President’s Message

Bridging Aging Communities

Lots of exciting things are going on in Division 20 this year, and I’m very grateful to the community for electing me as president, and to the Executive Committee for their support. It’s always rather fun to serve on the Executive Committee — there’s a lot of camaraderie, hard work, and laughter. Speaking of laughter, Cameron’s presidential address on treating Alzheimer’s patients with dignity and using Montessori-based techniques to tap into their intact procedural memory systems was inspiring and also displayed his vast reservoir of humor. I have no idea how I will top Dr. C. Cameronkow-sky, the 1,000 year old psychologist who gave us his secrets for cognitive and physical health in very late life at the joint Div. 20/ Div. 12-II social hour. Suggestions welcome!

This year’s theme is “Bridging Aging Communities.” Monisha Pasupathi and Benjamin Mast will be the program co-chairs. (Many thanks to Lynn Snow and Paula Hartman-Stein for pulling together a great program this past summer!) APA has another initiative to encourage cross-divisional programs, which means that we may lose some divisional programming time but may gain access to more hours if we strategically partner with other divisions. So please do keep this in mind for your submissions this December.

One of the communities that we plan to reach out to are the early career psychologists, or ECPs in APA lingo. Adam Davey agreed to take over chairing of the Early Career Taskforce from Peter Lichtenburg’s capable hands. Lewina Lee, the post-doc representative, will be assisting in this endeavor. One way of reaching out to this community is a major initiative to switch management of our website to APA. We will, of course, still control the content of our pages, but we will have access to better technology, including APA’s version of members-only facebook, chat rooms, blogs, etc. This will be done under the able leadership of Michael Marsiske, who has managed the website so capably for the past several years. A number of folks will be assisting him, including Pat Parmelee (President Elect), Ron Spiro, and Denis Gerstorf. We’re hoping to make this transition early next year, so, stay tuned! If there’s something particular you would like to see, please drop us a line and let us know. This website will be a major benefit for Division 20 members.

A second initiative is APA’s Inter-Organizational Work Group on Competencies for Psychological Practice in Primary Care. Suzanne Bennett-Johnson, APA President Elect, has asked that Division 20 participate in this important initiative. We are in the process of nominating 1-2 folks to serve on this committee. Our division has also committed funds in support of the development of American Board of Professional Psychology (ABPP) criteria for...
President's Message, continued from p. 1

geropsychology for credentialing.

The third initiative is to continue to work on webinars as a resource for our community, as well as a source of income for the Division. Thanks to Joe Gaugler and Peter Lichtenberg for their successful work last year! Possible topics for this year include non-psychotropic treatment of Alzheimer’s Disease (AD), criteria for AD, and grant writing for aging research. Of course, if the ABPP initiative is successful, we will also be developing webinars to help our members prepare for those exams. We anticipate that Joe, Cameron, Adam, Rebecca Allen, and Jeffrey Proulx (our grad rep) will be involved in these efforts.

Fourth, we also want to reach out to the many diverse groups within the aging community. David Chiriboga, with Jeff’s assistance, has kindly agreed to spearhead this project. These groups may be both within and outside of the APA umbrella; the goal is to get better participation from more diverse communities within Division 20 both on the program and in various projects.

Finally, I would like to thank Cameron, Keith Whitfield, and Joe for their work in keeping Division 20 vibrant and healthy. We have a good balance in our coffers, and for the first time in many years, we’ve actually seen an increase in membership – of only 2 members, but it reverses a multiple year trend of declining membership that all of APA has experienced. Great job, Joe! Also, Cindy Berg has done a marvelous job as secretary for the Division for the past three years, and is happily handing over the position to Lisa Miller. Lisa actually took my former position at UC Davis, so I’m really looking forward to working with her.

Speaking of membership, this fall you will be receiving your apportionment ballot for next year. We’re very fortunate in having two council representatives, Sue Whitbourne and K. Warner Schaie, who have taken very important leadership roles in APA; Sue is chair-elect of the Women’s Caucus, and Warner is chair of the Science Caucus. Having two representatives allows our Division to better promote aging issues at APA, but we are at risk of losing one rep. As the number of reps is completely dependent on membership numbers, it is absolutely crucial that you contribute as many of your ten votes to Division 20 as possible. While we recognize and applaud the fact that many in our community belong to multiple divisions, THIS YEAR, GIVE A LITTLE MORE TO DIVISION 20!!

Looking forward to working with everyone!

Carolyn Aldwin
President, Division 20

Editor’s Note

In the Summer 2011 issue of this newsletter, Dr. Camp’s presidential column attributed humorous remarks made during a Cognitive Aging Conference, held over 17 years ago, to Dr. Gus Craik. We thank Dr. Raymond Shaw of Merrimack College for emailing us to set the record straight and claim those comments as his own. In response, Dr. Craik subsequently wrote to us to add this comment: “Ahhh --- glad THAT’s straightened out; I could not quite believe the ‘joke’ was mine; thanks for owning up, Ray!”
Telemental Health

David A. Chiriboga, PhD
&
Yuri Jang, PhD

Telemental Health

Over the years, most attention has focused on medical applications of telehealth technologies. The standard medical approach involves a remote and proximal site, with a patient and a trained assistant (often a nurse or physician’s assistant) at one end and a medical consultant at the other. While the use of a professionally-trained assistant is an invaluable resource for physical examination, the assistant becomes more of a coordinator and trouble-shooter during the conduct of a telemental health session. The value of such assistants can be seen at times when the transmission lines are dropped, or if a client needs immediate assistance. Imagine for example just getting to a point where a client finally begins to discuss thoughts of suicide or homicide, or abuse of an elderly parent, and the transmission signal fails!

Use with older clients is also an area that has received minimal attention, but such clients appear to readily accept the telehealth experience (e.g., Chiriboga, Ottenbacher & Rahr, 1998). Most sessions are conducted from point to point (e.g., two sites). Multi-point (three or more sites) transmissions may occur during consultations. For example, a psychiatrist or social worker or the primary care doctor might be brought in to actively participate along with the psychologist and client. While the majority is live, interactive transmissions may be stored and forwarded at a later date. The “store-forward” option may be particularly useful in training, or in patient review. Naturally, client consent is required.

Legal and Reimbursement Barriers

Two major barriers have been encountered with regards to full utilization of telehealth technologies. The legal issues generally involve (1) variations in state requirements for licensing, (2) use of personal health information (PHI), and (3) liability. Not only do different states have different licensing requirements, for example, but within a state, licensing boards for different professions may have different standards for cross-state service provision. Other concerns involve facility certification, professional liability, fraud, and privacy (e.g., Busy & Michael, 2008; Center for Telemedicine Law, 2003; HRSA, 2010). The privacy issue is linked to the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as well as the newer and the more stringent Health Information Technology for Economic and Clinical Health Act (HITECH), a component of the American Recovery and Reinvestment Act of 2009 (ARRA). HIPAA and HITECH requirements can be met with encryption at both ends of the transmission, but storage of information of course should also be secure.

Reimbursement issues may be the most difficult hurdle. There is wide variation in the reimbursement policies of health insurers, at both the private and public levels. Many private payers, and Medicare, reimburse for at some Telemental health services, although reimbursement is usually limited to rural settings, and there are other restrictions concerning payments. For example, the site at which the client is seen may be limited to a medical office or clinic. The good news is that actual reimbursement levels are nearly always at the same rate as a face to face session, and additional money is provided for costs associated with the remote, client site.

Medicaid reimbursement policies and procedures related to telemedicine are of concern because they vary by state. Not all states, indeed, have opted to allow reimbursement. In a report prepared for HRSA, the Center for Telemedicine Law (2003) noted that 27 states had some form of reimbursement through Medicaid. It is reported that currently 35 states have some coverage, with 12 having mandated reimbursement by all insurance plans for telemedicine (American Telemedicine Association, 2011). Five states are reported to reimburse services provided by telemedicine with no restriction other than that the same service would be reimbursed if provided in-person. As one example,
Continued from p. 3

California has a statewide Medicaid and SCHIP telemedicine network that includes 65 sites (Morrow, 2008).

As noted, most programs are targeted on the provision of services to rural areas, but an area with potential for research and demonstration projects involves applications that broaden the use of telemedicine. One growth area may be the provision of culturally sensitive services to linguistically-isolated populations that often lack access to health services (e.g., Youngblade, 2005). In Florida, for example, the authors found that older Korean immigrants have significantly higher rates of depressive symptomatology than other minority groups, or non-Hispanic Whites, but lack access to mental health providers fluent in their native language. A demonstration project is currently underway that provides a telemental health link with Korean counselors in New York City. Applications to nursing homes have also shown promise, and the American Telemedicine Association (personal communication, May 3, 2011) in December 2010 submitted a proposal to the Centers for Medicare and Medicaid Services (CMS) that included the suggestion that funding be provided for telemedicine services to metropolitan areas and to home health care settings.

New Opportunities

The recently-passed Affordable Care Act (ACA) places an emphasis on the use of new and cost effective strategies for treatment. For example, with respect to Accountable Care Organizations (ACO), it is stated:

An ACO will be innovative in the service of the three-part aim of better care for individuals, better health for populations, and lower growth in expenditures. It will draw upon the best, most advanced models of care, using modern technologies, including telehealth and electronic health records, and other tools to continually reinvent care in the modern age.

— CMS Notice of Proposed Rulemaking, 76 FR 19533 (April 7, 2011)

Responding to this emphasis, the Centers for Medicare and Medicaid Services (CMS) has created a new Center for Medicare and Medicaid Innovation (http://innovations.cms.gov/). One of the strategies being considered by the new center in order to provide a cost-effective provision of services is the use of telemedicine. In the future, this focus may lead to funding opportunities for mental health researchers and providers. Other funding opportunities may be found with the Agency for Healthcare Research and Quality, as well as NIMH.

References


David A. Chiriboga, Ph.D., is a Professor in the Department of Child and Family Studies at the University of South Florida, and Member-at-Large, Division 20. His research interests include epidemiologic perspectives on health and access to health care, detection and interventions for depression in racial/ethnic groups, and use of telehealth technologies in health care. He currently leads grants to assess national policies and procedures related to telemental health, and transitions into continuing care retirement communities; he also works closely with Dr. Jang on her telecounseling project.

Yuri Jang, PhD, is an Associate Professor in the School of Aging Studies at the University of South Florida. Her areas of interest include positive adaptation in aging, health disparities, and minority health and service utilization. She is currently conducting a project on telecounseling for linguistically isolated older adults with funding from the Agency for Healthcare Research and Quality. She received the 2010 Emerging Professional Award presented by the APA Division 45 - Society for the Psychological Study of Ethnic Minority Issues.
APA Council of Representatives Report  
Submitted by Susan Krauss Whitbourne and K. Warner Schaie

At the two APA Council of Representatives sessions held on August 3 and 5, 2011, several decisions were made that may have an impact on Division 20 members, though no agenda items specifically dealt with aging issues.

The good news is that the APA budget is healthy. We were able to approve $2.1 million to fund seven initiatives designed to support and advance APA’s three strategic goals: maximizing organizational effectiveness, expanding psychology’s role in advancing health and increasing the recognition of psychology as a science. These goals follow from the strategic plan, the first ever in APA history.

Another major item concerns Convention Programming. Carol Goodheart chaired a Convention Task Force which is proposing several notable changes to the way the convention is organized. Although Divisions will “lose” program hours, in a sense, we actually will be gaining because Program Chairs will be able to collaborate with related divisions of our choice, not as in the previous Cluster plan, which everyone recognizes was a disaster. For example, Division 20 can partner with divisions of our own choosing to develop sessions that will both enhance attendance and provide opportunities for innovative programming. Although 2011 Convention attendance was at a record high for D.C., many people feel that the system is “broken,” and needs fixing. One high point of the proposal is the idea of providing greater exposure for poster presenters by moving poster sessions to more pleasant venues and giving them more of a “social hour” feel. We will continue to monitor these plans as they move forward to ensure that Division 20 is able to benefit from the new programming initiatives.

In other action that is expected to have a long-term impact on the public’s understanding of psychology, the council adopted a process to ensure the “scientific merit” of all APA motions, resolutions and reports. This means that all actions approved by Council need to demonstrate a scientific base.

Another action relevant to our division was approval of the new National Standards for High School Psychology Curricula replace the previous standards produced in 2005. The 2011 standards include seven learning domains: scientific inquiry, biopsychology, development and learning, sociocultural context, cognition, individual variations and applications of psychological science. In addition, the number of standards areas within the document was increased from 15 to 20 and student performance indicators are no longer included in the curricula standards. Newly developed student performance indicators will be provided on-line to allow for a continually evolving assessment resource. The national standards and the performance indicators are available at the revision will be posted online soon at www.apa.org/education/k12/national-standards.aspx. Parenthetically, Sue Whitbourne served on the advisory panel that developed the guidelines for life-span development and has now developed the high school curriculum to go with specific lesson plans for high school teachers.

In other action, the council: approved Guidelines for Forensic Psychology. These guidelines advise psychologists, those specializing in forensic work and others, on their roles and responsibilities when testifying in court or sharing psychological expertise before judicial, legislative and administrative bodies. The guidelines be posted online soon at http://www.apa.org/practice/guidelines/index.aspx

We also voted to change the eligibility requirements for the life status category of membership. Such a change will require amendments to the Association Bylaws and will therefore be put to a vote of the membership this fall.

With regard to the budget, Council reviewed the 2011 budget and a forecast for 2012. APA staff estimate that 2011 will end with an operating margin of approximately $2.8 million on an overall budget of approximately $112 million. For 2012, staff are anticipating no revenue growth and therefore budget controls to ensure a balanced or better-than-balanced budget.

As you probably know, Council organizes itself into “caucuses” which are groups of people with related interests. Warner will be taking over as President of the Council of Academic Scientific and Applied Research and Sue was elected to the Chair-Elect position of the Women’s Caucus.

We would like to end by reminding you that we need your vote when the council reapportionment ballot arrives this fall. You will be receiving letters and emails asking for you to give us either all 10 of your votes, or at least 2 more than you did last year. If we are to keep the Division representation at 2 seats, every single vote will count.

Also, both of us strongly encourage you to vote in the Presidential election. This is the one time you can cast a
Council of Representatives, continued from p. 5

vote for an association-wide position. We support the division’s decision to endorse Douglas Haldeman. He was recently made a Fellow of the division and has made aging a clear priority; we are confident he will act on his pledge to commit a significant share of his presidential year to help advance the cause of “aging issues.”

### Division 20 Awards Committee Report
Submitted by Lisa McGuire & Cory Bolkan (Co-Chairs)

#### Thank you to everyone who volunteered to review for the Student Awards:

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Division 20 was honored to announce the following awards at the Division 20 Business Meeting at APA:

**M. Powell Lawton Distinguished Contribution Award for Applied Gerontology**
Joseph E. Gaugler, Ph.D., University of Minnesota

**John Santos Distinguished Program Development In Clinical Gerontology Award**
Peter A. Lichtenberg, Ph.D., Wayne State University

**Baltes Distinguished Research Achievement Award**
Christopher Hertzog, Ph.D., Georgia Institute of Technology

**Springer Early Career Achievement Award in Research on Adult Development and Aging**
Alan D. Castel, Ph.D., UCLA

**APA Division 20 Mentorship Award in Aging**
Susan Bluck, Ph.D., University of Florida

**Walter G. McMillen Memorial Award for Parkinson’s Disease Research**
Justin Centi, M.A., Doctoral candidate, Boston University (Mentor: Alice Cronin-Golomb, Ph.D.)

**Division 20 Completed Research at the Post-doctoral Level**
Jill Shelton, Ph.D., Washington University (Mentor: Mark McDaniel, Ph.D.)

**Division 20 Completed Research at the Graduate Level**
Michael Scullin, Doctoral candidate, Washington University (Mentor: Mark McDaniel, Ph.D.)

**Division 20 Completed Research at the Undergraduate Level**
Nadia Brashier, B.S. in progress, Davidson College (Mentor: Kristi Multhaup, Ph.D.)

**Division 20 Dissertation Award**
Christine Gould, M.S., Doctoral candidate, VA Palo Alto Healthcare System; West Virginia University (Mentor: Barry Edelstein, Ph.D.)
Washington, D.C. – Paula E. Hartman-Stein, Ph.D., took on a unique assignment at the 2011 APA convention – interviewing Dr. Cameronsky, a 1,000-year-old psychologist who had time-traveled back from 3011 to share his knowledge of things to come.

The interview was witnessed – and much enjoyed – by members of Division 20, Adult Development and Aging, and Division 12, Section 2, the Clinical Society of Geropsychology, attending a joint social hour at the Old Ebbitt Grill, a historic dining spot and watering hole a few blocks from the White House.

Dr. C. made himself comfortable with a libation and explained what the future is: “It’s what you don’t know and what I’ve already forgotten.”

Asked if he had a regimen that helped him live so long, Dr. C. said he bathes every day in Purell, avoids exercise and meditates an hour a day.

“I practice the Truman Capote approach to exercise. He said whenever he felt the urge to exercise he would lie down until it passed.”

“What do you meditate about?” Hartman-Stein asked.

“Sex.”

“Well, about sex, how many wives have you had?”

“I forget. I haven’t had my Aricept today.”

Concerning forgetfulness, Hartman-Stein said there was a lot of discussion at the convention about Alzheimer’s disease and the amyloid hypothesis. “Do you have anything to tell us about that?”

“Last week I lost a dear friend – Sigmund McAnees-hyphen-Smith … He was the last person to maintain that amyloid was the cause of Alzheimer’s. He was brilliant. He developed a vaccine that totally eliminated all amyloid from his brain – no side-effects, no toxicity.”

“What did he die of?”

Alzheimer’s disease – he was brilliant but he wasn’t right.”

“Are you involved in any research?”

“I was a participant in a study for the 234th extension of a patent for a particular treatment for dementia you have today. This involved a 54,247.23 mg dose – it’s also used to treat ingrown toenails, but that’s off-label.”

Dr. C. said the challenge was finding a dosage not divisible by any previous dosage, which is why the once-in-a-lifetime dose was so large.

(Several members of the audience laughed, knowing that Aricept, which formerly came in 5 mg and 10 mg tablets, was recently granted a patent extension for a 23 mg dosage.)

Dr. C. said the large once-in-a-lifetime dosage has only two known side-effects – death by strangulation and double hernias.

He said when he gets back to his own time he expects to be elected APA president. It will be his 200th campaign, but he expects to succeed this time because he has finally joined all 365 APA divisions. He said his major platform plank is to engineer the merger of APA and the APS into a new organization, the Confederation of Researchers and Practicing Psychologists of America.

“My campaign slogan is: Vote for me and every psychologist in America will go into the CRAPPA.”

Note: When not performing skits, Hartman-Stein is a consultant in Kent, Ohio, and can be reached through her website www.centerforhealthyaging.com. “Dr. C.” is Cameron J. Camp, Ph.D., director of research at the Center for Applied Research in Dementia in Solon, Ohio.

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Continuing Education Report
Submitted by Shevaun Neupert

Anyone with suggestions for CE workshop topics for the APA Convention in 2012 is encouraged to send them to Shevaun Neupert (shevaun_neupert@ncsu.edu) or Julie Wetherell (jwetherell@ucsd.edu).
Division 20 President Carolyn Aldwin posed the following questions to all APA presidential candidates. Candidate responses are reprinted below. Dr. Reisner 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?

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

Questions 1-2: 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 20 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’ perspective. 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.”

Given not only the aging population of APA but of the population in general, I and my fellow members of APA should be paying significantly more attention to the physical and psychological problems faced by older adults and I appreciate being sensitized to the issue. One way or the other there will be a transformational change in health care policy and delivery and if psychologists are to be important participants in this change, we must become more knowledgeable about those problems. As one of the Guidelines (referenced above) state, “Psychologists strive to gain knowledge about theory and research in aging.” But, even beyond that, we must be cognizant of evidence-based practices that are effective for this population. As we should be, APA has been a vocal supporter for diversity regarding race, ethnicity, gender, and sexual identity. But we tend to give only lip service to aging. There are very few classes in our professional training programs that focus on older adults.

Question 3: Given my concerns above, 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 and evidence-based interventions with this population; (2) encourage the Science Directorate to urge scholars to investigate the psychological consequence of e.g., mandatory retirement; and (3) encourage APA to create an award for professional and scientific contributions to the psychology of older adults, to be 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 lawyer and psychologist (I was APA’s first general counsel), I am trained to not only advocate on behalf of APA but to do so persuasively.

**James H. Bray, Ph.D.**

Response to Question #1
I have been involved with Division 20 in several ways, although I am not a member. First, I included Division 20 members in my Future of Psychology Practice Task Force and Summit. As there is an increase in the number of elderly Americans, adult development and aging are growth areas for both practice and science. Second, I was a member of Norm Abeles presidential initiative task force on adult aging. As chair of the Rural Health Task Force and Committee, I worked with Norm to ensure that adult aging issues were addressed for rural Americans. I participated in a presentation at the APA convention on family issues in adult aging. Third, I worked with members...
Douglas Haldeman, Ph.D.

Response to Question 1
I am a Fellow of Division 20, and have yet to become active in its governance structure. I was grateful to receive the Division’s endorsement for President at Convention in August.

Response to Question 2
With respect to aging, my work has primarily focused on the development of ethical and competent treatment models of elders belonging to marginalized groups. I co-authored the Guidelines for Psychotherapy with LGB Clients and served as the APA Board of Directors’ liaison for the work group implementing the Multicultural Guidelines. Both documents include aging as an important focus for research and practice. For example, in the LGB Guidelines, I authored a practice guideline recommending considerations for older LGB adults. These included issues of access to health care, safety in health care settings, legal protections for older people in same-sex relationships, and issues of social isolation and family connection.

Response to Question 3
I have proposed three initiatives for my presidency, all of which involve aging and adult development, and all of which will include experts in aging as part of the respective work groups. The first, The Evolving Family, will focus on the latest research relative to aging in family systems, particularly “alternative” (same-sex parented, blended/combined, Bray, continued

of Division 20 on the APA Primary Care Task Force to insure that we addressed the needs of aging adults. Our primary contact was William Haley. Dr. Haley, myself, and others published a paper on working in primary care and we co-presented several workshops at APA conventions on primary care and geriatric issues. As president, I will continue to support these issues and welcome this Division’s advice.

Response to Question #2
One of my long-time scholarly interests is in life-span development and research on the individuation process from adolescence through adulthood. We developed a family measure of adult individuation (Personal Authority in the Family System Questionnaire, Bray, Williamson, & Malone, 1984) and continue research in this area. Working in primary health care, I take a generalist and life-span perspective in my work with people from birth through death. I teach family physicians and psychology students about adult development and aging issues and consult with them in their inpatient and outpatient practices. I have a special interest in the homeless and underserved populations and how this impacts the elderly. With the graying of Americans, these issues will increase in importance, and APA needs to be in the forefront in developing policies and services for our aging citizens.

Response to Question #3
Yes, aging is a part of my platform. Science Issues. It is time to expand funding for psychological science and research on aging as the percentage of our population lives longer. Over 50% of health problems are caused by psychosocial and life-style factors, yet less than 11% of the National Institutes of Health budget is spent on research in these areas. The NIH budget has been doubled over the past several years. It is a critical time to increase the percentage of the NIH budget for psychological science and research on aging.

Practice Issues. It is time to expand psychological practice in primary health care settings and enhance our prevention services and interventions. Research indicates that over 50% of major health problems (diabetes, heart disease, obesity) are due to psychosocial and lifestyle problems, yet these issues are not effectively addressed by the medical profession. Most of these problems have their greatest impact on the elderly. Psychologists can provide solutions to effectively prevent and treat the major health problems of our nation.

Douglas Haldeman, Ph.D.

Continued on p. 10
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**Haldeman, continued**

families of choice, etc.) family structures. The “Body/Mind” Connection will consider the latest research from exercise physiology as well as brain science in its recommendations for optimally healthy aging. It will also take up the matter of integrative health care and health homes from the standpoint of health care over the lifespan. Finally, “Trauma in Everyday Life” will apply the most current trauma research to everyday life events that evoke a traumatic response: bullying, workplace stress, and develop a focus specifically for older adults (invisibility, negotiating health care systems, isolation).

**Robert McGrath, Ph.D.**

I am combining my responses in one statement. Aging has not been an area of study for me, and I am not involved with Division 20. So why should its members vote for me? I would offer two answers to that question.

First, based on my belief that we should contribute to the future of the profession, I am very involved in the movements to integrate psychologists into primary care and achieve prescriptive authority. I co-chair Division 38’s Integrated Primary Care Committee, am a member of the Board of Educational Affairs’ Primary Care Training Task Force and APA’s Designation Committee for Psychopharmacology Programs, and serve as a Council Representative for Division 55. One reason I consider integration into primary care setting desirable is that it will allow us to improve services for a variety of populations with which psychologists have been underrepresented. One of those populations will be the elderly. For example, I envision a time when psychologists regularly conduct cognitive screens for primary care providers to identify patients who may not be able to maintain a treatment regimen or make health choices. One reason I believe psychologists should prescribe is that I think we will prescribe less. I have spoken about the overuse of medications and polypharmacy in the elderly as an example of a context in which we could do better. It is my hope that psychologists can be trained to be conservative and empirically based users of medications. Both of these initiatives are meant to enhance services for the elderly as well as for many others.

Second, I have been extensively involved in advocacy in recent years, and it is my goal to help each constituency within APA to achieve meaningful progress on whatever they consider their high-priority issues. That will involve identifying strategies for achieving real change, offering consultation from APA staff and APA members with expertise in relevant skills (website development, fund-raising, lobbying, etc.), brokering collaborations with other organizations that share the identified goal, and continuing to monitor the progress of the group towards the goal.

In the case of Division 20, I see several possible goals for such a work group:

1. Educating organizations that get to set healthcare policy (e.g., reimbursers) on desirable and undesirable practices in assessment of seniors such as the use of instruments inappropriate to the population.

2. Supporting workforce analysis appropriate to the needs of the aging population. This would include providing input to the IOM’s Mental Health Workforce for Geriatric Populations.

3. Developing a regular conduit by which essential information about aging is distributed to federal and state legislators.

These are just examples; again, I would like the division to identify the key issues to be considered for immediate action. A great deal has been accomplished in recent years to raise awareness of the needs of the aging population, including the identification of clinical competencies in geropsychology and the shaping of recommendations from the 2005 White House Conference on Aging. Though many groups share credit for this success, Division 20 and its members have played an important role in the process. I look forward to the opportunity to help the division and its members shape and achieve their goals for the near future.
Teaching Tips

Tips for Students to Successfully Facilitate Activities with Dependent Older Adults
Ila Schepisi, MTS, CTRS-Specialization in Geriatrics
Activity Director, Adult Day Services, Virginia Tech

Students have often told me that volunteering their time at a nursing home or adult day center is fulfilling, but also offered them a crash-course in adult development, aging and health. I have worked at Virginia Tech Adult Day Services as the Activity Director for the past nine years. One of my responsibilities here is to provide a teaching site for students to experience community-based care for older adults and, in particular, teach students ways to interact and facilitate activities for dependent older adults.

Because these students come from various fields and have not necessarily taken a class on Adult Development and Aging, during our orientation I talk to them about programming differences: recreation, diversion, and therapeutic activity. Most students assume that the activities in long term care are provided for the purpose of play, amusement, or relaxation. Some students believe that the activities are to keep the older adults busy while they are at the center. During this discussion, I share with them copies of activity protocols that highlight possible therapeutic objectives. I explain to them that the activities we do at VT Adult Day Services make meaningful and constructive use of leisure or recreation to enhance the older adults' quality of life and help improve and/or maintain their overall health and functional status. Stimulating activities can help slow decline in health caused by inactivity, apathy, and/or boredom to motivate for continued active engagement in life. Therapeutic activity can help them bring out and maintain their spunk!

Over the years, I have compiled some general tips for successful activity facilitation. I provide this list to the students who come to work at the center. These tips could be provided to students who might want to volunteer their time at such a center, a rehab facility, or a nursing home, too.

1. An activity begins with an invitation and continues until someone concludes it (and then cleans up/put away all materials).

2. Get to know the older adults you are working with, their likes and dislikes, their needs, get them talking about themselves. They love to share!

3. Be prepared: Set the activity up as much as possible before inviting the participants over.

4. Approach the older adult with a smile, while saying their name. Then say something like, “We are getting ready to do a craft. Will you come over and join us?” You don’t need to give too much information at the invite.

5. Be sure to get everyone’s attention before giving instructions. For instance, “Can everyone hear me if I stand right here?”

6. All group activities should be introduced to the group before directions are given. “Today we are going to…” “Welcome to Travel Club”, etc.

7. Always give directions. It is best to give one step directions.

8. Have an example prepared for all craft activities on hand.

9. As much as possible, create an atmosphere and environment that complements the activity. Rearrange the tables, choose background music, and strategically seat participants for optimal understanding, vision, and hearing.

10. Set the participants up for success: Provide resources needed for participants to be successful. But don’t make things too easy, either. It’s okay to provide an achievable challenge.

11. Provide genuine praise and encouragement throughout the activity.

12. Be patient. Allow participants the time needed to understand and follow directions.

13. Provide cues and repeat directions as needed.

14. Reduce distractions as much as possible.

15. Remember our participants at the adult day center pick up on and reflect our moods and emotions very easily.

16. Be sure that all activities are age appropriate and interesting to the participants.

17. Finally, remember, you are working with people who have likes and dislikes. Respect their personal interests, strengths, and needs in the planning and facilitation of activities.

Activity facilitation does not come naturally to most people. It is important as a supervisor of students and volunteers to not only provide an orientation and a page of tips but to also model the use of these tips. Professional practice would be to engage the student in a discussion following their observation. I begin by encouraging the students(s) to verbally reflect on the activity, followed by asking them to point out facilitation strategies they saw me use. Finally, I point out others that they

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Student News
Submitted by Jeff Proulx & Lewina Lee

Jeff Proulx (Grad Rep)
I am a Native American scholar and doctoral student in Human Development & Family Sciences in the School of Social and Behavioral Health Sciences at Oregon State University. I am a National Academies Ford Fellow and a National Science Foundation IGERT associate. At Oregon State, I work closely with Drs. Carolyn Aldwin, Karen Hooker, and Sarina Rodrigues. As an undergraduate, I studied psychology at Southern Oregon University while simultaneously working as a geriatric and hospice caregiver in my community. In line with my undergraduate experience, my research interests focus on bridging the strengths of the academy and clinicians. My current research on the effect of personality and coping on long-term stress response is funded by the National Institute on Aging. I intend to build on my current research and work with Dr. Turner Goins to study long-term stress in Native American elder communities.

As graduate representative, I will focus on reaching out to graduate students and highlight the value of an enduring relationship with Division 20. Part of that effort includes the development of grant proposal writing webinars and tutorials for future ABPP for Professional Geropsychology exams.

Lewina Lee (Post-doc Rep)
I am an incoming Research Fellow in the Department of Epidemiology at the Boston University School of Public Health under the mentorship of Dr. Ron Spiro. Prior to this position, I completed my Ph.D. Studies in the Clinical-Aging track of the Department of Psychology at the University of Southern California, where I worked under the guidance of Drs. Carol Prescott, Margaret Gatz, Jack McArdle, and Bob Knight. I also completed a clinical internship with a Geropsychology emphasis in the VA Palo Alto Health Care System. My research interests are centered on identifying longitudinal processes that contribute to the development and/or maintenance of anxiety and related conditions in later life. For my dissertation, I received a National Research Service Award from the National Institute on Aging to study the trajectory of anxiety symptoms from middle age to late adulthood, as well as the contribution of stressful life events and physical illness to anxiety trajectories in the Swedish Adoption/Twin Study of Aging. I also have clinical and research interests on issues pertaining to the assessment and treatment of anxiety and related disorders, and the interface between psychopathology and cognitive functioning in older adults.

As a postdoctoral representative, I will work with Jeff Proulx to assist Carolyn Aldwin on the Division’s initiative to reach out to early career psychologists (ECPs). Given my background in Clinical Psychology, I hope to foster closer ties between ECPs in Divisions 20 and 12-2 (Society of Clinical Geropsychology) so that we can pool resources and learn from each others’ expertise. I will assist with the Executive Committee’s efforts on developing resources, such as webinars, for division members and the Geropsychology community. Looking forward to a productive year ahead!

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missed. Successful facilitation does not stop here. Supervisors of students and volunteers should take the time to observe the facilitation and offer constructive feedback periodically throughout their experience as a facilitator. Frequently, students tell me how much they appreciate the time spent training them. All too often, this statement is followed by, “When I volunteered at XYZ nursing home, the first day they handed me a schedule, pointed to the supply closet and said you are leading bingo in 20 minutes.” This is with no training or little explanation.

As the field of long term care continues to grow, we (as the professionals) owe it to the older adults and these students to teach and show them the details as well as follow up so that the quality of long term care services develops and continues to be what we all want it to be when we need to use it. These students could very well be the administrators of the services we will need to use. They will only be as good as the people who trained them!

Sources
Fellows Report
Submitted by John C. Cavanaugh, Chair

Division 20 had a wonderfully successful year on the Fellowship front. At the convention, the Council of Representatives approved four of our members as Initial Fellows. They are:

- Jamila Bookwala, Lafayette College
- Lisa M. Brown, University of South Florida
- Adam Davey, Temple University
- Gregory C. Smith, Kent State University

These outstanding members once again provide evidence that Division 20 nurtures a wide range of professionals. Most important, they show that Fellow status can be achieved from a variety of backgrounds and career choices.

Additionally, we have three new Fellows who were already Fellows in APA, but who are now also Fellows in Division 20. They are:

- Patricia Parmelee, University of Alabama
- Sheung-Tak Cheng, Hong Kong Institute of Education
- Doug Haldeman, Independent Practice, Seattle

We welcome our new Fellows and appreciate their strong commitment to adult development and aging.

I thank all of the Division 20 Fellows who served as nominees and who served as references for our candidates. The time spent in providing supportive and detailed endorsements makes a major difference in ensuring that our candidates receive the recognition they deserve.

Looking ahead, here is the process for being considered for Fellow status.

Division 20 welcomes self- and other nominations for Fellow status in APA and the Division. There are two processes: (1) if you are currently not a Fellow in any APA Division, you would be applying for initial Fellow status; or (2) if you are already a Fellow in another APA Division, and you are a member of Division 20, you can request consideration for Fellow status as well in Division 20. The process for each is described briefly below.

Individuals interested in nominating colleagues for Fellow status can consult a list of those who currently hold Fellow status in Division 20 by visiting the Division 20 website (http://apadiv20.phhp.ufl.edu/) and clicking the “List of Div. 20 Fellows” option under the “Directories/Contact” tab.

The APA requirements for Division 20 members to be nominated to Initial Fellow status are available on the APA website (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” (an APA requirement as stated on the website). Also, although not mandatory, evidence of involvement in APA in general and Division 20 in particular is very helpful and greatly strengthens the application. Recommenders must also fill out two forms: one is called a “Worksheet” and contains a rating scale; the second form (the “Fellow Status Evaluation Form”) includes the actual letter of recommendation. Nominees are expected to send both of these forms to their recommenders (unless someone else is handling the entire nomination process). All of the materials for Initial Fellow applications must be submitted to John Cavanaugh no later than December 1, 2011.

The application process for individuals who are already Fellows of an APA Division is far simpler, requiring only a current CV and brief cover letter sent directly to John Cavanaugh. The deadline for submitting materials for Current Fellows is May 1, 2012.

Please contact John Cavanaugh (jcavanaugh@passhe.edu) if you have any questions.
I. Committee Reports

A. Fellows (John Cavanaugh). John reported that we have four new fellows to APA and two shared fellows (new to Division 20 but had Fellow status in another division). Call is going out around Labor Day for new nominations, with a Dec 1st deadline. This is still a paper process but the hope is that it will transition to an electronic application in the future.

B. Treasurer (Keith Whitfield). Keith reported that the overall financial condition of the division continues to be sound. Total assets are $71,217 as of end of June 2011. Membership dues (all sources) are up from beginning of January 2011. The projection for future years is positive growth or at least stability. Keith re-budgeted categories to be more in line with actual spending. Discussion surrounded cutting costs of printing and mailing by distributing the newsletter electronically; but also allowing individuals to maintain their paper option if they so choose.

C. Membership (written report submitted by Joe Gaugler). We are about 11 paying members short, as of June, of matching our totals of last year. If this occurs, it will be the first time since 1998 that we have not seen a decline in members. 32 members have joined as affiliates, suggesting our new membership options are working. Given the success of the Division 20 webinar this past April (which generated $620 in revenue for the Division), Joe is hoping to offer 1 or possibly 2 more of these events. He would also like to identify co-chairs to eventually take over as Membership chair if not in the coming year, then soon thereafter.

D. Early Career Task Force (Peter Lichtenberg). Peter asked Executive Committee (EC) to select a new early career task force chair to continue work in this area. A recommendation was made to have Members at Large incorporate these duties in their tasks. Adam Davey was nominated to take this on, and he graciously accepted.

II. Council Representatives (K.W. Schaie and Susan Whitbourne).

Council is continuing to work on several important projects. For example, the Good Governance Project is designed to improve function of APA governance and Guidelines for Forensic Psychology was also approved; this is useful for those who need to testify. Membership fees and structure were also discussed. There will likely be an increase in hours for cross-division programming but this will result in fewer programming hours for division-exclusive programs. Program Chairs need to be proactive in partnering with larger divisions (e.g., 12, 40, 17). Sue recommended, and the EC agreed, that Division 20 support Douglas Haldeman’s bid for APA President because of his strong support of aging issues.

Council representatives warned that Division 20 could lose its second seat at Council if membership drops further. Although the number of division affiliates is up from earlier years, this category of membership does not vote (and do not count toward APA’s calculation of convention hours). There was a discussion surrounding ways to increase membership including uncoupling the Psychology and Aging journal to reduce membership fees but we need to know the new fee if we did this. Incoming President, Carolyn Aldwin, and Treasurer, Keith Whitfield, agreed to conduct some research on the costs associated with various options. Discussion also included surrounded the possibility of journal emails with links to online articles. John Cavanaugh said he would look into how other journals do this.

III. APA Representatives

Randy Phelps – Practice Directorate. Largest concern at the moment surrounds the implementation of healthcare reform. Healthcare reform is expected to bring 32 million individuals into the system. What does this mean for Psychologists? Where does the money flow into system? Initially, it will come in through the existing system (Medicaid, Medicare, VA…) but there are different sets of laws for each state.

Diane Pedulla - Director of Federal Regulatory Affairs. Healthcare reform implementation date is 2014. Rules
are being made now. APA is going to be an active player in reviewing these.

Pat Kobor – Science Directorate. The Directorate is a liaison between APA and NIA; they follow plans on research; get psychologists on IOM panels; and act as a lobbyist for research funding. Pat is cautiously optimistic that NIH funding will remain steady. She asks that we write our congressional leaders when the Directorate puts out calls to voice our opinions. In response to Ron Spiro’s comment that “common rule” is up for revision and that comments are being solicited, Pat noted that APA is hoping for more time to review them. She also asked for input on problems envisioned.

Debbie DiGilio – CONA, Office on Aging. They are working on several projects, one of which is Dementia guidelines. NIA and APA are planning a webinar to disseminate guidelines (end of Sept is goal) and Alzheimer’s Association and APA are likely the source of speakers. Family Caregivers Resolution is another project; goal is for Council to adopt this and other resolutions (resolutions adopted by Council become policy). Dementia guidelines were adopted (and, per Cameron, would have died if not for Debbie’s hard work and expertise). Two new members needed for CONA.

IV. Website Development

Dana Wakefield from APA reported on a website hosting service that is now available, free of service, from APA. In addition, APA will offer “APA Communities,” which is a new social networking service. There are many advantages to these services including the availability of content in search engines; associations with APA’s high regard in Google and other search engines; newsletter and other content can be sent to webmaster where it gets converted to html and posted quickly (typically 2-3 days but more extensive projects would take 5 days, except when the annual conference is near); content specialists available; professional taggers (PsycInfo...). APA Communities facilitates social network and collaborative communities; private sites also available. The EC voted to go forward with this service and we are now 4th on list.

V. ABPP and Professional Geropsychology (Victor Molinari).

How do we credential geropsychology professionals to promote quality and quality assurance? Divisions 20 and 12-2, PLTC (Psychologists in Long-Term Care), and CoPGTP (Council of Professional Geropsychology Training Programs) are four groups involved in addressing this question. The goal is to offer a diploma through a board certification program through ABPP (American Board of Professional Psychology). Examination is typically oral (but it could be written, as neuropsychology does). Survey was conducted to determine level of interest (54% said they take exam, 8% definitely not; 89% said they approved ABPP and would go for it). Advantages include: Raising profile of geropsychologists, VA grade level would increase; ensuring positive practice for older adults; training grants would have qualified specialists. Commitment entails a letter of support and $2,500 from each group to do this. ABPP would offer training, webinars. Division 20 could offer CE (P. L.). The development process is expected to take a minimum of 3 years.

VI. Wrap-Up

Cameron Camp gave closing remarks. He thanked everyone for the opportunity to serve and for all the support he received throughout his presidency.

The meeting was adjourned at 10 am.

Reports submitted but not presented (i.e., printed copies were distributed to Executive Committee members at the meeting) are available on request.

A complete list of Division 20 Executive Board members can be found on the Division website:

http://apadiv20.phhp.ufl.edu/
On behalf of the membership committee, I am pleased to report that, for the first time since 1998, the Division has actually had an increase in paying members this past year! Given that we have seen 3% or more annual declines in membership over the past 13 years, we are thrilled that the Division has experienced growth. From a bottom line perspective, this means more than $1,000 in income for the Division; coupled with our other revenue-generating activities this past Spring, this membership increase has hopefully resulted in a good year for the Division’s overall financial health. I want to thank all of you for your hard work in promoting the Division since I have been membership chair. I certainly hope we can continue to build on these numbers!