____
Signature			Date
If Student, Faculty endorser (print) _____			
Mail this form, along with your check payable to “APA Division 12, Section II” to Norm O'Rourke, Ph.D. Department of Gerontology, Simon Fraser University - Vancouver Campus, #2800 - 515 West Hastings Street Vancouver, BC Canada V6B 5K3. <i>Please be aware that \$0.80 extra postage will be required if mailing from U.S.</i>			