As I write this column on Valentine’s Day we are inexorably moving toward the end of my term as President. It is remarkable how time flies! In the Jackson Browne song about an untimely death, “For A Dancer,” life, in the end, is the blink of an eye. A one-year presidential term? It goes by even quicker.

In my first column I outlined most of the officers in the Division and talked about their efforts. Things seem to be going well. Our program chairs for the convention in Boston, Mara Mather and Derek Isaacowitz, have done a marvelous job of putting together a program. It includes several invited addresses from persons nicely illustrating the marvelous diversity that is our membership, including Fredda Blanchard-Fields, Cameron Camp, Karen Hooker, and Naftali Raz. There are symposia on a range of topics, including social neuroscience, an engaged lifestyle and adult cognitive development, disasters and how they affect older adults, negative life-events in mid-life, and competency in geropsychology. A full summary of the program is available elsewhere in this newsletter. Thanks so much to Mara and Derek for putting together this exciting program!

I also wanted to tell you about our efforts in continuing education. We are fortunate that Brian Carpenter from Washington University is coordinating our CE activities, assisted by co-chair Shevaun Neupert of North Carolina State. We have two pre-convention workshops that are co-sponsored by Division 20 and will be held at the annual meeting in Boston. The first is a full-day workshop on “Assessment and Management of Suicide Risk across the Lifespan,” led by Amy E. Fiske of West Virginia University. The workshop is jointly co-sponsored by Division 12, Section II (Clinical Aging) and Division 20. The second workshop was organized by Deborah DiGiglio of APA. It is a full-day workshop on “What Psychologists Should Know About Working with Older Adults.” This workshop is sponsored by the APA Committee on Aging (CONA) and co-sponsored by Division 20. It will target psychologists looking to work more with older adults. Both of these workshops should appeal to psychologists, including those in private practice, who seek CE credits while improving their knowledge about issues relevant to working with older adults. We’re excited about these offerings.

What was both interesting and notable was that Division 20 submitted a proposed workshop that wasn’t accepted by the APA CE Office. I’ll tell you more about it, but first, a little background is needed.

When I was a graduate student I assisted Warner Schaie in delivering an APA pre-convention workshop on the topic of developmental research methods. Warner and I (mostly Warner, of course) taught the group about cross-sectional and longitudinal methods, design confounds, statistical models for data collected from sequential designs. It was well attended and I believe, well-received. Given that experience, one of the goals I wanted to accomplish was to encourage more workshops that would be relevant to research scientists interested in aging. When I persuaded Shevaun Neupert to join the Division 20 CE team I explained my goal and we discussed how it might be implemented. Ultimately, Shevaun enlisted Marty Sliwinski to offer a methodological workshop...
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Deadlines for submissions are: September 1, February 15, June 1

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Your Newsletter editors must use the addresses that APA provides.

President's Message, continued from page 1

on how to design and analyze data from intensive intraindividual research designs, with a special emphasis on how to do statistical models of intraindividual variability (such as in measurement burst designs).

I was delighted when Marty agreed to do this workshop. I am frustrated that the APA CE office declined to offer it. I had been warned by a former CE chair that this could happen because the workshop wasn’t targeting people in clinical practice who are the chief consumers of CE credits-based workshops. But we were undeterred. The workshop will be offered, sponsored by Division 20, as a pre-convention workshop at the Gerontological Society of America meetings next November. Marty has also agreed to offer it as a pre-convention workshop at the upcoming Cognitive Aging Conference (CAC) in Atlanta in April 2008. Is there a market for such a workshop? You bet there is. When I sent an email to the Division 20 Listserv notifying people of the impending CAC workshop, we filled the 30-person workshop in less than 48 hours. I wasn’t surprised, really; the workshops that Jack McArdle and others have offered on longitudinal data analysis techniques (including a post-convention workshop on modeling at the APA Convention in Hawaii a few years back) have been quite popular and well-subscribed. And there are other statistics-oriented workshops like it that have been quite successful. Researchers in our field are well aware that aging research often requires specialized knowledge in design and statistical methods. Just like practicing clinicians, many of us need CE to assist in keeping us current, and graduate students in the field often need specialized instruction they cannot obtain through the formal coursework offered at their university. A short workshop can be a valuable part of an effort to gain these kinds of skills.

I don’t know why the intraindividual variability workshop was turned down, but I’m looking into it. If it is the case that the market for CE for researchers is under-appreciated at APA, I’ll try to raise their consciousness about it. Of course, it could be my consciousness that needs raising in this case. But until I’m disabused of this position, I’ll argue that if APA wants to stop the erosion of membership in research-oriented divisions (e.g., Division 3) and to promote attendance at the APA convention by research-oriented psychologists they must offer content that draws students and PhD researchers to the conference. Perhaps these kinds of methods-oriented workshops could help!

In any event, at least this situation provides me with the opportunity to inform you, our membership, of an important option you may not realize you have at your disposal. I know I was unaware of it until I became President. Specifically, we have a mechanism in Division 20 to evaluate workshops with content relevant to adult development and aging, and to sponsor those workshops for APA-approved CE credits if we choose to do so. Division 20-approved workshops need not be offered at the APA convention; they can be offered anywhere, at any time. The Division 20 CE committee is responsible for reviewing such proposals. So if you are interested in offering a workshop, please contact Brian Carpenter about how to go about getting your proposal evaluated. And obviously now is an appropriate moment to commend and thank Brian, Shevaun, and Andy Revell for serving as our Division’s CE committee. If you have a good idea for a workshop, contact Brian. I hope we can continue to expand this option as a service to our members and to the larger psychological community.
In this article, I describe several interdisciplinary studies in which I have had the opportunity to work with health care researchers as well as psychologists to address issues related to inadequate health literacy among older adults. Health literacy, often defined as “...the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (DHHS, Healthy People 2010), has received a great deal of attention in the medical field, as shown by recent reports from the Institute of Medicine (Nielsen-Panzer, Panzer, & Kindig, 2004), the American Medical Association (Schwartzberg, VanGeest, & Wang, 2005), and DHHS. This is not surprising because health literacy measures predict patients’ ability to accomplish self-care activities such as taking medication as well as health outcomes such as hospitalization (DeWalt, Berkman, Sheridan, Lohr, & Pignone, 2004). Health literacy measures may also help explain disparities in health outcomes because scores are often lower for African-American and Hispanic adults than for non-Hispanic whites, and for older compared to younger adults.

Conceptions of health literacy tend to focus on abilities needed to understand and use health information (although community-level factors such as social networks are sometimes included). Measures usually tap reading skills such as pronouncing medical words or understanding texts such as consent forms (see Baker 2006 for review). While it is often assumed that these measures predict health outcomes because patients’ self-care hinges on their ability to understand information needed for self-care, there is little direct evidence for this link.

Health literacy has received less attention from psychologists, especially those who study lifespan development. Theories of health literacy may benefit from a lifespan perspective that integrates health literacy with theories of cognitive aging and language comprehension. More comprehensive models would help guide interventions to improve older adults’ self-care by addressing health literacy barriers, especially those that leverage information technology in health care.

According to comprehension theories, people understand text such as medication instructions at multiple levels. At the surface level, they represent word meaning and syntactic form; at the textbase level, interconnections among word meanings are represented as ideas, which are integrated to represent content explicitly conveyed by the text; at the situation model level, this content is integrated with knowledge to represent the situations described by the text (Kintsch, 1998). The situation model is critical for translating language to action, such as learning how to take medication from instructions. Importantly, the processes that produce these representations depend on general cognitive resources such as working memory. Older adults are generally less successful than younger adults at creating the textbase because of age-related declines in these resources, but are adept at creating situation models, perhaps because they know as much or more than younger adults about the topic of the text (Wingfield & Stine-Morrow, 2000).

Partial support for this view comes from a recent study that links health literacy with general cognitive abilities (Levinthal, Morrow, Tu, Wu, & Murray, 2008). In a sample of patients diagnosed with hypertension, we found, like many studies, that older participants scored lower on a standard health literacy measure. More interesting, age-related differences in working memory and processing speed measures were more important than education for explaining differences in health literacy, as predicted by theories of aging and comprehension. Such findings suggest that older adults with low health literacy may have trouble understanding health information at the textbase and/or situation model level in part because of age-related differences in general cognitive resources. They may be further disadvantaged if they lack the health-related knowledge that could offset these deficits. However, we know very little about how age-related differences in cognitive resources and health-related knowledge interact to influence health literacy. In a project funded by the National Institute on Aging, Elizabeth Stine-Morrow and I will be collaborating with Michael Murray (University of North Carolina School of Pharmacy) and James Graumlich (University of Illinois School of Medicine) to investigate how performance on health literacy measures among older adults with hypertension is predicted by measures of fluid mental abilities (e.g., working memory), general crystallized ability (vocabulary), and knowledge of cardiovascular illness and self-care.

Of most interest is improving older adults’ comprehension of the information they need for self-care of their chronic illnesses. Findings linking health literacy with cognition suggest the need for health communication that reduces demands on older adults’ cognitive and literacy abilities. An example of such communication comes from a study in which an interdisciplinary team of psychologists, pharmacists, and physicians developed a pharmacy-based, patient-centered communication intervention to help older adults with cardio-vascular illness take their medications, which hopefully leads to better health outcomes (Murray, Young, Morrow, Weiner, Tu et al., 2007). The intervention included printed instructions with simple language and with information presented in an order that matched patients’ expectations (based on earlier work identifying a schema for taking medication shared by older adults). The instructions also contained pictorials that explicitly depicted when and how much medication to take. Such instructions should support elders’ ability to create a situation model for taking
medication, despite age-related declines in cognitive resources. We found that these instructions were preferred and better understood than typical instructions for the same medications available in a chain pharmacy. Moreover, health literacy differences in preferences and comprehension were partly explained by differences in cognitive ability (Morrow, Weiner, Steinley et al., 2007; Morrow, Weiner, Young, Steinley, Deer et al., 2005). The intervention also included strategies to improve pharmacist/patient communication. The pharmacist discussed with patients how to take their medications, following the same schema as in the written instructions. Thus, the multi-faceted intervention addressed literacy and cognitive barriers to understanding how and why to take medication. We found that this patient-centered communication intervention improved medication adherence compared to a usual care control group among older adults with heart failure (Murray et al., 2007). Preliminary analyses suggested that older adults with lower health literacy, while overall less successful in adhering to their medication regimens, benefited to a greater extent from the intervention (Murray et al., 2006). These findings converge with other recent projects that target older adults with low literacy to suggest that theory-guided multi-media communication interventions can reduce differences in self-care and outcomes due to health literacy.

Patient-centered interventions to improve health outcomes may be most effectively implemented if they are integrated with the information technology (IT) systems that are rapidly becoming standard of care in health organizations. IT systems may not only provide ready access to relevant information, but support patient comprehension by tailoring the information to different patients, illustrating key concepts with video, and an array of other multi-media strategies. Moreover, web-based communication between providers and patients can enhance the quality of patient information in electronic patient records and provide patients access to this information (McCray, 2005). Thus, IT may be a powerful tool for improving health literacy by supporting patients’ ability to obtain, understand, and use health information. However, it will be most effective if designed in terms of empirically validated age-related guidelines. Unfortunately, this is not always the case. For example, the gap between the difficulty of written health materials and the average reading skills of patients is as true for information on the web as it is for paper documents (McCray, 2005). Older adults may be less able than younger adults to take advantage of benefits of the web such as using search engines or navigating web sites to find information (Mayhorn, Rogers, & Fisk, 2004). In short, there is a danger that IT will increase rather than reduce disparities in health outcomes related to health literacy.

Developing effective web-based support for older adults with low health literacy is an inter-disciplinary challenge. At last year’s APA conference, Richard Pak (Clemson University) and I co-chaired a symposium sponsored by Division 20 and Division 21 (Applied Experimental & Engineering Psychology) that brought together researchers interested in health literacy among older adults, with researchers focused on designing technology-based supports for this population. Presentations by Morrow & Murray, and by Katarina Echt (Atlanta VA & Emory University) and her colleagues, explored links between older adults’ health literacy skills and more general sensory and cognitive abilities. The other presentations described technology-based approaches to supporting older adults’ self-care by compensating for differences in cognitive and literacy abilities. Sara Czaja and her colleagues (University of Miami) described a study that investigated the impact of health literacy on older adults’ ability to use the web to learn about health information, and identified implications for designing web environments to support these skills. Olivier Henkemans, Jasper Lindenberg, Charles van der Mast, Mark Neerinck (Delft University of Technology) and Dan Fisk and Wendy Rogers (Georgia Institute of Technology) described their investigation of computer-based assistants for improving self-care among older adults with type II diabetes, comparing systems that varied in style of interaction with patients. Mike Pignone (University of North Carolina), who has addressed issues related to patients’ low health literacy both as a researcher and a physician, discussed the implications of the presentations for models of health literacy and for addressing barriers to effective self-care among chronically ill older adults.

Conclusions

Progress is being made in understanding health literacy by integrating health literacy models from medicine with theories of cognitive aging and comprehension, as well as age-appropriate technology design. More comprehensive theories will identify critical abilities and help explain why health literacy is associated with a range of self-care behaviors and health outcomes among older adults. This is in turn should guide interventions that leverage the current boom in health IT to improve the ability of older adults to find, understand, and act on health information, so as to participate more fully in the health care system.

References


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The principal business item related to aging concerns was the endorsement of Sharon Brehm’s presidential initiative on Integrated Healthcare for an Aging Population. This effort was co-chaired by Toni Antonucci and by Toni Zeiss and that involved a number of Division 20 members. The item passed on the consent agenda.

If you’ve been following the ongoing debates and media mischaracterizations of the APA position on interrogation and torture, it may be of interest that there were some changes in wording of the resolution passed last August that were intended to clarify rather than to change the position against torture. The changes basically remove some wording that was perceived internally and externally as providing a loophole for psychologists to participate in torture. This was not the intent of the members drafting the August language or of Council, but interpretations have run amok. There was also addition of specific citations of international organizations with statements opposed to torture.

One of the more contentious issues at Council was a proposal to form a new division on Qualitative Methodology. The contentious issues mainly focused on a sense that many of the leaders for the new division were anti-quantitative and that the new division would thus be inimical to the interests of existing science divisions, and the ongoing concerns about the proliferation of divisions in APA. After considerable debate, the motion to form the division gathered a majority of positive votes but failed the 2/3 majority needed to establish a new division.

You may recall that there was an amendment to APA by laws on the ballot last Fall that would have added the representatives of the four minority psychological associations to Council as voting members. Passages requires a 2/3 majority vote. The amendment failed by a few percentage points in the 2007 vote. Council voted to send the amendment out for another vote this year, with some education of members about the amendment prior to the vote. Further information on the amendment will be made available to Division 20 members later this year.

A new association-wide strategic planning effort was kicked off at Council during this meeting. Division members are invited to keep their eyes open for opportunities to have input into this process, which is likely to affect the direction of the APA for years to come.

In this year’s conversation hour at APA in Boston, the Graduate Student and the Postdoc representatives for Division 20, Starlette Sinclair, M.S. and Dr. Daniela Jopp, have the pleasure to welcome two very esteemed colleagues to give presentations on career development options and funding pre and post-doctoral. Dr. Margie Lachman is the current Chair of the Psychology Department, and Director of the Lifespan Developmental Psychology Lab at Brandeis University. She is co-director of the NIH-funded pre- and postdoctoral training program, Cognitive Aging in a Social Context.

Dr. Jonathan King is the Program Director of the Cognitive Aging portfolio in the Behavioral and Social Research program at NIA. He also previously led review meetings of pre- and post-doctoral fellowship applications at the Center for Scientific Review at NIH. In his presentation, he will be discussing the application process for F31(predoctoral), F32 (postdoctoral), and early career K awards. He will also provide tips on how to craft winning applications. Students are advised to bring their mentors along as many parts of fellowship/career award applications depend on mentor or sponsor input.
Minutes of APA Division 20 Executive Committee Mid-year Meeting
November 18, 2007
Submitted by Joan McDowd

Present:  Rosemary Blieszner, Brian Carpenter, Susan Charles, Karen Fingerman, Chris Hertzog, Scott Hofer, Derek Isaacowitz, Daniela Jopp, Bob Knight, Becca Levy, Joan McDowd, Jennifer Margrett, Mara Mather, Shevaun Neupert, Starlette Sinclair, Brent Small, Harvey Sterns, Elizabeth Stine-Morrow, Robin West, Elizabeth Zelinski

The meeting was called to order 4:47 pm by President Chris Hertzog.

Handbook

A number of changes were proposed to update the current Division Handbook. Among the suggested changes was a proposal to move the responsibility for arranging D20 EC meetings from the Treasurer to the Program Committee for the Annual Meeting and to the Secretary for the Mid-year meeting. After some discussion, it was decided that these responsibilities should remain with the Treasurer, with the assistance of the secretary and possible additional assistance from members at large.

All other changes and updates were approved and the revised Handbook will be made available on the D20 website.

Chris H. asked that all officers read or re-read their Handbook sections, and bring practice into alignment with Handbook.

Continuing Education

The Continuing Education Committee is planning two programs in conjunction with the 2008 Annual APA meeting: a half day session on measurement burst designs and a full day on suicide assessment and intervention across the lifespan. Other possibilities and proposals may still be considered as they come in.

The Committee is also working throughout the rest of the year on developing some CE programs that tap into Geropsychology competencies.

CONA Update

Mission of APA's CONA has to do with research, education, outreach and bringing aging to the forefront of people's consciousness in APA. Rosemary Blieszner is the current president; Peter Lichtenberg will assume the role of president starting January 1, 2008.

Rosemary reported on a variety of CONA activities (see full report in Appendix following these minutes) including
- promoting multicultural competency in geropsychology,
- involvement in APA's task force on integrative health care for an aging population,
- promoting aging issues in curriculum development and career choices,
- coordinating a response to NIAs strategic plan about aging priorities,
- rewarding professional leadership and achievements in aging (nominations welcome; due in Spring '08), and
- revising LifePlan for the LifeSpan to include the general professional public.

Rosemary also pointed out that next year is the 10th anniversary of CONA. There are special activities, including a special reception at APA in the planning, again to raise visibility.

CONA is also involved in updating APA's dementia guidelines, originally written in 1997-1998. APA periodically reviews and updates guidelines; CONA is partnering with D20 and D12-2 to update those guidelines; project is currently underway. Chris H. will help co-ordinate the effort.

Rosemary suggested that we should find a way to honor Debbie DiGilio because she works tirelessly for aging causes. The suggestion for some sort of special recognition was made to make her an honorary member of D20. Chris H. indicated that we should check the by-laws about how this might work. It was also suggested that we consider talking to D12-2 to see if they want to do something as well. A plaque was suggested as an appropriate award.
Standards for Dementia Assessment

Existing guidelines are very general, perhaps too general to be helpful. They need to be updated before they are sunsetted. Idea was that they might be better centered in a divisional effort. Chris H agreed to try to organize this effort, but the problem is how to identify the relevant people to serve on the task force. Chris will propose that we need APA funding to support the task force. D12-2 and D40 will be asked to be involved. What should the process be to select the task force members? Bob Knight said he’d help generate names. Chris H could also ask presidents of other divisions to suggest names. Bob and Chris will meet to make a plan to move forward on this issue. Bob feels it’s important for D20 to take the lead, and ok for D20 to appoint the task force and go with it.

After the guidelines are updated, several other components of APA will have the opportunity to comment and provide feedback.

Elections

Self and other nominations are now being solicited for open D20 offices. A request for nominations will be solicited via the listserv. Any EC members should feel free to self-nominate or nominate others by directly contacting Jane Berry (jberry@richmond.edu).

Awards

Brent Small reported that he is about to make the annual request to John Santos to support the next round of awards. Brent is going to ask people who have received awards to provide testimonials about the effect of getting the award, to be given to John along with the request for money.

Brent also presented information and draft application materials for a new award for student research related to Parkinson’s disease, given in partnership with D40. A family interested in giving an award to support doctoral level work contacted Brent, and he has been working with them to develop the specifics of the award. Currently it is a 1-time award, but if it goes well it may become a recurring award. The idea was suggested to feature the award in the Division newsletter.

Brent moved that the award and the application materials be approved. The motion carried unanimously.

Treasurer

Scott Hofer reported that the overall financial condition of the Division is sound.

Chris H. asked Scott if he thought a dues increase would be in order. At this point Scott didn’t think an increase would be necessary.

It was noted that Psychology and Aging subscriptions went up $1 per year, so the Division might want to think about raising the dues a dollar or so to cover this, since the journal is a benefit of membership. However, we don’t want to do anything to discourage Division membership, so dues will remain the same for the time being.

Division 7/20 newsletter segments

Chris H initiated an effort to coordinate with Division 7 about having a conversation between our divisions about areas of mutual interest in developmental psychology, to enhance and foster lifespan development. Chris and a colleague from Division 7 will do something about meta-cognition for upcoming newsletter issue. They also applied to CODAPAR to help support the effort. Members are encouraged to think about whether there’s someone in Division 7 that they might collaborate with and have a similar “conversation” (aka newsletter article) for different areas. If there’s enough interest, Chris may go forward with a book proposal to APA. The goal is to increase communication between the Divisions.

New Business

CSR is asking organizations to think of potential reviewers to serve on study sections. Liz Zelinski opined that D20 should make some suggestions to keep aging on the forefront. Chris H. asked Liz if she has any ideas about how to proceed. Liz said she thinks CSR is developing a process for making nominations. Chris asked Liz if she’d be willing to help organize the nominations. She said yes. Chris asked if any Members at Large would be willing to help. Susan Charles said she would help. Brent Small also indicated a willingness to help identify nominees.
Imagine this scenario: A small group of people has gathered to discuss complex issues, and much talking but little listening occurs. Indeed, non sequiturs outnumber sequiturs, and one would be hard pressed to call the exchange a “discussion.” Although this can be true of faculty meetings, my present concern is that a few springs ago I thought that my senior seminar was moving too far in this direction. In addition, I became dissatisfied with my peer-rating system of class participation that, in retrospect, did not clearly separate quantity and quality of contributions. What follows are steps I have taken that seem to be moving the seminar toward discussions in which points build upon one another. The surveys I mention below are posted on the electronic course-management system my college uses, Blackboard™, but could be done with other electronic or paper tools.

**Step 1: “The Discussion Discussion.”** I modified this exercise from an idea shared in a local discussion about teaching. The first day of class, I ask students to reflect silently for a few moments on two questions, “What makes a great discussion?” and “What kills a discussion?” I then pair students based on where they are sitting and ask them to share their responses without naming any particular course, professor, or student. When the conversations slow, I bring the group together and open the floor so we can hit the highlights of their smaller conversations. Because students have much to say on this topic, a general question like “What points came up in your pairs?” is typically sufficient to get each pair to share at least one point.

As part of the introduction to this discussion and as part of the recap, I emphasize that one of the semester’s goals is to improve our discussion skills, both as participants and as discussion leaders. I emphasize that discussion involves listening as well as talking and that our class is a practice ground for all of us to work on these skills. I also note that some students don’t like to write papers, but are required to do so for the course; likewise, even if they don’t like talking in class, they are required to do so for a successful senior seminar.

**Step 2: Feedback to Discussion Leaders.** Students lead discussion in pairs. After every discussion, students fill out a Discussion Survey that is modified from materials Patrick Dolan (Drew University) once shared with me and includes eight questions (discussion leaders are asked not to fill it out): (1) I was prepared for class today and ready to engage in a discussion of the material (true/false), (2) The discussion leaders were organized and prepared (6-point Likert scale), (3) The discussion leaders asked good questions (6-point Likert scale), (4) Any additional activities or assignments increased my understanding of today’s topic (6-point Likert scale), (5) Name at least one thing the discussion leaders did well, (6) Give the discussion leaders some constructive criticism—what could have been done differently to make this discussion better?, (7) Any other comments? (optional), (8) My overall evaluation of today’s class is (6-point Likert scale). I copy the anonymous feedback and paste it into an e-mail to the discussion leaders that concludes with comments about what I thought they did well and suggestions for future turns at leading a discussion.

**Step 3: Feedback to Participants.** Four times throughout the semester students fill out a Participation Survey. For each student, including themselves, they respond to three questions: (1) X needs to talk more, talks about the right amount, needs to talk less (quantity rating), (2) X’s contribution to discussions has been (6-point Likert-scale quality rating that ranges from Unacceptable—has added nothing to discussions to Outstanding—in every class comments have been helpful), and (3) an open-ended question about a comment the student would like to share about X’s role in discussions as leader or participant. Again, I take the anonymous feedback and paste it into an e-mail to each student. Comments have always been so constructive that I have not needed to edit them or add additional points, although I have this option. Note that with this rating system, dominating discussion will likely result in high numbers of “needs to talk less” responses.

My impression is that these steps have (a) increased listening and student comments that respond to what other students have said and (b) decreased incidents of students jumping in with their prepared responses to the readings regardless of what was just stated. In addition, several specific outcomes have encouraged me to continue with this approach to discussions. One involves a student who had failed prior discussion courses because of her lack of participation. The first Participation Survey showed 100% indicated that she needed to talk more, but the quality rating indicated that 100% also rated the comments she did make as good or excellent! She improved her participation throughout the semester, and the surveys reflected her progress, including the final survey where 82% indicated that she talked the right amount, and her quality ratings remained high. As a second example, within weeks of graduation, one student e-mailed me to say that he and two co-workers “were asked by our boss to quickly think of a way to lead a discussion for all the new employees...Largely thanks to our [senior seminar], I was able to help plan a great...session that lasted almost an hour. I’m starting to see how to apply the things I learned from my major.”

This strategy does not prevent some suboptimal discussions, but it has reduced their frequency and focuses students on improving skills more than “performing.”

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As outlined below, we have an exciting set of symposia and invited speakers for the Division 20 program for APA in 2008. The conference will take place in Boston from August 14th to 17th. We would like to thank our symposia and poster submission reviewers: Toni Bisconti, Jamila Bookwalla, Mark Brennan, Julie Bugg, Brian Carpenter, Grace Caskie, Sara Czaja, Guyla Davis, Karen Fingerman, Joseph E. Gaugler, Angela Gutches, Carole Holahan, Bob Intrieri, Yuri Jang, Giyeon Kim, Phyllis Ladrigan, Becca Levy, Mary Lewis, Lisa Miller, Michelle Mlinac, Anne Noonan, Derek Satre, and Brent Small.

More information on our social event (planned for the Saturday night during the convention) will be coming in the next newsletter.

Symposium (S): Heartaches and Headaches in Midlife: The Impact of Untimely Stressors

Chair: Kathrin Boerner, PhD
Daniela Jopp, PhD
Coping With Multiple Life Events in Midlife
Kathrin Boerner, PhD
Coping With Functional Loss in Midlife
Jen D. Wong, MS
Timing of Employment Transitions Predicts Daily Stressors and Diurnal Cortisol
George A. Bonanno, PhD
Untimely Spousal Bereavement at Midlife: The Role of Emotional Processing

Symposium (S): Competencies for Professional Geropsychology Practice: Strategies for Definition and Assessment

Chair: Michele J. Karel, PhD
Michele J. Karel, PhD
Development of a Rating Scale to Assess Geropsychology Practice Competencies
Daniel L. Segal, PhD
A Clinical Comprehensive Geropsychology Examination at the Graduate Student Level
Richard A. Zweig, PhD
Findings From an Objective Structured Clinical Examination for Geropsychology Training
Lee Hyer, PhD
Interface of Interdisciplinary Geriatrics for Geropsychologists

Symposium (S): Disasters and Elders: Have our Response and Recovery Systems Improved?

Chair: Lisa M. Brown, PhD
Joan M. Cook, PhD
State of the Evidence: Older Adults’ Disaster Mental Health Responses
Lisa M. Brown, PhD
Issues In Providing Disaster Behavioral Health Services To Elders
Jennifer W. Campbell, PhD
After a Disaster Strikes: Rebuilding the Aging Services Infrastructure
Diane L. Elmore, PhD, MPH
Federal Policy Issues Related to Older Adults and Disasters

Symposium (S): Once Again, With Feeling: Engagement Enhances Older Adults’ Cognitive Skills

Chair: Elizabeth M. Zelinski, PhD
Robin L. West, PhD
Memory, Strategy, and Self-efficacy gains for Active versus Inactive Trainees
Elizabeth A.L. Stine-Morrow, PhD
Engagement Models of Cognitive Optimization: It’s Not Magic
Elizabeth M. Zelinski, PhD
Intensive Adaptive Exercises Generalize Cognitive Improvements: Another Approach to Engagement

Continued on p. 10
Symposium (S): Social Neuroscience and Aging

Cochair: Angela H. Gutches, PhD
Cochair: Elizabeth A. Kensinger, PhD
Heather L. Urry, PhD

Neural Correlates of Emotion Regulation as We Age
Elizabeth A. Kensinger, PhD
Age-Related Changes in the Neural Processing of Emotional Information
Angela H. Gutches, PhD
Neural Responses With Age to Positive and Negative Social Information
Denise C. Park, PhD
Cultural Experiences and Neurocognitive Function With Age

Invited Addresses
Naftali Raz, PhD
Cognitive aging and its modifiers: Neuroanatomical, genetic and health factors
Karen Hooker, PhD
Personality: Key to Optimal Aging
Fredda Blanchard-Fields, PhD
Older adult expertise in emotion regulation: Strategic gains and cognitive costs?
Cameron Camp, PhD
Translating ‘translational research’: Creating Interventions for Dementia in Real World Settings

Invited Address (S): Baltes Distinguished Research Contribution Award Address
Leah L. Light, PhD
Aging Memory in Context

Presidential Address (N): Division 20 Presidential Address
Christopher K. Hertzog, PhD
Strategic Self-regulation By Older Adults

Conference Announcement

The APA Science Directorate is pleased to sponsor five Advanced Training Institutes in the summer of 2008. These intensive training programs are hosted each summer at prominent research institutions across the country. ATIs expose advanced graduate students, new and established faculty, post-docs, and other researchers to state-of-the-art research methods and emerging technologies. A list of this year’s programs is included here. Complete information about these exciting programs can be viewed at: http://www.apa.org/science/ati.html

   -- Structural Equation Modeling in Longitudinal Research (June 9-13, Univ. of Virginia)
   -- Non-Linear Methods for Psychological Science (June 9-13, Univ. of Cincinnati)
   -- Research Methods with Diverse Racial & Ethnic Groups (June 23-27, Michigan State Univ.)
   -- Geographic Information Systems for Behavioral Research (July 16-18, Univ. of California, Santa Barbara)
   -- Using Large-Scale Databases: NICHD Study of Early Child Care and Youth Development (Aug. 4-8, Univ. of North Carolina)

You are invited to apply for these training opportunities. Keep in mind that application deadlines begin in March. Applications are available at http://www.apa.org/science/ati.html and must be submitted electronically through each program’s webpage. Tuition for all ATIs is substantially lower than marketplace prices because of a subsidy from APA’s Science Directorate or, in the case of “Using Large-Scale Databases,” a grant from the National Institute of Child Health & Human Development. For more information, contact APA’s Science Directorate at ati@apa.org or (202) 336-6000.
Division Candidate Statements
Elections Co-Chairs: Jane Berry and George W. Rebok

Presidential Candidates

Carolyn M. Aldwin

I am Professor and Chair of the Department of Human Development & Family Sciences at Oregon State University. My doctorate in Adult Development & Aging from UC San Francisco, and I was an NIMH post-doctoral scholar in Human Development and Health at UC Irvine. At the Normative Aging Study at the Boston VA, I received a FIRST Award from NIA, and then worked at UC Davis. In 2004, I moved to Oregon State University.

My research area is developmental health psychology. I study how individuals cope with stress, and how psychosocial factors affect health, especially in later life. My overall goal is to examine how psychosocial factors promote optimal aging. Publications include 80+ articles and chapters, as well as three books on stress, health, & aging.

I have served Div. 20 as program co-chair and, as a member-at-large, chaired the Awards Committee. I also chaired the Div. 20/Div. 38 Committee on Aging and Health. I am a fellow of both GSA and APA (Divisions 20 & 38), and have served on editorial boards for the Journals of Gerontology and Psychology & Aging, and as co- or associate editor for Psychology & Health and JPSP.

We are beginning to witness the “silver tsunami,” as the leading edge of the Baby Boomers starts to retire. Division 20 should continue to play a major leadership role in the research, clinical practices and policy changes that the this demographic shift will bring. As President of Division 20, I will work with our members and with a variety of organizations to promote a psychological perspective in discussions of the coming demographic shift, as well as advocate for better research and practice conditions for our members.

Peter A. Lichtenberg

The distinguished history and contributions of Division 20, coupled with the maturing and effective influence of the APA Committee on Aging (completing its 10th year) and the stability of the Section on Clinical Geropsychology (Division12-2), make this a wonderful time to be a champion of adult development and aging. The ever increasing integration between basic cognitive, personality, and social characteristics and applied aspects of our aging society enrich our field and our society. It is with enthusiasm and optimism about Division 20 that I submit my name for the Presidential ballot. I will emphasize our members’ strengths in science and application and work to strengthen the Division’s working relationships across APA.

I have served the field and Division 20 since the early 1990’s in a variety of roles including as Clinical Task Force Chair (before 12-2), Chair of Continuing Education, Executive Committee Member at Large and Program Chair. I am the current Chair on the APA Committee on Aging, Past-Chair for the Behavioral and Social Sciences section of the Gerontological Society of America. I served as President of Psychologists in Long Term Care and as Secretary in the Section of Clinical Geropsychology.

I obtained my Ph.D. in Clinical Psychology at Purdue University in 1986 (minoring in aging), completed a geropsychology internship (Gainesville VA) and geriatric neuropsychology post doctoral training (University of Virginia). I am the Director of the Wayne State University Institute of Gerontology and Professor of Psychology. My research and advocacy efforts focus on ways of bringing clinical geropsychology knowledge and techniques into allied fields such as long term care, rehabilitation and neuropsychology.

Continued on pg. 12
Candidates for Secretary

Cynthia A. Berg

Cynthia A. Berg is Professor of Psychology at the University of Utah. She received her Ph.D. in Developmental Psychology from Yale University in 1987 and went to the University of Utah from Yale. She serves on the Editorial Board of Psychology and Aging and reviews for a broad range of developmental and health journals.

Her research takes a life-span approach to the examination of how individuals collaborate with other close relationships (e.g., parent-child, married couples) to solve everyday problems. Much of her current work examines these questions in the context of individuals dealing with everyday problems surrounding chronic illness (e.g., families where one child has type 1 diabetes, couples dealing with prostate cancer). Her work shows that in addition to having cognitive benefits, collaboration can serve to enhance relationship satisfaction, reduce psychosocial distress, and in the case of dealing with health-related problems, enhance adherence to a medical regimen. Her research has been funded by NICHD, NIA, and NIDDK.

In the past she served Division 20 as the Chair of the Education Committee and is pleased to be nominated for Secretary. Division 20 has been an important part of her own professional development and she welcomes the opportunity to become more involved in the Division.

Jared B. Jobe

I am a program director in the Clinical Applications and Prevention Branch, National Heart, Lung, and Blood Institute. I administer an extramural research program of around 100 grants, with a budget of $35 million, concerned with cognitive sequelae of cardiovascular disease and risk factors, smoking cessation, obesity prevention, health disparities, and stress management. I am also project scientist on large and small randomized controlled trials. Prior to that, I was Chief, Adult Psychosocial Development Branch, National Institute on Aging (April 1995- November 2000). At NIA, I administered an extramural research program of 150 grants, with a budget of $25 million, concerned with environmental, social, and behavioral influences on cognitive functioning, human performance, personality, attitudes, and interpersonal relations over the life course. I was also project scientist on the ACTIVE trial. I received my Ph.D. in memory and cognitive processes from the University of Oklahoma. I have over 30 years of federal service in the military and civilian service.

I have been a member of APA since 1978, but not continuously. I was elected Fellow in 1994, and am a Fellow in Division 3 (Experimental), Division 19 (Military), Division 20, and Division 38 (Health). I am also a Fellow in the Society of Behavioral Medicine, and in the Academy of Behavioral Medicine Research. I have served APA and psychology in many capacities. In Division 19, I have been President, Treasurer, Secretary, Member-at-Large, Parliamentarian, Chair of the Education & Training Committee, and newsletter editor. In Division 38, I have served 3 terms on the Fellows Committee, the last 3 years as chair. I have also served as a member of the Diversity Committee, and as newsletter columnist. I have served as a peer reviewer for 26 scientific journals and for 12 government and private funding agencies.
Candidates for APA Council Representative

William E. Haley

I am currently a Professor in the School of Aging Studies at the University of South Florida. I am an active scholar, and have focused on topics including evaluation of the effectiveness of family caregiver interventions, racial/ethnic differences in caregiving, and psychological aspects of end-of-life care. I am a Fellow in APA (Divisions 20, 12, and 38) and in GSA. I received the Mentor Award from Division 20 in 2002. My research has been supported by NIA, NCI, NINDS, and NINR among others. I have served on many Editorial Boards and recently finished a term as Associate Editor of Psychology and Aging. I also serve on the NIMH Scientific Review Panel that reviews applications focused on Disorders of Late Life.

I have been active in other leadership positions in APA and GSA, including serving as President of Division 12’s Section on Clinical Geropsychology, Representative from the Section to the Board of Division 12, and Chair of the BSS Section of GSA. In addition I served and represented aging issues on APA’s Ad-hoc Committee on End-of-Life Issues, and Primary Care Task Force, both of which involved major scientific, professional, and political issues facing APA. In these positions I worked to develop and gain support for proposals that were approved by APA Council and served as lead author of articles published by these groups. In 2004 I delivered a congressional briefing on family caregiving at the request of APA. Because of my applied interests I have worked extensively with psychologists from throughout APA and believe that I can work effectively with psychologists outside of our Division to advance our goals.

I am honored to be nominated by Division 20 for this position. Division 20 is my primary home within APA and I am aware of the vital importance of this position in representing the interests of the Division. I believe that I have sufficient experience in the science of psychology, aging issues facing psychology, and the politics of APA to be effective in this position.

Susan Krauss Whitbourne

When I served as Division 20 Representative from 2000-06, I gave priority both to representing our Division’s interests and to reporting on the actions taken and issues discussed on the Council floor. I thought it was important to inform my colleagues in Division about the larger Association’s activities as well as to represent our interests in actions taken by Council. A member of the Women’s Caucus, I also served as President of the Coalition for Academic, Scientific, and Applied Research Psychology. In 2007, I was Chair of the Policy and Planning (P&P) Board and a member of the Agenda Planning Group, positions that gave me the opportunity to have a broad impact on APA as a whole. While serving in this role, I was worked with other governance groups to obtain full voting privileges on Council floor for 4 ethnic minority associations. In my term on P&P, I also became involved in ongoing efforts to maintain the vitality of APA through expansion of our membership categories. Over the past 10 years, I have also served on several APA Presidential Task Forces as well as the Committee for the Structure and Function of Council, the body that regulated the passage of legislation through Council. In addition to my work for APA, I am active in Psi Chi, the National Honor Society in Psychology, serving as the Eastern Region Vice President (2006-07) and now as the Program Chair for the 2009 National Leadership Conference. Presently, I serve as Fellowship Chair for Division 20. A member of the Planning Committee for the Pike’s Peak Geropsychology Training Model Conference held in June 2006, I am working toward implementation of the Geropsychology Guidelines through follow-up committee work and writing. I have been honored with Division 20’s Master Mentor Award and the GSA BSS Distinguished Mentor Award. At the University level, I have received the Distinguished Teaching Award, the College of Behavioral Sciences Best Teaching Award, and the University’s Outstanding Advising Award. Throughout my career, I have held a number of positions of leadership in Division 20, including President, Secretary, Treasurer, Program Chair, and chair of various committees. I am Professor of Psychology at the University of Massachusetts Amherst, where I teach a large undergraduate course on the psychology of aging and advise my graduate students in clinical geropsychology. My research focuses on personality in middle and later adulthood with a focus on identity and psychosocial development. I have written several texts at the undergraduate and graduate level and edited a number of volumes in areas ranging from undergraduate education to psychopathology in later life. My most recent research includes a follow-up of my 34-year sequential study on Eriksonian development in adulthood. If elected to Council, I will work hard on behalf of Division 20 to keep aging issues at the forefront of our associations concerns and will work collaboratively with my colleagues in science and practice toward this goal.

Continued on pg. 14
Candidates for Member-at-Large

Gilles O. Einstein

I received my PhD from the University of Colorado in experimental psychology in 1977 and have been teaching at Furman University since then. I chaired the department for 12 years, and have won two university-wide teaching awards.

Being an undergraduate liberal arts college throughout my professional career, I am committed to both teaching and research, and I firmly believe that research is an excellent learning experience for undergraduates. This commitment has been reflected in my service on the Board of Governors of the National Conference on Undergraduate Research and as a Counselor in the Council on Undergraduate Research. I have served or serve on the editorial boards of the Journal of Experimental Psychology: Learning, Memory, and Cognition; Memory & Cognition; and Psychology and Aging. I am a Fellow of Divisions 2, 3, and 20 of the APA.

My research focuses on the processes involved in prospective remembering and especially how these processes are affected by aging. My research has been supported by the National Institute on Aging, the National Institute of Mental Health, and NASA. I have co-authored or co-edited two recent books on prospective memory. In an attempt to capture the explosion of research on aging and memory over the last 10 years, I also recently co-authored a book titled “Memory Fitness: A Guide for Successful Aging.” I would be honored to serve as a member-at-large of the executive committee for Division 20, which I see as one of APA’s most energetic and community-minded divisions.

Lisa C. McGuire

After earning a Ph.D. in Lifespan Developmental Psychology and a Graduate Certificate in Gerontology from Bowling Green State University (1991), I completed a NIMH Postdoctoral Fellowship (1991-1993) in the Gerontology Center at The Pennsylvania State University, where I worked on the Seattle Longitudinal Study. My role within the Centers for Disease Control and Prevention (CDC) is as a Health Scientist in the Healthy Aging Program within the Office of the Director in the Division of Adult and Community Health. Since joining CDC in 2004, I have published 22 peer-reviewed articles in the fields of aging and epidemiology. At CDC, I have been able to expand my research interests in cognitive, behavioral, and social aspects of health in older adults.

My Division 20 service was focused at many levels and in several capacities. In addition to reviewing abstract submissions and student award projects for the Division, I had several roles within the Executive Committee. In this capacity, I was responsible for developing the graduate/postdoctoral newsletter column (1993-94) and serving as a continuing education co-chair for 2 workshops (1994-95) and as the membership chair (1996-98).

Division 20 and its Executive Committee are comprised of members representing most facets of the “field of aging”. My election would bring a unique perspective, public health, not represented on the Division 20 Executive Committee. There are many opportunities for the intersection of psychology, aging, and public health that I would help the Division pursue. I welcome the opportunity to again serve Division 20 and APA as a Member at Large.
Candidates for Member-at-Large

Lynn M. Martire

I received a Ph.D. in social psychology with an emphasis on aging and health from Kent State University in 1997, and then completed postdoctoral training at the University of Pittsburgh. I am currently Associate Professor of Psychiatry and Associate Director of Gerontology at the University of Pittsburgh.

My research focuses on the interface between late-life chronic illness and family relationships. I am especially interested in the impact of family members on the health behaviors of ill older adults, and the potential benefit of including a close family member in psychological or behavioral treatments for chronic illness. I have conducted prospective, observational studies and have also developed and tested a couples-oriented intervention for older adults with osteoarthritis. I have been fortunate to receive the 2004 Early Career Contribution to Research on Aging and Adult Development Award from Division 20, the 2006 Outstanding Contributions to Health Psychology Award (Junior Investigator) Award from Division 38, and the 2007 Margret M. and Paul B. Baltes Foundation Award from GSA.

My involvement with Division 20 began as a postdoctoral fellow and I am committed to the mission of our Division. As a member of the editorial board of Psychology & Aging, and as Chair of the Aging and Health Committee for APA, I understand the importance of service. I would enjoy the opportunity to increase my formal involvement in Division 20 by serving as member-at-large.

Avron (Ron) Spiro III

I received my PhD in Human Development and Family Studies from Penn State in 1982, in lifespan development and methodology. I worked on a longitudinal study of public health at Harvard from 1981 to 1986, and then joined the Normative Aging Study at the Boston VA, where I’ve been since. In addition to being a Senior Research Scientist at the VA, I’m also Associate Professor in the Boston University Schools of Public Health and Dental Medicine.

My research involves longitudinal studies of aging, focusing primarily on health in relation to personality and cognition. I am especially interested in studying health in relation to individual differences in personality, well-being, and cognition, with funding from NIH and the VA. I’ve also been working on a model of health from a lifespan developmental approach.

I have been a member of D20 since 1977; from 2000 - 2007, I served on its Awards, Program, and Election committees, and was elected a Fellow in 2004. I am eager to return to a leadership role in the Division, which is an important home for “aging psychologists” (in both senses of the term) in APA. Further, D20 is a place where practitioners and academics, whether teachers, researchers, or providers can and should unite. We played an important role in advocating for psychology in NIA’s recent Strategic Plan; I believe that we can do more to advance an “aging agenda” for science and for practice. As a Member at Large, I will work to promote such advocacy.
Fellowship

The importance of nominating people as potential fellows was noted. Members are asked to consider self- and other nominations. Please let Susan Whitbourne know if you have any ideas about nominees.

Program

The Program Committee (Mara Mather mather@ucsc.edu & Derek Isaacowitz isaacowitz@brandeis.edu) is currently soliciting nominations for outside speakers for the 2008 APA convention. Members were asked to please email the program co-chairs with any ideas. The Program chairs are also working on social event for the APA meeting.

MEETING was adjourned at 6:06 pm.

Appendix: CONA Report

Update on Current Activities of the APA Committee on Aging, November 2007

Multicultural Competency in Geropsychology

CONA has been committed to addressing multicultural diversity issues of aging populations since its inception in 1998. To support this effort, CONA received 2007 Council of Representatives Discretionary Funds to establish a Working Group on Cultural Competency in Geropsychology. The working group met once in May 2007. We are currently writing an article that will identify core principles of infusing cultural competency into geropsychology, set an agenda for achieving cultural competency in education and training, practice, research, and policy, and provide resources for practitioners and researchers interested in this issue.

Integrative Healthcare for an Aging Population (IHAP) Presidential Task Force

In addition to my participation as a Task Force member, the other members of CONA serve on its Advisory Panel. The Presidential Task Force’s has completed its report, *Blueprint for Change: Achieving Integrated Health Care for an Aging Population*, that provides information for psychologists on how to be effective in contributing to, joining, and creating integrated care teams. (The report is an item on the current Cross Cutting Agenda.)

Priming the Geropsychology Pipeline Project

Although the older adult population is growing, in a recent survey of practitioner members of APA, only 3% viewed older adults as their “primary professional target.” CONA believes that part of the reason that there are so few geropsychologists is that students are not taught the psychological dimensions of aging, nor are they offered the opportunity to gain exposure to the rich variety of older adults in our society. CONA has created a number of products in collaboration with Teachers of Psychology in Secondary Schools including an article on Geropsychology for the Psychology Teacher Network Newsletter, a power point presentation on Careers in Aging, and proposed revisions to the Development Unit Lesson Plan. CONA also established an Early Career Professionals slate for its 2007 nominees. CONA views this action as one strategy to mentor early and mid-career geropsychologists for increased participation in APA Governance. Efforts are ongoing.

10th Anniversary Celebration of CONA and the Office on Aging

CONA is pursuing multiple strategies to bring special attention to APA efforts on aging issues in celebration of its 10th anniversary in 2008. An all-day continuing education program, What Psychologists Should Know about Working with Older Adults is being planned for generalist psychologists. As noted in BAPPI’s agenda, CONA has issued an invitation to David Walker, the Comptroller General of the United States and head of the Government Accountability Office to present at a special symposium. CONA also spoke with President-elect Kazdin about the possibility of presenting Norman Abeles, PhD, with a Presidential Citation for his efforts during his APA presidency that resulted in the establishment of CONA and the Office on Aging. In addition a festive reception will be held in conjunction with the CONA Conversation Hour.

NIA Strategic Plan – CONA and the Office on Aging coordinated the geropsychology community’s response to the National Institute on Aging draft strategic plan, *Living Long and Well in the 21st Century – Strategic Directions for Research on Aging*, in collaboration with the Science Government Relations Office.

The APA Committee on Aging Award for the Advancement of Psychology and Aging was established in 2003 to recognize professional leadership and distinguished achievements in research, practice and education in the field of geropsychology, and to promote an awareness and understanding among psychologists of this growing area of psychology. The 2007 Award was presented to Martha Storandt, PhD. Her significant research
accomplishments include early demonstration that dementia is a disease condition outside of normal aging as well as her ongoing efforts to differentiate across types of dementia. Dr. Storandt served on the steering committee for the 1981 Conference on Training Psychologists for Work with the Aged and helped establish the APA journal, Psychology and Aging.

**Convention 2007**

CONA and BAPPI cosponsored a standing room only 2007 convention symposium, “Aging and Health Disparities: Cumulative Effects of Race, Gender and SES.” CONA Chair, Rosemary Blieszner, PhD chaired the symposium of luminaries including David Chiriboga, PhD, Barbara Yee, PhD, and James Jackson, PhD, and Toni Antonucci, PhD who served as discussant.

**Life Plan for the Life Span Project**

CONA is currently revising its Life Plan for the Life Span, a web-based brochure (http://www.apa.org/pi/aging/Life_Plan.pdf) for additional professional audiences. CONA will distribute the revised brochure to health and human service and aging network professionals. CONA believes that this is another mechanism by which it can continue to strengthen the relationships between psychology and these other disciplines, and that the brochure could prove useful in helping these professionals to help those with whom they work.

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**Editorial Notes**

We would like to thank MaryAnn Sutton, Kate Daugherty, and Neha Deshpande for their editorial assistance during the past year. Our thanks extend also to the many contributors to the newsletter. We would like to continue to encourage Division 20 members to submit ideas for articles for inclusion in the newsletter. Of special interest are innovative approaches to training, practice, and research.


The Report of the Presidential Task Force on Integrated Health Care for an Aging Population convened by APA Past-President Sharon Brehm was adopted by the Council of Representatives this past weekend. The report, Blueprint for Change: Integrated Health Care for an Aging Population and additional materials can be found at: http://www.apa.org/pi/aging/blueprint.html. Task Force members were: Toni Antonucci, PhD (co-chair); Antonette Zeiss, PhD (co-chair); Gregory Hinrichsen PhD; Deborah King, PhD; Peter Lichtenberg, PhD, ABPP; Martita Lopez, PhD; and Jennifer Manly, PhD. The report will be widely disseminated to APA members, health and aging organizations nationwide, government organizations that have expressed an interest in this model of care (SAMHSA, CMS, HRSA), and to policy makers. Their will also be presentations at the APA and GSA Conventions on this topic.

The Committee on Aging and Office on Aging will continue the work of the Task Force and has secured funds from the Board of Directors to prepare three fact sheets this year targeting: 1) policymakers to make clear psychologists’ involvement in and contributions to this model of care, 2) graduate faculty and training directors to provide guidance on how to shape and develop careers that would emphasize care for older adults in integrated settings, and 3) older adults and their families to provide information and skills to improve coordination of their care. If anyone is interested in helping to develop these fact sheets, or in spreading the word about this initiative, please let me know.

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For more information about how I set up discussions in my syllabus, see http://teachpsych.org/otrp/syllabi/syllabi.php?category=Capstone, the web site Ruth Ault mentioned in the Summer 2007 Teaching Tips column. As much as I enjoy sharing my teaching ideas, I’d love to hear some of your ideas—please contact me with possible Teaching Tips columns (roughly 1,000 words) at krmulthaup@davidson.edu.

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Website and Listserv News
Michael Marsiske and Lise Abrams

(1) The method of joining the listserv and posting news has changed as well as our webmaster.
http://apadiv20.phhp.ufl.edu/psyaging-L_instructions.htm#How_do_I_join_the_listserv
http://apadiv20.phhp.ufl.edu/psyaging-L_instructions.htm#How_do_I_send_a_post_to_the_listserv

(2) From the education directorate, two important resources have been added:
— Rosemary Blieszner has added diversity resources, including aging, for the teaching of Psychology http://apadiv20.phhp.ufl.edu/diversity.htm
— Kristi Multhaup has compiled all Division 20 teaching tips since we started archiving the newsletter: http://apadiv20.phhp.ufl.edu/teachtips.htm

(3) In general, the D20 website has the latest headlines from the Division listserv and APA (updated continuously), and, for a limited time, has a slide show of the Executive Committee members. http://apadiv20.phhp.ufl.edu/

Thinking Ahead!

Upcoming APA Convention Dates and Locations

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<tr>
<th>Year</th>
<th>Location</th>
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<tr>
<td>2008</td>
<td>Boston, Massachusetts</td>
<td>August 14-17</td>
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<tr>
<td>2009</td>
<td>Toronto, Ontario Canada</td>
<td>August 6-9</td>
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<tr>
<td>2010</td>
<td>San Diego, California</td>
<td>August 12-15</td>
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<tr>
<td>2011</td>
<td>Washington, DC</td>
<td>August 4-7</td>
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<tr>
<td>2012</td>
<td>Chicago, Illinois</td>
<td>August 2-5</td>
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The deadline for nominating Initial Fellows has passed but please consider nominating current fellows in other divisions (including yourself, if applicable!) for Fellowship status in Division 20. The deadline for these nominations is May 15, and all that is required is a CV of the nominee. The Initial Fellow application process is a rather lengthy one, and if you would like to nominate yourself or a colleague next year, it is not too early to start thinking about it now. The APA website (http://www.apa.org/membership/fellows.html) contains details on the process. 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. Next year, the deadline for submission of Initial Fellows will be NOVEMBER 15. All evaluation materials (including recommendations) will be due by that date. We usually receive the forms in August but if you would like to see this year’s as a guide, just let me know and I will send them to you. If you have any other questions about the fellows process, please contact me at swhitbo@psych.umass.edu.