Of Good Friends, Unanswered Prayers, Spinal Taps, and Interesting Times

Dear Colleagues,

It is an honor to serve as president of Division 20. I deeply appreciate the support provided by members of the Executive Committee and division membership. My own history with the Division 20 Executive Committee goes back to the days when I set up the first listserv for the division (a dinosaur compared to the excellent system we have today thanks to Mike Marsiske and Lise Abrams), and to my days as treasurer for the division. That was when I learned the truth about hotel catering prices for social hours and other meetings during conventions.

It is a special honor to be succeeding my good friend, Peter Lichtenberg. I want to thank him for his encouragement and continuing support. Peter emphasized the need to recruit and support early career psychologists in our division, and I’ve asked him to work with the task force he created for this to continue that mission. I thank Peter for his ongoing efforts on behalf of our division.

In addition, past-past president Liz Zelinski has graciously accepted my request to chair a task force on fundraising, with an emphasis on finding and applying to foundations to support the awards programs of our division. I have known Liz since we were both junior high school students attending a convention of the Psychonomics Society in the 1970s, accompanied by our parents. I thank Liz for continuing to maintain the momentum of her presidential initiative.

I have asked Lynn Snow of the U. of Alabama and Paula Hartman-Stein of the Center for Healthy Aging to serve as co-program chairs for the 2011 APA Convention, and they have agreed. Lynn has joint appointments with the university and the VA Hospital in Tuscaloosa, while Paula is in private practice. The selection of these individuals, both of whom are extremely qualified, is an indication of my commitment to build stronger ties between academic and clinical practice areas within Division 20, carrying on the work that Peter began in this area, among others.

More on this shortly.

Becoming division president requires that I appoint student and post-doc representatives to the executive committee. This is a pleasant task that lets me create new friends. I have asked Andrew Bender, who served last year as graduate student representative to the committee, to continue in that position, and he has graciously accepted. In addition, Wingyun Mak at the U. of Rochester will be serving as the post-doc representative to the committee. I look forward to serving with these outstanding young professionals.

There is an old prayer, often said by those in law enforcement or the military, which goes, “Please, not on my watch.” It also is the prayer of newly-installed presidents of Division 20, and it was mine when I began my term at the APA Convention in San Diego this August. My hopes were simple – to have a quiet term of office, try to move things forward if I could, and then fade quietly into...
the twilight of my career. Then came the discussions in bars, restaurants, formal and informal meetings at the convention regarding recent articles in the New York Times involving proposed new diagnostic criteria for Alzheimer’s disease, including an article on Aug. 10, 2010, which began by saying biomarkers such as those involving spinal taps were 100% accurate in diagnosing the presence of Alzheimer’s disease. This was linked to discussions regarding the creation of new diagnostic criteria for Alzheimer’s disease, Mild Cognitive Impairment (MCI), and a newly created diagnostic category involving pre-clinical Alzheimer’s disease – i.e., providing a diagnosis that says, in essence, that the person has Alzheimer’s disease without current evidence of cognitive impairment such as seen in MCI. My term was about to experience, in the words of the Chinese curse, interesting times.

I had a message regarding the request for comments from the Alzheimer’s Association on these suggested changes sent to the Division 20 listserv members, as well as to the Division 12 – II listserv. I have asked all APA presidential candidates to respond to a series of questions regarding their background and thoughts regarding adult development and aging. These are the questions that were presented to candidates last year. In addition, I added a question regarding efforts to redefine the diagnosis of Alzheimer’s disease and the added emphasis being placed on biological markers as critical criteria for diagnosis. The responses of candidates who submitted answers to these questions are found in this edition of our newsletter.

I also asked Susan Krauss Whitbourne and John Cavanaugh to head a task force to examine these issues and the ongoing discussions raised by these proposed changes in diagnostic criteria. They, and I, will be eliciting commentary from a number of individuals in this area to share with you on a regular basis. These issues are relevant to all members of the division, because they impact our lives on both personal and professional levels.

There are three specific issues that are, or should be, central to these discussions. The first involves the use of biomarkers to determine a diagnosis of Alzheimer’s disease. Here are some of the questions that should be evaluated when discussing this issue. First, are the biomarkers accurate determiners of the existence of Alzheimer’s disease? In spite of statements by journalists, the use of existing biomarkers is not “100% accurate” at determining the existence of Alzheimer’s disease. They produce false positives. For example, use of biomarkers that enable the existence of beta amyloid to be detected in living brains today find individuals with significant levels of beta amyloid who do not show evidence of dementia. If such individuals had been given spinal taps years earlier and were told that the tests indicate that they have Alzheimer’s disease, and will be developing dementia in the future, one can imagine the effects that receiving such diagnoses might have had. I have heard the argument that such persons truly do have Alzheimer’s disease, but that the behavioral manifestations of the disease have not manifested themselves due to the person having “cognitive reserves.” This argument is, of course, totally circular. How do we know that they have cognitive reserves – because they do not manifest signs of dementia. And why do they not show signs of dementia – because they have cognitive reserves. This is both bad logic and bad science.

The second issue is the ethical implications of using biomarkers to make a diagnosis of Alzheimer’s disease in the absence of cognitive deficits associated with MCI or dementia. Let us assume, if only for the moment, that existent (or future) biological markers are 100% accurate in their
Considerations in Advance Care Planning in Nursing Home Residents

Kathryn A. Frahm, PhD, MSW
&
Lisa M. Brown, PhD

Advance care planning involves the contemplation and documentation of health care treatment preferences. It includes making one’s desires known by specifying particular treatment wishes, such as the preference for certain medical interventions or comfort care services, as well as the designation of a health care proxy to make medical decisions in line with one’s best interests (Pearlman et al., 2000). Having an advanced care plan is of increased importance for nursing home residents as many have multiple and complex health care needs as well as declining cognition. In 1990, the federal Patient Self-Determination Act was passed requiring health care facilities, including nursing homes, to create formal procedures for providing patients with information about their health care treatment decisions upon admission (McCarrick, n.d.). Advance care planning influences both the type and extent of medical treatments provided. Once nursing home residents approach the end of life, comfort care services, including appropriate pain management, are crucial to ensure the highest possible quality of life and dignity in their last days. Having appropriate advance directives completed prior to the need for their implementation allows nursing home residents to have control over the care they will receive as well as provides significant others with guidance regarding the residents’ treatment wishes and desires.

Several considerations related to advance care planning should be noted by professionals as well as nursing home residents and their family members, including issues related to competency, types of advance directives, and differences among individuals in planning preferences. For nursing home residents, determining competency for completion of advance directives is imperative. Many residents are in a state of already compromised health when entering the facility; thus, advance directives are important to complete as close to admission as possible if documentation of residents’ wishes has yet to occur. To address competency to complete advance directives, factors such as residents’ understanding of the purpose and importance of their completion, as well as comprehension of the potential future situational use of the directive should be assessed (Fazel, Hope, & Jacoby, 1999). Once advance care planning has been discussed with residents and their family members, the individual, family, and nursing home staff can develop a written document that will guide future treatment interventions and provide knowledge of personal health care preferences to ensure resident wishes are carried out at a time when they may not be able to express their desires.

Another issue requiring consideration is the multiple types of advance directives available for nursing home residents to select. Individuals may decide they prefer to specify the particular health care treatments they wish to receive at the end of life, including artificial nutrition, hydration, hospitalization, or resuscitation. These preferences may be outlined and clarified through the completion of a living will. Additionally, they may document any end-of-life services they desire, including palliative care, which can address pain and comfort care management. However, some individuals may be more comfortable designating a health care proxy to make these treatment decisions on their behalf when they are unable to do so. This is commonly done through the assignment of a health care power of attorney, who is frequently a family member or significant other, to make health-related decisions. If this is the case, it is important for nursing home residents to discuss their wishes with their health care proxies well in advance of the need to make literal life or death health care treatment decisions.

Advance directives can be completed for not only physical health care treatment, but for mental health or psychiatric services as well. Although the Patient Self-Determination Act was mainly intended to allow individuals to specify their physical end-of-life health care preferences, it also promoted autonomy of advance decision-making for individuals in instances of mental incapacitation and treatment need (Elbogen et al., 2007). This is a significant issue as it is estimated that nursing home residents with any diagnosis of a mental illness and a primary diagnosis of a mental illness account for 33.1% and 7.0% of residents respectively (Bagchi, Verdier, & Simon, 2009). It is evident that advance care planning for mental as well as physical health care is an important aspect of providing adequate services for a sizable portion of the nursing home population. Although nursing home residents are frequently of advanced age and experiencing multiple physical health problems, considering the completion of psychiatric...
advanced directives may be appropriate to address some residents’ overall health care needs and quality of life.

It is also important to keep in mind that individual differences have been found in advance care planning preferences when examined across various groups. In particular, both Black and Hispanic individuals are more likely to prefer aggressive life-sustaining measures when compared with White individuals (Barnato, Anthony, Skinner, Gallagher, & Fisher, 2009; Degenholtz, Thomas, & Miller, 2003). Additionally, disparities in treatment planning and preferences among older adults is widely recognized, with Black and Hispanic individuals having lower rates of end-life-life service access and utilization, even in nursing home and long term care settings (Colon & Lyke, 2003; McAuley & Travis, 2003). This is a concern among nursing homes as the percent of residents of diverse racial groups has risen over time while the percent of White residents has declined (FASTSTATS - Nursing Home Care, n.d.). Ensuring that adequate end-of-life planning and sufficient attention are given to different preferences across diverse groups of nursing home residents is crucial as these elements determine the quality of end-of-life care.

Although advance care planning can be a challenging and complex issue to address for both residents and professionals, having such documentation in place before it is needed may alleviate undue distress for family members placed in the position of making critical life decisions and, more importantly, may prevent any health care interventions or life prolonging measures not desired by the patient. For professionals working with nursing home residents, it is important to be knowledgeable about the different types of advance directives, recognize when discussions regarding advance care planning are appropriate, and be familiar with the varied preferences in planning and health care treatment across different individuals and groups. For nursing home residents, outlining wishes for treatment and health care decisions in advance allows them to maintain some control over their lives, ensure quality of life at the end of life, and die with dignity.

References

Kathryn A. Frahm, PhD, MSW is a Research Post-Doctoral Fellow in the Department of Aging and Mental Health Disparities at the University of South Florida. Her research interests include end-of-life care, hospice, and quality of life in nursing homes. She recently received a grant from the Center for Hospice, Palliative Care, and End-of-Life Studies at the University of South Florida to study racial differences and end-of-life care issues in nursing homes.

Lisa M. Brown, PhD is an Associate Professor in the Department of Aging and Mental Health Disparities, University of South Florida and is a Member at Large in APA Division 20. Her research interests include disaster mental health, vulnerable populations, dementia, hospice, and long-term care.
We have good news to report from this August’s Council of Representatives meeting, held the day before the Annual Convention. Most significantly, Council voted to approve recognition of professional geropsychology as a specialty in professional psychology. A specialty is designed to help practitioners demonstrate and the public identify distinctive areas and activities within psychology.

That this approval passed with little fanfare (in fact, it was on the so-called “consent agenda” of items that were not discussed at all) can be attributed to the hard work of many Division 20 members who have worked tirelessly to ensure that this area would be granted specialty recognition. We are especially thankful to Bob Knight and Debbie DiGilio who spearheaded these efforts. Though we had prepared ourselves information sheets at the ready should a debate ensue, we were just as happy to return those sheets to the recycling bin when it turned out they weren’t needed.

Other actions included reaffirmation of Council’s 2004 policy statement in support of civil marriage for same-sex couples. Council also received the Report of the 2009 Presidential Task Force on the Future of Psychology as a STEM Discipline. The report articulates the rationale for the inclusion of psychology as a STEM (science, technology, engineering and mathematics) discipline and recommends strategies for further communication and policy efforts to foster that recognition.

In budgetary matters, 2011 preliminary revenue and expense budget projects $103,193,200 in revenues and $103,311,800 in expenses a deficit that is expected to be corrected when Council next meets in February. An important move was taken when Council suspended the annual Consumer Price Index dues increase, holding member dues steady through the end of 2013. APA’s publishing revenue has increased from $45 million in 2000 to close to $80 million this year, but the rate of the program’s overall revenue growth is slowing as competition from other technology platforms has increased. Approximately 60 percent of APA’s

publishing revenue comes from the sale of licenses to the association’s electronic databases.

Of particular interest for our division was the approval of a proposal for a modified council representation plan that keeps the number of representatives from state, territorial and provincial psychological (STPA) organizations and APA divisions the same (162) while also ensuring that each group has at least one voting representative. The proposal requires a bylaws change and therefore the approval of the full membership. You will receive a ballot which will include “pro/con” statements in the fall. Representatives from divisions were concerned that this proposal could result in a decrease in the number of council representatives; representatives from the STPA’s have been pushing for a change in apportionment seats for several years and therefore lobbied heavily for this particular legislation, the wording of which was reached after several other proposals were floated.

On this latter point, we would like to remind you to participate in the 2010 Council Apportionment ballot by heeding the slogan “10 for 20.” Our division does not have a good track record of voting in this all-important election, particularly compared to other divisions of similar size. You definitely need to vote when those ballots come your way and if you want to divide your votes among other divisions or your STPA, please consider giving Division 20 1, 2, or 3 more than you did in the past. As work on the specialty status indicates, it’s critical that we have aging well-represented in APA’s main legislative body.

We want to thank you for your support and interest in council’s activities and would be happy to answer any questions directly over email.

This report ends with a note from Susan—it has been a pleasure and an honor to serve as your Council Rep with Norm Abeles. His wise advice, extensive networking, and his ability to think on his feet at the microphone are legendary, and we want to thank you for your outstanding service to the division.
ability to diagnose the presence of Alzheimer’s disease, even in the absence of current evidence of dementia. Current treatment of Alzheimer’s disease has nothing to do with providing a cure or an ability to stop the progress of the disease. Pharmacologic treatments attempt to improve or stop the decline of cognitive symptoms of Alzheimer’s disease. There is considerable debate regarding the efficacy of these treatments, and at best, it might be said that no physician can predict which individual may or may not respond positively to these treatments. In addition, these drugs have side effects, and placebo treatments can, in some persons, produce effects equivalent to those produced by the treatment drugs. Thus, there is a painful ethical issue involved in providing this diagnosis to persons when no cure is available, and treatments of symptoms may not be effective for many persons. This is especially painful if the person so diagnosed does not yet manifest symptoms of dementia. There is a parallel, in some respects, to being given a diagnosis of having Huntington’s disease. In this case, the disease is genetically based, the diagnosis is extremely accurate, and there is no cure for the disease at this time. Many individuals do not want to have the test to determine if they definitely do or do not have the disease. They wish to live each day to the fullest, without the specter of impending dementia and death in their futures. A further complication is whether such “medical” information as use of a spinal tap to determine the diagnosis of Alzheimer’s disease would be made available to insurance companies and affect decisions on medical insurance or long-term care insurance coverage. Again, these issues arise independent of the accuracy of the biological markers of Alzheimer’s disease. Any potential for false positives exponentially increases the potential for negative impacts from a widespread and sole use of biomarkers for diagnosing Alzheimer’s disease.

The third issue involves an emphasis on a disease and a de-emphasis of the person. The quality of life of persons with dementia is determined by the same things that determine the quality of life for persons without dementia: the ability to love and be loved, the ability to engage in meaningful and purposeful activity, the ability to be free from anxiety and pain, the ability to be a contributing part of a community, and the ability to help others. Pharmacological interventions to treat symptoms of dementia do not directly address any of these things. In an ideal world, drugs used to improve cognition would be given to persons so that they could better take part in life. The problem is that the unrelenting negative image of persons with Alzheimer’s disease has stigmatized these individuals to the point that access to a good quality of life often is not available. A public being told that a person with Alzheimer’s disease is not capable of learning new things, cannot make meaningful decisions, and is suffering from a “loss of self” leads to caregiving settings and training that create self-fulfilling prophecies. Multiple examples exist of evidenced-based effective interventions for persons with dementia that are non-pharmacologic and which can improve affect, increase engagement, and increase quality of life. If a person with dementia is depressed, non-pharmacological treatments are available. If behavioral challenges are being presented by the person, non-pharmacological treatments are available. I have personally been involved with programs that allow persons with dementia to create art, discuss Neolithic architecture, compare different religions’ beliefs concerning life after death, and practice meditation. Such treatments do not present the profile of side effects seen when drugs are administered. However, delivery of these treatments is predicated on the belief that we must treat the PERSON with dementia, and focus on having a good quality of life as our goal. This third issue is especially relevant for those persons who currently have a diagnosis of dementia or will have one in the time between the moment you are reading these words and the time when a cure for Alzheimer’s disease arrives. I have been waiting for that day for over three decades. I have heard that “the cure is 5 years away” many, many times. John Lennon said that life is what happens while you are making plans. It is time to focus on creating a society that values quality of life for all persons, especially those with dementia — now.
Congratulations to this year's award recipients:

**Baltes Award** - Art Wingfield, Brandeis University

**Santos Award** - Debbie DiGilio, APA/CONA & National Coalition on Mental Health and Aging

**Lawton Award** - Jiska Cohen-Mansfield, George Washington University

**Mentor Award** - Laura Carstensen, Stanford University

**Springer Award** - Denis Gerstorf, Pennsylvania State University

**McMillen Award** - Laura Zahodne, University of Florida (Dawn Bowers, Sponsor)

**Student Award** - Kaoru Nashiro, University of Southern California (Mara Mather, Sponsor)

**Dissertation Award** - Greg Samanez-Larkin, Stanford University (Laura Carstensen, Sponsor)

Thanks to all those who reviewed student applications this year:

Carolyn Aldwin  
Angela Gutchess  
Julie Boron  
Sara Staats  
Brent Small  
Tara Karns  
Sarah Weatherbee Kennedy  
Carole Holohan  
Stephanie Dollinger  
Andrew Revell  
Becky Allen  
Lisa Miller  

Eric Goedereis  
Christie Chung  
Katherine White  
Guyla Davis  
Jamila Bookwala  
Carolyn Adams-Price  
Michelle Mlinac  
Lisa M. Brown  
Jessie Simon  
Julia Higgins  
Barbara Parks

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**Upcoming APA Convention Dates and Locations**

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Fellows Report
Submitted by Susan Krauss Whitbourne, Chair

Committee Members
Cameron Camp, Peter Lichtenberg, and Liz Zelinski

Summary of 2009-10 activities

Initial Fellows:
Division 20 had another successful year with Initial Fellows applications. Nominations and self-nominations were received from two Division 20 members, and both were selected to be forwarded to the APA Membership Committee. I am happy to report that both were recommended for Initial Fellow Status after the Membership Committee review in March. Our two newest initial fellows are Rebecca Allen and Steven Boker.

Current Fellows from Other Divisions:
Two current fellows have been made new Division 20 Fellows. These are Florence Denmark and Wayne Silverman.

Plans for 2010-11
Because I was elected to the Membership Board in 2010, I cannot serve as the sole Fellows chair. We are happy to announce that John Cavanaugh will be serving as co-Chair with me for the 2010-11 year. In order to meet the Initial Fellows deadline of early February, we will again set the divisional deadline to a firm deadline of December 1, 2010. Several people have contacted me already, and I would urge others to begin the process. We can now send people directly to the forms on the APA website: http://www.apa.org/membership/fellows/index.aspx; unfortunately, the process is not yet online. I am definitely working to see this changed in the future now that I’m on the Membership Board. In the meantime, these forms can be downloaded as PDF’s or Word documents, but they then must be transmitted by email to John who will then distribute them to the committee for review.

The requirements for Division 20 members to be nominated to Initial Fellow status are available on the APA website (http://www.apa.org/membership/fellows.html). Nominees and potential nominees should be aware of the importance of the nominee’s self-statement, which makes clear exactly how the nominee has made “unusual and outstanding contributions or performance in the field of psychology” (as stated on the website). Also, although not mandatory, evidence of involvement in APA is very helpful and greatly strengthens the application. Recommenders must also fill out two forms — one is called a “worksheet” so it might not seem that it’s required, but it is and is actually very important because it contains a rating scale. The other form called the “Fellow Status Evaluation Form” includes the actual letter of recommendation. Nominees are expected to send these forms to their recommenders (unless someone else is handling the nomination).

Please think of nominees who are Current Fellows in other divisions and suggest that they contact me, or you may contact me on their behalf. The application is far simpler, requiring only a current CV and brief cover letter. The deadline for nominating Current Fellows is May 1, 2011. We should increase the number of Current Fellows; if you would like to nominate someone, please check with John or with me to find out if the person is already a Division 20 Fellow and if not, then forward that person’s name.

Finally, I would like to acknowledge and thank all letter writers for this past round of nominations: John Nesselroade, Fredda Blanchard-Fields, Scott Maxwell, Lisa McGuire, Bill Haley, and Forrest Scogin. I would also like to thank the committee for all their help in reviewing the initial fellows applications and selecting our newest current fellow.

This year, we initiated a new fellows and awards session for the convention program following up on a suggestion that I received from the APA Membership office. We should continue this tradition next year as it is an excellent way to honor these accomplishments.

Continuing Education Report
Submitted by Brian Carpenter, Co-Chair

The CE Committee is currently soliciting suggestions for workshops at next year’s APA convention in Washington, DC. We are aiming for a half- or full-day workshop topic of interest to both researchers and practitioners that would have broad appeal to conference attendees interested in aging and older adults. If you have topics or presenters to recommend, contact Co-Chairs Shevaun Neupert (sdneuper@ced1.coe.ncsu.edu) or Julie Wetherell (iwetherell@ucsd.edu).
The Division 20 program chairs for 2010 (Melissa Franks and Carol Manning) wish to thank our colleagues for presenting an outstanding program of symposia, posters, and invited addresses at the APA Convention in San Diego. Also, thank you to our abstract reviewers, Kathleen Fuchs, Karen Fingerman, and Dan Mroczek.

Our program included a new session for Division 20 with presentations from our 2009 new Fellows of Division 20 (Joe Gaugler and Lisa McGuire) and a presentation from the 2009 recipient of our Springer Early Career Award (Elizabeth Kensinger). Be sure to look for this session in next year’s program!

A Best Student Poster Award was given to student presenters in each of our two Division 20 poster sessions. Recipients of this award were Bora Lee, Penn State University, and Vitae Felix, Arizona State University. We thank Division 20 President, Peter Lichtenberg, for assisting us in visiting student posters to select these awardees.

Our colleagues also responded enthusiastically with their participation in our two social events. Division 20 colleagues enjoyed a festive evening in the courtyard of the Casa Guadalajara Restaurant in Old Town San Diego on Friday evening. Many colleagues gathered on Saturday for the Division 20 Social Hour. We appreciate your support of these Division 20 events!

We encourage you to submit your abstracts to the Division 20 program for 2011 to be held August 4-7 in Washington, DC.

See you next year in Washington, DC!

The Early Career Psychologist (ECP) Task Force, which was established as a Presidential Initiative by Peter Lichtenberg, presented its findings at this year’s APA convention. Some of the highlights from the survey and the presentation are as follows:

1) ECPs would like more mentoring opportunities (both clinical and research).
2) For the most part, ECPs do not attend APA which means other venues for mentoring and socializing are needed.
3) ECPs expressed concern over the current funding climate and their ability to secure grant funding (and tenure).

In addition, the chairs of the ECP Task Force (Brian Yochim and Ann Pearman) led the student conversation hour at APA which was a lively and interesting discussion of early career issues.

The committee submitted several recommendations based on the results of the entire survey and the conversation hour. Some of these include enhanced networking opportunities at APA and other conferences and more direct opportunities for mentoring with more senior division members. Plans are being discussed for a couple of webinars designed for ECPs. If you have suggestions as to webinar content or other ECP matters, please contact Ann Pearman at apearman@gsu.edu.
Cameron Camp posed the following questions to all APA presidential candidates. Candidate responses are reprinted below. Dr. Cerbone is also a candidate but did not submit a statement.

(1) Briefly describe your interests and any previous involvement in Division 20. Our members would be interested in knowing if you are a member or fellow of the division and if you have been active in any way in Division 20. Are you involved in other professional organizations devoted to the psychology of adult development and aging?

(2) Briefly describe any professional or scholarly interest you have in issues related to the psychology of aging. Naturally, we are interested in a wide range of professional activities, including practice, consulting, supervising, research, and teaching.

(3) Could you briefly explain any way in which aging is part of your platform or agenda for your presidential year?

(4) What are your thoughts on the proposed new diagnostic criteria for Alzheimer’s Disease, especially the emphasis on the primary use of current biomarkers as diagnostic criteria and provision of a diagnosis of Alzheimer’s disease in the absence of dementia when no cure or means of stopping the disease is available?

**Donald N. Bersoff, Ph.D., J.D.**

Response to Questions 1-3

My early career focused on the other end of the developmental spectrum, serving in schools and training psychologists to work with children. But as I approach retirement I have become interested in Division 20’s agenda. My first relevant scholarly interest comes from personal experience. I had my last child at 52. He is now 19 and an Emory psychology major. There is at least one popular book devoted to older parents—but from their children’s perspective. It would be enlightening to research the issue from the older parents’ perspectives. The second interest is in the ethics of evaluating and treating older adults. I teach the ethics course to doctoral students and have included in my APA text, *Ethical Conflicts in Psychology*, the “Guidelines for Psychological Practice with Older Adults.”

As an agenda, I would: (1) Encourage the Education Directorate to urge universities to teach undergraduate and graduate students about older adults; clinicians need to know about particularized interventions with this population; (2) encourage the Science Directorate to urge scholars to investigate the psychological consequences of mandatory retirement; (3) encourage APA to create an award for professional and scientific contributions to the psychology of older adults, given at the APA convention. Although I have not been the kind of advocate Norm Abeles and others of the Division have been, I am open to learning. As important, educated both as a psychologist and lawyer (I was APA’s first general counsel), I am trained to not only advocate on behalf of APA but to do so persuasively.

Response to Question 4

(a) The Alzheimer’s Association asserts that 5.3 million Americans have AD. By 2050 the number will rise to 13.5 million. Thus it is imperative that clinicians use valid measures to diagnose and discover evidence-based interventions to treat the disease. Biomarkers may be helpful in these endeavors though research needs to be replicated in substantial and diverse samples. Importantly, the criteria proposed for “preclinical AD”, rely primarily on biomarkers as early detectors of AD but are intended for research purposes, not clinical diagnoses; the criteria for MCI, though requiring validation in its own right, requires objective evidence of cognitive impairment and cannot be made solely on presence of biomarkers; the new criteria for AD differ from the 1984 criteria in 2 pertinent ways. It proposes to add biomarkers as diagnostic criteria, but to reconsider neuropsychological testing as a diagnostic requirement. Although the first might enhance diagnostic accuracy, the absence of NP testing will weaken it. So, if the concern is that biomarkers will make neuropsychology obsolete, it is misplaced only if neuropsychological testing is omitted from diagnostic criteria. Neuropsychological testing is critical for differential diagnosis, providing psychometrically sound measures of patients’ strengths and weaknesses, determining life plans, and charting disease progression. Biomarkers may identify “at risk” individuals, but “at risk” does not inform when or if clinical symptoms will develop. Only neuropsychology provides a means for objectively quantifying the degree, pattern and impact of current impairment. APA should encourage both developing technologies and traditional assessment devices to diagnose, treat, and lessen the impact of AD on individuals, society, and health care systems but not at the expense of psychologists.
Paul L. Craig, Ph.D., ABPP-CN

Response to Question 1
As a board-certified adult clinical neuropsychologist (ABPP) practicing in Alaska, I have been actively involved with aging issues throughout my career. I am a member of the APA Division of Adult Development and Aging. Beyond Division 20, I have been actively involved in the Division of Clinical Neuropsychology, International Neuropsychological Society, National Academy of Neuropsychology, American Board of Clinical Neuropsychology and other organizations that involve aging concerns. Aging has been of great interest throughout my career, both through my close relationships with my grandparents and throughout my career in neuropsychology. As a result of my appointment by the US Department of Health & Human Service’s Secretary Leavitt in 2006 to the National Advisory Committee on Rural Health and Human Services, I am particularly attuned to the plethora of unmet needs regarding behavioral research and evidence-based treatments focused on underserved aging Americans.

Response to Question 2
I co-authored “Neuropsychology of dementia,” an invited chapter for publication in Neurology Clinics (see page 9 of CV). I have neuropsychologically evaluated and consulted with many older adults both for dementia testing and for assessment of a variety of emotional and behavioral issues. As a clinical professor at the University of Washington, I teach neuropsychology to the first year medical students in Alaska each fall including information on cognitive disorders in later life. Thus, aging has been and continues to be an area of interest in my practice as well as my educational and scientific activities.

Response to Question 3
If elected, I will spend my year as President-elect consulting with colleagues throughout the APA for purposes of honing my Presidential agendas. Given my interest in aging, I would welcome input from Division 20 in this context.

Response to Question 4
As many Division 20 members may know, the Alzheimer’s Association and NIA recently convened workgroups to recommend changes to the diagnostic criteria for AD and MCI. Recommendations include creation of a new diagnosis, “preclinical Alzheimer’s disease,” representing the earliest non-cognitive changes that purportedly occur before MCI. Another proposed change is to consider removing the existing implied requirement for neuropsychological assessment insofar as this service “. . . may not be available in many clinical settings.” Clearly, APA needs to take a leadership role to assure federal policy is premised on science, not on specious arguments regarding availability of psychologists. Likewise, the pecuniary interest of corporations anticipating windfall profits if a new pre-dementia diagnosis emerges should not be allowed to drive policy. The APA can reify its recently adopted mission of benefiting society by being a visible and strident voice of science in this debate.

Continued on p. 12
Continued from p. 11

Suzanne Bennett Johnson, Ph.D.

Response to Questions 1-2
Trained as a clinical child psychologist, I have spent my career addressing the psychological needs of children facing life-threatening illness and their families. I am not a member of Division 20 nor has adult development and aging been a primary focus of my research. That said, my work with families has always been cross-generational. I could not work effectively with children without considering the broader context in which they live. Older adults are often caretakers and important resources for children. Children often provide meaningful interactions for older adults. Parents are often stressed by the demands of their children and the health demands of their own parents. I am sensitive to this issue, having been the guardian of my mother who died of Alzheimer’s disease and the primary caretaker of my husband who died of cancer. The issue of respite care for caretakers was one of the primary issues I addressed when I was a health legislative aide on Senator Clinton’s staff. I wrote the Lifespan Respite Care Act which became law in 2006.

Response to Question 3
For the first time in its 117 year history, APA has a strategic plan, with three goals. I am running for APA President because I am committed to these goals and want to help make them a reality.

1. **Maximize Organizational Effectiveness.** APA membership is aging; we must make APA a viable home for younger psychologists while maintaining the involvement of our older members. I would like increase cross-generational interactions and mentoring. Although mentoring is often considered unidirectional, with older psychologists mentoring younger psychologists, there are situations where the reverse — younger psychologists mentoring older psychologists — could work equally well.

2. **Expand Psychology's Role in Advancing Health.** With the passage of mental health parity and health care reform, APA has the opportunity to ensure that psychologists play a larger role in health care. With the aging of America, the psychological needs of older adults and their caretakers will become paramount.

3. **Increase Recognition of Psychology as a Science.** Although I have spent my research career on NIH interdisciplinary research teams, I have never felt psychology gets the recognition it deserves from my research colleagues or from the NIH. I want to use the APA Presidency to address this issue on a larger scale than I have been able to do in my own scientific work. Certainly, this must include an increased appreciation of the major contributions psychology has made to our understanding of adult development and aging.

Response to Question 4
My area is childhood diabetes where we face a similar dilemma. We can identify children at increased genetic risk for type 1 diabetes but many argue against genetic testing because the results are poorly predictive and there is currently no means of preventing the disease. Others argue that unless these children are identified and followed, the environmental triggers of the disease in at-risk children will remain unknown and disease prevention will remain unattainable. There is general consensus that this type of work should only be done in carefully monitored studies with fully informed consent. Psychology has contributed to this controversial area in important ways including developing the best methods for risk communication, informed consent (and assent in children), documenting the impact of genetic testing on children’s and parents’ affect and behaviors, and identifying families particularly vulnerable to unfavorable psychological outcomes. From these experiences, I have the following thoughts that may be relevant to the proposed new diagnostic criteria for Preclinical Alzheimer’s Disease (AD):

1. Biomarkers associated with AD may offer very low predictive accuracy in the individual case.
2. Bio-behavioral or bio-environmental interactions may be important to understanding AD onset.
3. Understanding the natural history of AD may be critical to determining a means to prevent it.
4. Because there is no known means to prevent AD and because diagnostic criteria for Preclinical AD are new and untested, this diagnosis may be best restricted to carefully monitored research studies.
5. Issues of risk communication and informed consent are paramount.
Robert “Bob” Woody, PhD, ScD, JD, ABPP

Response to Question 1
In my mind, Dr. Norman Abeles has been, since our professor-student days together at Michigan State University, my career-long mentor. His influence has led me to be mindful of development across the lifespan. Although I am not a member of Division 20, my involvement in other Divisions and professional associations (e.g., the American Association for Marriage and Family Therapy and Florida Psychological Association) has commonly reflected my commitment to aging issues (e.g., as Education Chair for the Florida Psychological Association, arranging continuing education on the topic). I am an APA Fellow. For several years, I have sought to be named to the APA Committee on Aging, but so far, to no avail—I continue to aspire for such a role.

Response to Question 2
I pursue quality care for ALL people. In part because of my university teaching in social psychology, I am a staunch opponent of any bias, prejudice, or discrimination. Consequently, I assertively counter any nuance about aging that could impact negatively at the macro- and micro-levels. Given my personal stage in life, I give special attention to research and authoritative sources that will increase my knowledge and appreciation of aging, and convey this information in my teaching, writings, and clinical services and counseling.

Response to Question 3
For the last 25 years, health has been my primary professional framework. Beyond my PhD (Michigan State University), my doctoral (ScD) training at the University of Pittsburgh’s Graduate School of Public Health was in health services research/administration. My extensive experience in a variety of health care programs (public and private) strengthens my understanding of and commitment to assuring a rightful role for psychology in health care reform as relevant to aging.

Everyone everywhere should receive health care, with no bias or discrimination. In rural and urban areas, many older and frail adults are among the most vulnerable in our society with regard to health and mental health needs. Promoting legislative remedies should be a priority. Governmental funding for research, training, and community programs must be consistent and increased. Certainly aging should be a primary component of decisions about these matters.

Response to Question 4
From reports by national agencies and professional associations, I do not find the rationale for biomarkers (early planning) to be convincing. By definition, “diagnosis” should include etiology and intervention; I oppose labeling without adequate research. From my background in neuropsychology (e.g., my PhD dissertation and later research involved EEG), I understand the importance of detecting neuro-degeneration early, but I question the reliability and adequacy of certain diagnostic measures.

The use of any label by healthcare providers, especially when there are no symptoms, could adversely affect emotional, intellectual, and behavioral functioning. The link between the mind and body does not benefit from faulty diagnostic information, and even if a psychophysical measure (a brain scan) is involved, the human element (interpreting the data) could result in error.

Whether for the DSM-5 development or otherwise, these issues should be viewed as “work in progress.” For example, I could argue either side about eliminating “dementia” and adding major and minor neuro-cognitive disorders, as well as the wisdom of assessing the degree of cognitive functional impairment. The key objective must be to garner adequate empirical research (and other authoritative evidence) to justify clinical ideas. For additional information on my qualifications, please see my website: www.BobWoodyHelpsPsychology.com
Awards
Congratulations to the winners of the Division 20 student awards: Kaoru Nashiro of the University of Southern California (Mara Mather, Sponsor) was the winner of the pre-dissertation Student Award, and Greg Samanez-Larkin of Stanford University (Laura Carstensen, Sponsor) won the Division 20 Dissertation Award.

Student Hour at APA
We wish to extend a big ‘Thank You’ to all who helped make the Division 20 Conversation Hour for students and early career professionals at the APA Convention in San Diego such a great success. Division 20 Early Career Task Force Co-chairs Brian Yochim and Ann Pearman graciously shared their own personal experiences and discussed insightful findings from the official Task Force report about early career transitions. Many thanks also to the students and recent PhDs who asked questions and shared their own insights and experiences – the Division 20 Executive Committee is committed to helping students and early career psychologists succeed professionally, and the feedback we received is invaluable! Special thanks also goes to Division 20 President Peter Lichtenberg who helped facilitate this year’s conversation hour.

Fall Perspective – Why Attend Conferences?
Conferences and professional meetings represent an all-too-easily-neglected source of professional development that can greatly benefit graduate students, post-docs, and early career psychologists. These meetings provide opportunities for socializing with friends, catching up on the latest developments in one’s field, and providing a getaway from the day-to-day rigors of the classroom, lab, or applied settings. For many, it’s easy to look at a large convention like APA’s annual meeting as too big, too expensive, and too nonspecific to one’s field or interests as to make the trip worthwhile (although San Diego’s a pretty nice place whatever the reason to be there). In the fields of aging and adult development, meetings such as the Gerontological Society of America’s Annual meeting, or the biannual Cognitive Aging Conference can provide more focused meetings for some. And then, of course, there’s the whole question of how one goes about paying for such a trip, assuming most graduate students are not independently wealthy. As the benefits of meeting attendance can be vast, we’ve assembled some advice for students and post-docs.

Conference Funding:
The availability of funds to help graduate students and post-docs attend meetings varies by advisor, program, department, university, and primary source of funding. Those who are fortunate enough to have a well-funded advisor or institution that covers the large majority of conference-related expenses probably constitute a slim minority of students and post-docs. As part of graduate training, many faculty advisors who work closely with their students are happy to help defray some of the expenses, particularly when the student is presenting original research as a first author. In that situation, funds are often far easier to come by than if one was attending a meeting but not presenting. Similarly, many departments and graduate programs also have funds available for students presenting research. In some cases, the university or college may have matching funds for departments. It’s important to check with one’s graduate program coordinator or department administrators about the availability of such funds. Although these may not cover all of the necessary expenses, it goes a long way to easing the financial pain that becomes all too easily associated with attending conferences. Many meetings also offer travel awards for students, particularly for those who have not attended before. It’s a good practice to check with the conference website or speak with others who have attended the meeting in prior years to learn more about those funds.

Networking:
Often, one of the most rewarding aspects of taking part in a conference is the opportunity to meet others with similar professional interests. As students and junior investigators or clinicians, it can be an amazing experience to meet and discuss relevant topics with those whose work has provided part of the theoretical foundation for one’s own nascent career. Although it can be very intimidating approaching esteemed senior colleagues at meetings, most people are gratified to have others interested in their work, and are willing to talk about relevant issues with eager students and young professionals. One never knows – those established investigators may turn out to be future post-doctoral advisors, collaborators, and colleagues. In addition to participating in symposia or other scientific sessions, conferences also provide numerous opportunities to meet others through social events. Getting to know people from other institutions in a more relaxed setting and catching up with past colleagues who have moved on is a highlight for many conference-goers.

How To:
It’s difficult to imagine trying to put together a paper or poster presentation without having seen one before. Conventions can provide great examples of what to and what not to do in such presentations. Although style and taste is subjective, everyone has seen posters and presentations that stick out because of their excellence or poor quality. Conference

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Teaching Tips

Teaching Aging-Related Courses to Undergraduate Students: Making it Personal
Jamila Bookwala
Department of Psychology, Lafayette College

To excite traditional-aged undergraduates ranging in years from 18-22 about the field of aging can sometimes pose a formidable challenge. Every year, I teach Adult Development and Aging to this age-group of students. Students often arrive at the start of the semester with the view that the field of aging is remote, of little personal relevance; even that aging is something to dread. Finding effective ways to bring about a favorable transformation in this bleak student perspective on aging ought to be an important goal of an introductory course on adult development and aging. Dispelling the dread factor is a surmountable challenge – a course that highlights the lifelong nature of development, underscores its plasticity, offers a balanced treatment of both the gains and losses that tend to occur as we age, and focuses on successful aging can go a long way in diminishing youthful dread about aging. Injecting personal relevance into the study of aging can be a tougher prospect, however. It is quite understandable that 18-22 year-olds view the field of aging to be personally irrelevant to their lives. They have only recently left behind the trials of adolescence, are enjoying the first taste of quasi-independence from parents and guardians (indeed, from powerful middle-aged or older adults in their lives!), and are expected to focus on the more immediate challenges of emerging adulthood that they will soon face. Effective strategies can be developed, however, to make aging personal for this cohort. An assignment incorporated in my Adult Development and Aging course has been quite successful in accomplishing this.

Midway through the semester, students are required to develop a narrative portrait of an individual who is at least 50 years of age and whom they know reasonably well (e.g., a parent, grandparent, aunt or uncle, teacher, etc.). The assignment is grounded in narrative gerontology which underscores that each adult in the community has a story to share, a life of personal and unique experiences. According to narrative gerontology, “human beings are fundamentally storytellers and storylisteners” and they “not only have stories but are stories too” (Kenyon & Randall, 2001, p. 4). Students are required to spend three or more hours recording the developmental journey and personal story of this familiar middle-aged or older adult. They are charged with putting together a rich tapestry of the individual’s life, one that incorporates a developmental timeline, early memories, significant milestones, proud accomplishments, life’s reflections, and future hopes. In their paper, students also must comment on the ways in which the interviewee’s personal life story is consistent (or not) with the theoretical and empirical findings discussed in class on the “typical” older adult. This provides them with the opportunity to compare their idiographic case-study findings with the nomothetic findings we review in class.

The subject of the narrative portrait is often a parent or grandparent. Most students spend time in person with the interviewee to collect information for their narrative portrait; some collect information over the telephone because the interviewee lives a long distance away. The vast majority of students learn entirely new information or new details about previously known information in the course of their interview. Students uniformly describe this assignment to be deeply meaningful not only for themselves but also for the subject of their narrative portrait. Many conclude in their paper that they have a new appreciation for the richness of the interviewee’s life, his or her accomplishments and sacrifices, the challenges and struggles that s/he overcame through life, and his or her remarkable contributions to the family and community. In reporting back to the class about their interviewee’s experiences, students often describe the gratitude the person expressed for the student’s interest in learning about his or her life, the pleasure the interviewee experienced on spending time dedicated to sharing his or her story, and appreciation for the opportunity to spend one-on-one quality time with a young member of the family. When all is said and done, this assignment seems to make the field of aging more personal and less remote to the life of a typical 18-22 year old undergraduate student.

Reference
Minutes of APA Division 20 Executive Committee at APA in San Diego
August 14, 2010
Submitted by Cindy Berg, Secretary

Council report (Norman Abeles and Susan Whitbourne). The application for Geropsychology as a Specialty status was approved by Council. The success of this application reflects work over the past several years of Division 20 and 12/2 members. Among the many individuals involved in this effort are George Niederehe, Bob Knight, those in the APA Education Directorate (Cynthia Belar, Paul Nelson, and Cathi Grus), Michele Karel and Sara Qualls, Suzanne Meeks from 12/2, David Powers from Div 20, and Erika Falk from PLTC.

An issue of considerable discussion was that of APA due structures. For the past several years, dues increases have been tied to the Consumer Price Index (CPI). Due to the economic hardships faced by many members, and to slow the loss of members, Council voted to put the CPI increase on hold until 2013. A second major issue facing Council was the issue of achieving equity or balance between state (and provinces and territories) and divisional representation. Council approved a measure that would ensure that each state and each division each have at least one representative. Given that several divisions have and would continue to have large representation even in the reconfigured balance of seats, it is essential that Division 20 continues to have adequate representation on Council. We need to make it a priority that Division 20 members give their apportionment over to Division 20. Cameron agreed to send a postcard or letter followed by an email campaign to listserv members.

Membership (Joe Gaugler). Joe has been very active in creating flexible membership options for potential and current members of Division 20 (e.g., membership with and without APA membership), to slow the rate of membership decline, and develop a plan for enhanced activities within Division 20 to attract new members. Multiple activities have occurred including developing a database of contacts, emailing fellows to enlist their help in membership, emailing PsiChi advisors, emailing inquiries to published authors of Psychology and Aging and Journals of Gerontology: Psychological Sciences, and conducting a membership survey, among others.

Membership has declined again, but the rate of decline has been reduced (around 50 members). A membership survey was conducted on the Division 20 listserv with 286 people responding. Qualitative comments from the survey indicate some barriers for membership that could be addressed (e.g., separating Division 20 membership from membership in APA and providing a more welcoming environment within Division 20 to new members). Please note that at the Business Meeting in 2010 we voted to add a Professional Affiliate membership status, which does not require APA membership, this was approved unanimously at the business meeting. Joe described many ideas that could be useful in making it more apparent what APA division 20 membership provides (e.g., developing webinars for continuing education, mentorship program).

On the issue of whether Psychology and Aging should be bundled with membership in Division 20 (raised previously as a possible barrier), most felt that it should continue to be bundled.

Program (Melissa Franks and Carol Manning). There were 71 poster submissions (accepted 67), 8 submitted symposia submissions (6 accepted). The number of symposia submissions was up from last year, poster submissions were about the same.

In addition, there was a conversation hour and the return of the social hour. Awards were given to students, one for each poster session. The award winners were Bora Lee (Penn State University) for her presentation titled “Roles of entrepreneurial personality and job conditions on business start-up motivation” and V. Felix from Arizona State University for “Patterns of coping among Hispanic/Latino and Non-Hispanic white family caregivers.

In addition, a good time was had by all at the Division 20 Social Event at Casa Guadalajara in Old Town.

APA Practice Directorate (Lynn Butka). Delighted that health care reform passed and that many of the provisions that APA lobbied for were included. At the current time, health care reform is in the regulation phase, which has to do largely with financial implementation. Regulations implemented next year will likely be of most import to psychology. APA is continuing to talk to legislators about psychologists being involved as providers in medicare. One important activity is getting the CPT codes revalued. Lynn is happy to be contacted if you have questions at lbutka@apa.org. In addition, the Practice Directorate’s website is www.apa.org/practice.

APA Board of Scientific Affairs (Pat Kobar). In the Board of Scientific Affairs, 5 are registered lobbyists and liaisons to funding agencies, NIA, HLB. Regarding NIH
Pat encouraged us to look at the RoadMaps initiatives. OPPnet (which focuses on basic research) will have some new money. Bob Kaplan has been appointed as Associate Director for Behavioral and Social Sciences Research at NIH. Pat indicated that there may be a list coming out (“silly grant list”) that lists what some senators view as silly grants coming from the stimulus grants, there are a couple of aging grants in that list. Cameron Camp brought up the concern that some have for the recent work pushing early biomarkers (spinal tap) for early detection of Alzheimer’s disease. In terms of Division 20, 12, and 40, there is a concern that this represents a push toward the medicalization of the diagnosis of dementia. This push came from the consensus conference and the National Alzheimer’s conference. Cameron and Peter encouraged APA to protect the public from diagnosis and treatments that don’t work.

Liasion to APA Scientific Affairs (Lisa Emery). She went to the March meeting. APA strategic plan is developing initiatives for the plan. BSA has been reduced extensively in terms of its budget. Current priorities include advocacy for funding of Psychological Science, facilitating psychology’s role in interdisciplinary and multidisciplinary science, integrating psychological science as the basis for public policy and decision making, increasing participation by psychologists doing basic science in APA, and having education/training needs occur earlier.

APA Government Relations (Diane Elmore). Aging updates, this was a big year especially in terms of health reform. Health reform is less than a perfect product or process, but good provisions occurred for older adults: integrative health care, options for some states, prevention and wellness. Need psychologists to be involved in this process so that psychologists can be integrated into health care teams. Workforce provisions were perhaps the biggest success. We are now eligible for Health Resources and Services Administration awards these used to be only for physicians, need psychologists to apply. New program focused on students and students in psychology. Implementation and passage of the class act (Kennedy’s big push), new national health insurance providing long-term supports (not only about being older, but also about disability). This will involve a payroll reduction, you can opt out of it, insurance option for those who might need long-term care focused on independence. Will be expensive and be one that has a long-term implementation. APA worked closely with colleagues with geriatric psychiatric on an Institute of Medicine study ($900,000).

There will be an advocacy opportunity in conjunction with next year’s APA in D.C one day prior to APA (Thursday August 4th). Created a health reform matrix (access from http://www.apa.org/about/gr/issues/health-care/key-provisions.aspx). Peter read from his newsletter piece praising Diane for her dedication to issues of aging.

CONA (Debbie DiGilio). Task force on caregivers continues to provide guidelines for evaluation of dementia. Capacity/assessment in older adults project. There are 22 people with aging expertise on other boards including BSA. Peter had a big push to get these people on the boards, now there is a listserv that connects these folks together. We somehow have to fix the presence of aging programming on the APA program. We have such a small program and problems occur when aging papers come up against other related aging programming in Geropsychology, CONA and other competing programs. Peter noted that Debbie DiGilio will be getting the Santos award for all of her efforts on behalf of Division 20. Congratulations Debbie!

Elections (written report submitted by Jane Berry). Congratulations to our newly-elected members to Division 20 offices: Carolyn Aldwin (President-Elect), Lisa Brown and Derek Isaacowitz (Members at Large), and Warner Schaie (Division Representative to APA Council). Jane extended a special thanks to all candidates who stood for election, Peter Lichtenberg (President), Cameron Camp (President-Elect), and Liz Zelinski (Past-President) for helping to assemble an excellent slate of candidates, and division members for casting their votes (185 votes cast for President and Division Representative to APA Council, 172 for Member-At-Large).

Continuing Education (Shevaun Neupert). The continuing education workshop was slated to be on August 14th, but it didn’t meet the minimum enrollment for APA so it was cancelled. Peter indicated that there were a couple of other aging CEs at this meeting and that might have contributed to the low enrollment. There was discussion about how there needs to be a better way to coordinate CEs around aging issues at APA. There might be a webinar in late winter/early spring. Will solicit proposals for next year’s CE by November 1st.

Education (written report by Susan Charles). The committee continues to solicit teaching tips for the Division 20 newsletter. The committee is about to

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undergo a revision of the Directory of Graduate Programs in Aging. Some other ideas were generated about teaching resources that might be of interest to potential Division 20 members (e.g., recording class lectures to put on line).

**Fellowship** (Susan Whitbourne and John Cavanaugh). John will be joining Sue as co-chair of fellowship. Two initial fellows have been approved: Rebecca Allen and Stephen Boker. Two current fellows from other divisions were also approved: Wayne Silverman and Florence Denmark. Sue encouraged people to apply for fellowship status. The deadline to receive materials is December 1, 2010. The forms to start this process can be found at [http://www.apa.org/membership/fellows/index.aspx](http://www.apa.org/membership/fellows/index.aspx). Nominees and potential nominees should be aware of the importance of the nominee’s self-statement, which makes clear exactly how the nominee has made “unusual and outstanding contributions or performance in the field of psychology” (as stated on the website). Also, although not mandatory, evidence of involvement in APA is very helpful and greatly strengthens the application. Unfortunately, the application process is not fully online, despite pleas to have this made possible. The process for nominating current fellows from other divisions is more streamlined (deadline of May 1, 2011) and only needs to include sending Susan or John a CV and brief cover letter. This year Division 20 initiated a new fellows and awards session for the convention program and it was recommended that this continue next year.

**Awards** (Ron Spiro & Jacqui Smith, written report). Changes to the Award program occurred as Division 20 no longer has funding from the Retirement Research Foundation for our awards program. The committee combined the two Mentor awards (Master and Mentor) into one (currently unfunded) and reduced the Student awards to one category for completed research (unfunded). The M. Powell Lawton Distinguished Contribution Award for Applied Gerontology and the Student Dissertation award are also unfunded at this time. Several funded awards do exist, including the Baltes Distinguished Research Award (funded by the Baltes foundation), the Springer Early Career Achievement award (Springer Publishing), the McMillen Memorial award for Parkinsons’ Research (funded by the McMillen family), and the John Santos Distinguished Program Development in Clinical Gerontology Award (funded by the Division). Numerous applications were received for many of the awards; where sufficient applications were not received, the Awards Committee (composed of the former, current, and future Presidents) nominated several applicants for these awards. We need to do more to seek applicants for all awards in the future. The committee would like to thank all those who volunteered to review the student awards. The award winners for 2010 were: Art Wingfield (Baltes Award), Debbie DiGilio (Santos Award), Jiska Cohen-Mansfield (Lawton Award), Laura Carstensen (Mentor Award), Denis Gerstorf (Springer Award), Laura Zahodne McMillen Award (Dawn Bowers, Sponsor), Kaoru Nashiro (Student Award, Mara Mather, Sponsor), and Greg Samanez-Larkin (Dissertation Award, Laura Carstensen, Sponsor).

Liz Zelinski discussed how we will deal with the loss of funding for awards. Liz during her presidency had a graduate student research foundations that give money for aging-related projects. She will continue to approach relevant foundations for support for the awards program. Lynn Martire had an idea for each awardee to give back some money; Liz will coordinate this with Lynn.

**Early career task force** (Brian Yochim and Ann Pearman). Peter indicated that the division is fortunate to have Brian Yochim and Ann Pearman to be part of this task force, and Rebecca Allen as well. This task force sent a survey to early career Division 20 members (88 members, with approximately half of those returned). Through this survey, they have discovered that early career psychologists are not coming to APA (largely because of financial reasons and that they attend other smaller conferences) and are largely in academic university settings. Early career psychologists in aging want mentoring especially regarding balancing academic demands, writing grants, getting tenure, and direction of future career planning. Cameron noted that there is an early career workshop for Speech Pathologists that does mentoring at their convention on grant funding and could be used as an example of one activity that could be organized.

Carolyn Aldwin also mentioned that Division 38 and the Society for Behavioral Medicine have incorporated mentoring into their annual programming, which is very popular. Ways to incorporate this for Division 20 early career psychologists were generated: as part of a blog or as part of the listserve (this would require a change in how we use the listserve). Although there are other organizations (e.g., NIA) who do mentoring on grant writing, the comment was made that this occurs at a fairly high level and that what people need is something at a lower level. Peter closed by
indicating that this clearly needs to be a multi-pronged approach involving some things that are done quarterly and some things that could be done at the convention. Cameron indicated that this will remain a priority during his presidency and that he will follow up on these ideas.

Peter Lichtenberg was thanked for his dedicated service to Division 20 and his many accomplishments, including the early career task force.

The meeting was adjourned.

Note: The following five membership classes were approved unanimously at the Business meeting. The change to the bylaws includes an Affiliate class.

Section 1.
Membership shall be of five classes: a) Fellow, b) Member, c) Associate, d) Affiliate, and e) Honorary. Affiliate classes of membership include student affiliates, professional affiliates, international affiliates, and teacher affiliates. Fellows, Members, and Associates must meet the minimum standards for these classes of membership as specified in the American Psychological Association by-laws. Honorary Members are appointed at the discretion and invitation of the Division. This class is intended to include individuals who serve the interests of the Division but who do not necessarily meet the criteria of regular membership (e.g., PhD). Professional affiliates are persons who, due to their proficiency in areas related to the mission of the Division, can contribute to the Division’s objectives but do not hold membership in the American Psychological Association. International affiliates are also proficient in areas related to the mission of the Division and can contribute to the Division’s objectives, but reside in a country outside of the United States. International affiliates do not have to hold membership in the American Psychological Association to join Division 20.

APA Division 20 Executive Board 2010-2011
A list of all executive board members and their full contact information is located on the division webpage -- http://apadiv20.phhp.ufl.edu/

Student News, continued from p. 14

sessions also can provide an unparalleled venue to learn about new or alternative methods, expand one’s perspective, receive feedback, and thereby enhance one’s own work. For those who grow faint at the thought of public speaking, many departments and graduate programs also offer opportunities to practice presentations on student and faculty colleagues before the meeting and provide a venue to compare notes and discuss conference experiences and good (and bad) presentations after the meeting. The most important thing is to take initiative and get started.

New Post-doctoral Representative to the Division 20 Executive Committee:
Welcome to Wingyun Mak who was recently appointed as the new Post-doctoral Representative to the Division 20 Executive Committee this year. She hails from Southern California where she attended UCLA as an undergraduate. Since then she has journeyed eastward, first working with Brian Carpenter at Washington University in St. Louis as a graduate student and currently with Silvia Sörensen at the University of Rochester Medical Center as a postdoctoral fellow. Her work centers on understanding and promoting well-being in dementia and late life, with the goal of developing and testing psychosocial interventions in community settings.

Are you a student or post-doc? Email us your questions, comments, or suggestions for Division 20.
Graduate student representative: Andrew Bender – bender@wayne.edu
Post-doctoral representative: Wingyun Mak - Wingyun_Mak@URMC.Rochester.edu
During the annual Division 20 Business Meeting at the APA Convention in San Diego, members approved a significant bylaw change designed to create more flexible membership options for the Division. The Division now has Professional Affiliate and International Affiliate membership classes. Individuals who choose to join Division 20 as an Affiliate receive all of the benefits the Division has to offer, but do not have to pay the general APA dues in order to join. We hope that this will allow many individuals who have heretofore wanted to join the Division but balked at the high dues of APA to consider becoming part of Division 20! We are currently working out the details on the membership web page and with APA, but we hope to have this option in place in the next few months.