Council of Professional Geropsychology Training Programs:
Assisting programs in training competent and ethical geropsychologists

CoPGTP Newsletter

Volume 7, Issue 1 **Spring 2015**
Editors: Janet Anderson Yang, Ph.D., ABPP, Dolores Gallagher-Thompson, Ph.D., ABPP & Andrew L. Heck, Psy.D., ABPP

Chair's Column

Victor Molinari, Ph.D., ABPP
School of Aging Studies, College of Behavioral and Community Sciences, University of South Florida

I am pleased to announce that there continues to be strong interest in ABGERO (a project that was sponsored by CoPGTP), and that ABGERO will be examining candidates at the ABPP workshop series in San Diego, at APA in Toronto, and GSA in Orlando. It is great that we now have a mechanism in place to certify psychologists as specialists in geropsychology, but we must continue to refine the process of evaluating the competence of psychologists in assessment,

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Inside This Issue

CoPGTP's 2014 Accomplishments

Andrew L. Heck, Psy.D., ABPP
CoPGTP Past-Chair
Piedmont Geriatric Hospital

Within any organization, passing years bring various sorts of growth depending on its needs of the moment. 2014 was a year of growth, not in terms of membership numbers, rather, in terms of the Council's scope and the strength of its

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Editors' Note:

In this Spring Issue of the CoPGTP Newsletter we highlight the use of competencies in geropsychology training, particularly ways in which the Pike's Peak Model for Training in Professional Geropsychology is being used. Eriko Dunn & Richard Zweig highlight their implementation of the Pikes Peak Model in graduate training at Yeshiva University's Ferkauf Graduate program. Elizabeth Mulligan and Michelle Mlinac describe the role of the Pikes Peak Model in their training of practicum students, interns and post-doctoral fellows at the VA Boston. Brian Carpenter describes efforts being taken to integrate use of the Pike's Peak competencies with the Competencies for Psychological Practice in Primary Care. Finally, Greg Hinrichsen discusses efforts being undertaken to formulate some consensus about what are the core skills relevant to the practice of geropsychology. We hope the focus of this newsletter will spark CoPGTP member programs to continue to develop their use of the Pikes Peak Model as well as other forms of competency based training.

Competency-Based Geropsychology Training at VA Boston: The Critical Role of the Pikes Peak Model

Elizabeth A. Mulligan, PhD, ABPP and Michelle Mlinac, PsyD, ABPP
on behalf of the VA Boston Geropsychology Training Faculty

Competency-based training and practice has been a critical component of geropsychology's development as a specialty. Within VA Boston's Geropsychology Training Program, the Pikes Peak Model has informed many of our decisions since its inception, ranging from the structure of our program to the balance of experiences for each of our trainees. Each year we provide training to two geropsychology fellows, two interns who match to a major, 8-month rotation in geropsychology, two interns who select a minor, 4-month rotation in geropsychology, and one practicum student. Consistent with Pikes Peak, the overarching goal of our scientist-practitioner program is to provide comprehensive training in assessment, intervention, and consultation in various settings across the continuum of care for older veterans and their families. These care settings include some combination of outpatient geriatric mental health, the Community Living Center (which includes long-term care, hospice and palliative care, caregiver respite, sub-acute rehabilitation, and transitional care), outpatient geriatric neuropsychology, Home-Based Primary Care, and inpatient geropsychiatry. We also strive to cultivate the development of each trainee's professional identity as a geropsychologist, which may include teaching and supervision, research and scholarship, and local and national leadership roles. We believe this breadth and depth of training is crucial to producing well-rounded geropsychologists who are able to provide the

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Yeshiva University's Implementation of the Pikes Peak Training Model

Eriko Nagao Dunn, M.A. and Richard A. Zweig, Ph.D., ABPP

The Ferkauf Older Adult Program of Yeshiva University (FOAP) offers pre-doctoral trainees specialized geropsychology training through the collaborative effort of the Ferkauf Graduate School, the Albert Einstein College of Medicine, and the Jacobi Hospital Medical Center. The program offers didactic coursework, research opportunities, and clinical training experiences in clinical geropsychology. Training includes a variety of psychologist roles across multiple settings and is supervised by experienced geropsychologists as well as professionals from other disciplines. The program seeks to prepare competent geropsychologists by implementing the Pikes Peak model of training (Knight et al., 2009).

In their 2009 article introducing the Pikes Peak model, Knight and colleagues write that many psychologists work with older adult clients competently without specialized training. They note, however, that "[a]s issues become more complex and more specialized in their nature (e.g., potential presence of dementia, complications from comorbid medical problems, assessment of decision-making capacity, nursing home consultation), the need for geropsychology competence increases" (p. 206). The competencies-based Pikes Peak model emphasizes the development of the attitudes, knowledge, and skills required of qualified geropsychologists. The authors identify key elements of a training program through which these competencies may be honed. Descriptions of these training components follow below, along with illustrations of FOAP's incorporation

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Victor Molinari, Visionary Leadership

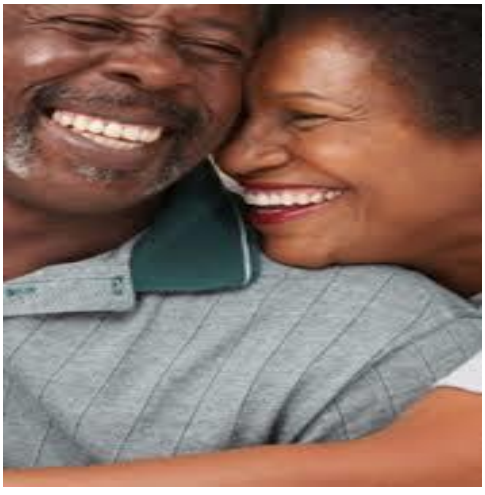
Rebecca S. Allen, Ph.D., ABPP
The University of Alabama

As chair-elect of CoPGTP, and having known Dr. Victor Molinari since 1989, I am delighted to have this opportunity to publicly recognize his substantial efforts to promote the practice of Geropsychology, recognized as a specialty area of practice by the American Board of Professional Psychology (ABPP) in December 2014. Dr. Molinari has contributed significantly to the **education** of graduate students, psychology interns, postdoctoral fellows, and junior colleagues. His curriculum vita lists participation in 26 dissertation committees, and he has served as an external reviewer for tenure and promotion of faculty at 15 separate institutions. Particularly as an ABGERO board member, I am aware of the depth of Dr. Molinari's contributions to the professional development of psychologists and to the development of credentialing procedures for board certification in Geropsychology. In the fall of 2013, Dr. Molinari devoted his sabbatical to outreach and recruitment efforts to advertise ABGERO and generate interest among practicing psychologists in obtaining board certification in the field. These efforts clearly indicate the depth and breadth of Dr. Molinari's contributions to educating individuals at all career stages.

Regarding Dr. Molinari's contributions to **practice** and the **public interest**, the significance of and time commitment required to establish and lead the ABGERO board within the American Board of Professional Psychology cannot be overstated. This effort required generating buy-in including financial support from the three primary professional organizations devoted to adult development and aging: APA's Divisions 12II and 20 as well as Psychologists in Long-term Care. Succeeding in these efforts, Dr. Molinari then networked with leadership within the ABPP to lobby for the need to create credentialing in Geropsychology. Currently, he serves ABGERO as the President and Practice Sample Coordinator. To meet the needs of older adults it is imperative that practitioners at every stage of training be recruited and motivated to enter the field of geropsychology and pursue board certification in this specialty area. Through the creation of credentialing standards in Geropsychology, the availability of health and particularly of mental health services to older adults will be facilitated by interprofessional recognition and, potentially, public policy initiatives.

The last defining characteristics of Dr. Victor Molinari are his sincere humility and staunch perseverance in facilitating the well-being of and high quality mental health care for older adults. In 2013 he received the Society of Clinical Geropsychology *M. Powell Lawton Award for Distinguished Contributions to Clinical Geropsychology*. On a personal level, Dr. Molinari has been a warm and supportive colleague, generously sharing his time to co-author manuscripts or to facilitate my own career development.

On behalf of the geropsychology community, thank you, Victor, for being such an outstanding advocate for Geropsychology, as well as friend and colleague! Ψ



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intervention, and consultation with older adults.

How do students gain competence in the didactics and skills of geropsychology? As was noted at the Aging Leadership meeting conference call I attended as CoPGTP representative, a number of geropsychology groups are struggling with this issue. The question is not only "How do we grow the number of experts in this area who will develop new applied geropsychology research knowledge and/or innovative clinical interventions"?; but also how do we assure ABPP-level general foundational and functional competence across core domains of geropsychology practice for a larger number of geropsychology specialists; and how do we define the basic elements of geropsychology knowledge and skills for those non-specialists who tend to provide psychological services to non-complicated older adult cases in their practices and want to be of most help to them without necessarily embarking on an extensive study regimen? Relatedly, should death & dying and/or long term care be viewed as sub-areas within geropsychology, or are they different enough that they merit their own specialty status?

It seems that one of the main missions of CoPGTP is to fan the debate and to facilitate the answers to these complex questions. APA has just announced a Competencies Assessment project that includes an award to evaluate methods to assess competencies, and APA's Committee on Specialties has completed a taxonomic grid that provides a framework which allows geropsychology to describe levels of intensity of geropsychology training across graduate school, internship, post-doctoral fellowship, and post-licensure domains. My sense is that for geropsychologists to accomplish this task adequately, we need to not only use these fine APA resources, but also increase the number of organizational members so that we have as broad and extensive input from a variety of training sites as possible. CoPGTP is currently reaching out to those more prominent geropsychology programs which we believe should be members of our organization even in these hard fiscal times.

Relatedly, CoPGTP is also involved in an initiative to better describe the geropsychology components of the training experiences of APPIC-member programs which offer major or minor rotations in serving older adults so that we may enlist some as members and inform others that training tools are available to assist them with fulfilling their supervisory tasks. Regarding geropsychology training resources, our members are our most valuable assets, and we need to support emerging efforts to enlist geropsychology experts to offer supervision and/or consultation to programs and individuals in need. Ψ

Getting Started: Building Professional Geropsychology Knowledge and Skills

Greg Hinrichsen, Ph.D., ABPP
Department Of Geriatrics, Icahn School of Medicine, Mount Sinai Medical Center

A CoPGTP workgroup has been formed to explore what basic knowledge and skills may be needed for psychologists interested in beginning to see older adults in clinical practice. Initial efforts have been made to partner with other geropsychology-related professional groups in crafting recommendations. Members of this CoPGTP workgroup include: Erin Emery, Dolores Gallagher-Thompson, Andrew Heck, Greg Hinrichsen, Michele Karel, Doug Lane, Victor Molinari, Erlene Rosowsky, Sue Whitbourne, and Rick Zweig. Below is a statement of issues. If you have questions or comments on this statement, email Greg Hinrichsen at geropsychgah@aol.com

Problem: Two Institute of Medicine reports concluded that the health and mental health care workforce with specialized skills in aging is inadequate. The entry of 75 million baby boomers into later adulthood will make this situation much,

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much worse. Now and in the future, older adults will rely on a health and mental health workforce without specialized skills in aging. Many health care providers need some basic knowledge and skills on delivery of services to older adults but few possess them.

Professional geropsychology has impressively defined itself in the last 20 years: development of a geropsychology section within APA's Division 12, promulgation of a geropsychology training model, development of *APA Guidelines for Psychological Practice with Older Adults* (2014), recognition as a specialty, development of a geropsychology training organization (CoPGTP), and development of a geropsychology specialty within ABPP. However, most practitioners do not want to be geropsychology specialists. Rather some are interested in obtaining some fundamental skills to better work with the older adults to whom they provide or would like to provide psychological services. Perusal of *the Pikes Peak Model for Training in Professional Geropsychology* by general practitioners or its associated Assessment Tool will likely discourage some. ("I'd never be able to learn all that information.") A practical problem for interested practitioners is: Where do I start? Where do I find the resources I need to start? Do geropsychology workshops or webinars exist? Might I get consultation on my cases?

As evidence of some interest among practitioners in obtaining knowledge of geropsychology is the recent development of educational and certification programs in applied practice in aging. It is likely that developers of these programs would benefit by guidance from the larger clinical geropsychology field on what would best constitute the content of these educational programs. And for those who take part in these programs, they would benefit by knowing how the content of educational programs maps on to some general consensus about basic or core skills relevant to practice with older people.

Recent efforts by the Council of Specialties in Professional Psychology to define levels of training and associated content in recognized specialties attests to interest in some measure of consensus. For example, doctoral graduate, internship, and postdoctoral programs have variously characterized aging-related work as "focus," "minor," "major," "track," "emphasis" and other designations the content of which may be quite different across programs. The Council of Specialties has promulgated standardized terms. For Geropsychology they include Exposure, Experience, Emphasis, and Major Area of Study for four levels of training (Doctoral, Internship, Post-Doctoral Fellowship, Post-Licensure).

Issue 1: What are fundamental competencies needed for those who want to acquire some acumen in geropsychology? For example, Bob Knight discusses broad domains of knowledge relevant those psychologists who deliver services to older people: life span development, psychopathology, common medical issues, and the environmental contexts of late life. Might another starting place be helping practitioners learn that what they believe about aging may not be entirely true and the attitudes they possess about older adults are primarily negative? The concept of meta-competence speaks to the need to know what one doesn't know.

Beyond some fundamental knowledge, what information might be most critical for those working with different subpopulations of older adults in different care settings: primary care, outpatient mental health, long term care. Might some fundamental knowledge differ for those who chiefly do assessment of older adults versus psychotherapy?

Issue 2: Awareness of Limits of Competence. As above, the concept of meta-competence is useful. One dimension of this is awareness on the practitioner's part about what kind of

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CoPGTP's 2014 Accomplishments, Cont. from Page 1

infrastructure. CoPGTP's successful year was marked by our ability to balance becoming and remaining involved in wide-reaching Geropsychology initiatives while undertaking a streamlining and solidifying of its internal operations. Some of our accomplishments include the following:

- Continuing support of the Gero ABPP development to its full implementation (December 2014);
- Contributing expertise and resources to APA's task force for reducing antipsychotic medication usage in long-term care facilities;
- Initiating a work group aimed at defining minimal competencies for working with older adults;
- Sponsoring a proposal to create an online and physical Geropsychology Training Center;
- Co-sponsoring (with CONA) an internship networking event at the APA Annual Convention;
- Conducting a comprehensive survey of CoPGTP internship and postdoctoral members for updates and input;
- Migrating the CoPGTP listserv from the UCCS server to a Google Groups platform;
- Restructuring the student representative role to allow more students to serve in more roles; and
- Maintaining a very healthy treasury balance in the midst of funding the ABGERO process.

These accomplishments required the contributions of many capable and dedicated geropsychologists and students. I am proud to have led CoPGTP during 2014 and look forward to continuing to serve this august group for years to come! Ψ

CoPGTP Research & Training Awards

CoPGTP offers two awards: the Award for Innovative Geropsychology Training, and the Award for Research or Program Evaluation in Geropsychology Training.

The 2015 CoPGTP Award for Innovative Geropsychology Training recognizes excellence and innovation in geropsychology training. The winner is honored at our annual meeting and receives a recognition plaque for the program. The application deadline is July 31, 2015. Last year's winner was Ferkauf Graduate School of Psychology's Older Adult Program at Yeshiva University with Dr. Zweig as the major preceptor.

The 2015 CoPGTP Award for Research or Program Evaluation in Geropsychology Training is a grant award program to support individuals/programs endeavoring to do systematic research or program evaluation related to geropsychology training. This grant program supports one project each year, for up to $1,500. The deadline is July 31, 2015. Last year's selected grant applicant was a project entitled "Treatment tracking: Training benefits in geriatric mental health" conducted by Drs. Weber, Jahn, & Smith at the Milwaukee VA Medical Center.

Programs are encouraged to self-nominate or nominate others, and application instructions and other details can be found here: http://copgtp.org/index.php?target=awards. We look forward to learning about the exciting work you and your training programs are doing! Ψ

C•PGTP

Council of Professional Geropsychology Training Programs

Competency-Based Training at VA Boston, Cont. from p. 2

best possible care to older adults and other members of their support systems. It also maximizes trainees' marketable skills with potential employers and allows them to develop functional competencies required for ABPP Board Certification in Geropsychology.

Geropsychology trainees come to VA Boston with a range of knowledge and skills stemming from coursework, clinical experiences, and research with older adults. The Pikes Peak Knowledge and Skill Assessment Tool serves as a guide to collaboratively develop each trainee's learning plan throughout the year. Prior to their arrival, we speak with each trainee about their goals for the year with an emphasis on rounding out any gaps in their training to date from a Pikes Peak framework. During orientation, we provide each of our trainees with information about the history and importance of the Pikes Peak Model and ask them to complete the assessment tool either on paper or online at GeroCentral.org. We emphasize the process of summarizing and synthesizing the information to identify strengths, areas for growth, and training goals. Supervisors in each rotation initially focus on how each trainee can build confidence in their existing skills and stretch themselves with less familiar patient populations, interventions, care settings, and competencies. For a practicum student, this may mean mastering an assessment tool used for older adults, while for a fellow it may mean building comfort with care coordination and advocacy. We find that trainees often embrace these opportunities to challenge themselves. As an ongoing part of supervision, we reevaluate their progress on these competencies and establish new learning goals.

Fellowship, internship, and practica emphasize immersive, experiential learning. We also want to ensure that our trainees acquire foundational knowledge consistent with Pikes Peak in areas including: theories of aging, individual and cultural diversity, psychopathology, strengths/limitations of various assessment methods, evidence-based interdisciplinary practice, common medical conditions, and ethical and legal standards. We view our didactics as one forum for this type of learning, augmenting direct clinical work. In our weekly Geriatric Mental Health Seminar, early in the year we emphasize core knowledge and skills related to mental health practice with older adults, with topics such as ethics, interdisciplinary care teams, and integrated care. We later focus on topics of clinical and research interest within geropsychology selected by faculty and students as well as presentations from various other disciplines (e.g., social work, primary care, speech and language). In our monthly Geriatric Capacity and Neuropsychology Rounds and in our weekly interdisciplinary treatment team meetings, we discuss cases reflecting the complex clinical and ethical issues that can arise in geriatric care. Additionally, each year we provide our trainees with an updated list of recommended foundational geropsychology readings and resources.

We encourage our trainees to continue to use Pikes Peak after they leave our program, both as a way of reflecting on their development as geropsychologists and as a tool for their own supervision of trainees. As faculty members, we have utilized the Pikes Peak tool in several ways in our own professional development: to continually assess our own learning needs, to model its use for our trainees, and most recently as part of the process of attaining Board Certification in Geropsychology.

In sum, like many of our colleagues we are deeply committed to nurturing geropsychologists-in-training. We view Pikes Peak as a critical resource as we regularly evaluate the structure of our training program and as we work collaboratively with each trainee to ensure that they are prepared for specialized practice in geropsychology. Ψ

Visit our CoPGTP website!

Stay informed and current by checking out the following available at our web address (www.copgtp.org):

- General information about CoPGTP;
- Policies and procedures;
- Membership information, including forms and the membership list;
- Archived newsletters;
- The Pikes Peak Geropsychology Knowledge and Skill Assessment Tool (and related resources);
- Geropsychology course syllabi;
- Information on geropsychology training programs;
- Award and grant information;
- Useful links to external resources; and more!

Yeshiva Univ's Implementation, Cont. from Page 2

of them.

First, the Pikes Peak model emphasizes training which leads to a basic understanding of normal versus abnormal aging processes. Yeshiva University offers academic courses that address normative and non-normative aging including foundational courses in the assessment and treatment of psychological problems in older adults and in neuropsychological assessment. Students seeking a trial experience in treating older adult patients through the university's onsite community clinic enroll in the combined didactic and practicum course, Geropsychology Practicum Lab, which covers similar course material with group supervision component. Those desiring doctoral level research in geropsychology also engage in a research seminar reviewing theoretical models and empirical research on the transaction between depression and personality disorder in older adults.

Additionally, the Pikes Peak model recommends intensive supervision by practicing geropsychologists using observational methods. All FOAP students treating older adult patients are supervised by psychologists with expertise in clinical geropsychology. Supervision methods include audio tapes, DVD recordings, process notes , onsite supervision , and direct observation of neuropsychological testing . This supervisory model also encourages the development of student self-awareness about varied attitudes toward older adults who are diverse as to health status, cohort, culture, or individual identity. FOAP supervisors facilitate awareness and growth in this area through supervision, academic discussions, and encouraging introspective self-assessment.

Next, the Pikes Peak model underscores the importance of training across a variety of settings and with interdisciplinary teams. . At the Jacobi Medical Center Medicine Psychology Clinic, the program pairs FOAP psychology trainees with medical residents to optimize integrated mental health service delivery to older adults in a primary care setting. All trainees also work collaboratively with nurses and social workers, and are supervised by a psychologist and a physician. At the Central Control of Mobility in Aging Study of the Albert Einstein College of Medicine as well, students have opportunities to work collaboratively with a neurologist, psychometricians, other interdisciplinary staff, and a supervising neuropsychologist. At the University based outpatient mental health Parnes Clinic, FOAP students, where clinically indicated, consult with the onsite psychiatrist and their patients' outside treatment providers including physicians, social workers, and neuropsychologists.

Finally, addressing ethical and legal issues distinct to geropsychology (e.g., decision making capacity, advance care planning, communication with caregivers) is an essential element of geropsychology training (Knight et al., 2009). These issues are addressed at FOAP through coursework, supervision, and practicum training. For example, FOAP students frequently communicate with family members and health aides about cognitive decline in an older person and address ethical issues such as the need to balance precepts of autonomy and beneficence in treating older adults in the primary care setting.

The developers of the Pikes Peak model note the importance of trainees' self-awareness and self-assessment of competencies as they progress (Knight et al., 2009). FOAP students and supervisors utilize the Pikes Peak Geropsychology Knowledge and Skill Assessment Tool (CoPGTP, 2013) to identify relevant competencies and monitor progress in training.. The tool also introduces students to the foundational skills and knowledge they can expect to gain through their FOAP training.

In conclusion, the FOAP of Yeshiva University

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Update on the National Partnership to Improve Dementia Care in Nursing Homes

Kelly O'Shea Carney, PhD, CMC
Phoebe Ministries, Allentown, PA

In the Fall 2014 CoPGTP newsletter, Drs. Andrew Heck, Michelle Karel and Victor Molinari provided comprehensive overviews of the Centers for Medicare and Medicaid services (CMS) initiative to reduce the use of antipsychotic medications in nursing homes. This initiative, the National Partnership to Improve Dementia Care in Nursing Homes, was launched in 2012, when the national rate of antipsychotic medication utilization in nursing homes was 23.9%. This rate has dropped by 19.4% to a national utilization rate of 19.2%. This reduction is a significant success, as the original goal of the initiative was to reduce utilization by 15% and was achieved last year. A new goal has now been set to achieve additional reductions in utilization of 25% by the end of 2015 and 30% by the end of 2016. These ambitious goals reveal that experts in the field believe there is still more ground that can be gained in the fight to eliminate unnecessary use of antipsychotic medications in nursing homes. To read more about the initiative and its new goals and strategies, go to: http://cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2014-Fact-sheets-items/2014-09-19.html.

The history of this initiative may be of particular interest. When the initiative began in 2012, CMS primarily focused efforts on disseminating information about why antipsychotic medications are potentially harmful, particularly to individuals with dementia, and encouraged nursing home providers to review the necessity and benefits of the medications for those residents receiving them. Little progress was made, with total utilization dropping only 1% in 2012. As CMS considered why greater progress was not made, nursing home providers made it clear that they did not have the tools and knowledge about alternatives to , and so, could not make real progress toward reducing utilization.

In response, CMS turned to disseminating information, strategies and resources related to non-pharmacologic interventions. For example, the Hand in Hand program, a 6 module training series for direct care workers in person centered care and non-pharmacologic interventions, was released and broadly disseminated to nursing homes across the country . National Stakeholder Calls are now convened quarterly by CMS to highlight success stories of medication reduction and share effective programs, resources and strategies. In addition, State Coalitions across the country are engaging professionals from a variety of disciplines and settings who are committed to reducing unnecessary medication utilization. These groups work together to develop and implement local initiatives in support of long term care providers and these efforts. As a result , some states have seen reductions of up to 30% in antipsychotic medication utilization (www.medicare.gov/nursinghomecompare).

As Geropsychologists, we understand both the potentially harmful side effects of unnecessary antipsychotic use and the benefits of person centered, non-pharmacologic interventions. Moreover, we are uniquely equipped to provide leadership and assistance to long term care staff who are striving to eliminate unnecessary use of antipsychotic medications,. Through efforts like the article published in the Fall COPGTP newsletter, a call to arms has gone out to psychologists working in long term care, encouraging professionals to offer their time and expertise in support of this initiative.

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Board Member-at-Large Reports

Internship Report

Heather Smith, Ph.D., ABPP
Milwaukee VA Medical Center

Internship Match Report for 2015-2016 Training Year

February 20th marked the culmination of Phase I of the Association for Psychology Postdoctoral and Internship Centers (APPIC) internship match. Phase II was offered between February 20th and March 23rd for those applicants who did not match and those internship sites that did not fill their positions in Phase I. Match statistics from the APPIC website (www.appic.org) indicate a continued shortage of internship positions, although a trend toward improved match rates is encouraging.

	2015	2014	2013
Number of applicants*	4,005	4,041	4,114
Applicants matched	3,569 (89%)	3,458 (86%)	3,326 (81%)
Number of positions	3,652	3,534	3,397
Positions filled	3,569 (98%)	3,458 (98%)	3,326 (98%)

*Includes statistics for Phases I and II combined. Does not include applicants who withdrew from the match or who registered but did not submit a rank list.

Data regarding match rates specific to internship programs offering training in geropsychology are not available. However, the APPIC Directory provides information on programs who self-identify as providing training in geropsychology or with older adults. Comparison of 2015 data with those reported in the Spring 2014 edition of the CoPGTP Newsletter indicates some cause for

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Post Doctoral Report

James (Chip) Long, Ph.D., ABPP
Central Arkansas VA Medical Center, Little Rock

CoPGTP Welcomes Incoming Postdoctoral Fellows

Over the past several years, postdoctoral fellowship positions offering advanced training in Geropsychology have been increasing as the psychology community attempts to meet the growing demand for clinical services in this area. Postdoctoral fellowships in Geropsychology provide an opportunity for specialized training in clinical, research, and professional development for the incoming Fellow as they transition toward more independent practice in working with older adults. The postdoctoral fellowship year is an exciting one that is full of new experiences and opportunities as the Fellow continues to establish their own professional identity. With this in mind, we would like to recognize the following trainees as they begin their postdoctoral training year with the membership programs of the Council of Professional Geropsychology Training Programs.

Heritage Clinic – Center for Aging Resources
Postdoctoral Fellow: Lucy Kyupelyan

VA Boston Postdoctoral Fellowship Program
Postdoctoral Fellow: Jessica Strong

VA Boston Postdoctoral Fellowship Program
Postdoctoral Fellow: Tara McBride

Milwaukee VA Medical Center
Postdoctoral Fellow: Patty Bamonti

VA Puget Sound / American Lakes Division
Postdoctoral Fellow: Anne Schwabenbauer

VA Puget Sound / American Lakes Division
Postdoctoral Fellow: Nicole Torrance

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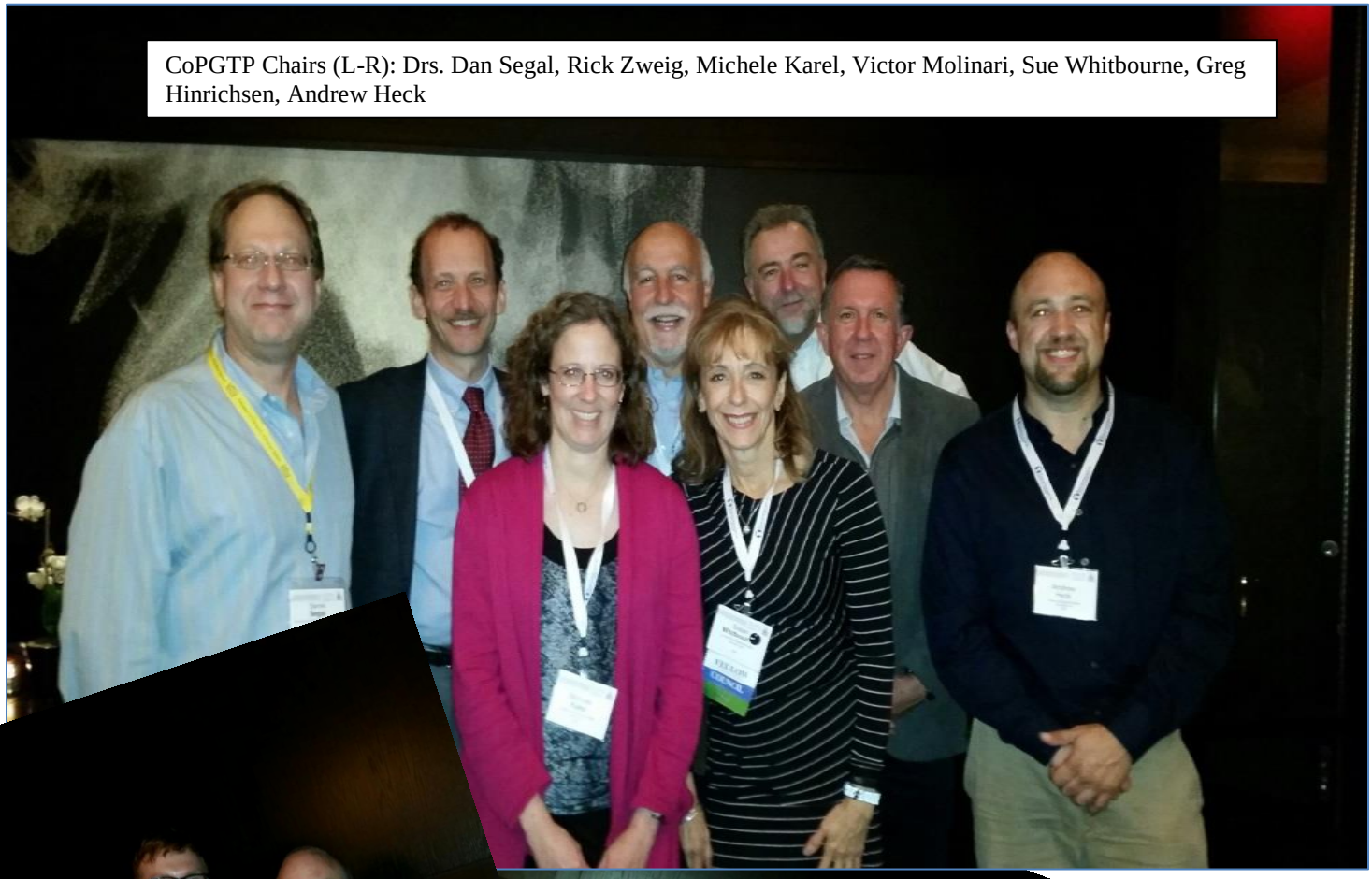
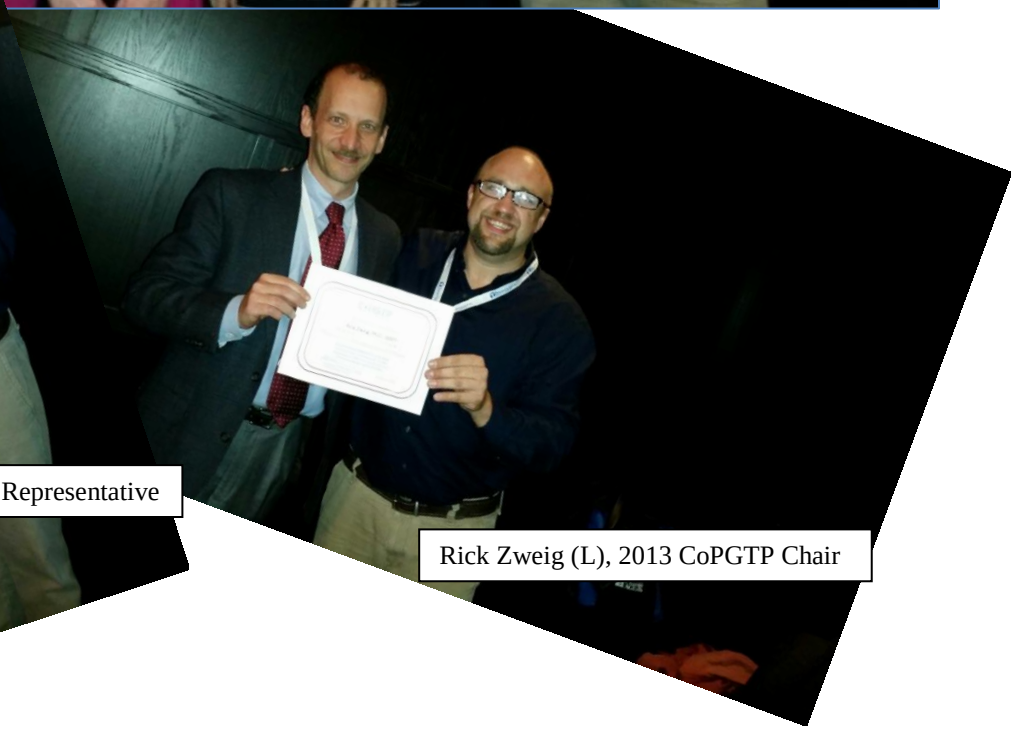
CoPGTP Annual Dinner at GSA November 2014



CoPGTP Chairs (L-R): Drs. Dan Segal, Rick Zweig, Michele Karel, Victor Molinari, Sue Whitbourne, Greg Hinrichsen, Andrew Heck

Evan Plys (L), 2014 CoPGTP Student Representative



Rick Zweig (L), 2013 CoPGTP Chair

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concern, as a decrease in the total number of programs and the number of APA and CPA accredited programs offering training in geropsychology and/or older adults is observed.

	2015	2014
Total APPIC programs	753	740
APA or CPA accredited	516 (69%)	557 (75%)
Programs offering training with older adults		
Total	489 (65%)	506 (68%)
APA or CPA accredited	335 (44%)	332 (45%)
Programs offering training in geropsychology		
Total	331 (44%)	364 (49%)
APA or CPA accredited	244 (32%)	249 (34%)

An informal survey was sent to 17 CoPGTP internship member programs to investigate the internship match success rate among recognized leaders in geropsychology training. A response rate of 53% was obtained. One program indicated that they are no longer offering internship training at their site. Results from the remaining respondents indicate excellent success in filling internship slots for the upcoming training year, with 74 (100%) positions filled. Among those, four sites reported a total of 9 dedicated geropsychology positions. CoPGTP members reported that the quality of applicants interested in working with older adults appeared to be on par with recent years, although they indicated variability in the quantity of applicants expressing interest in geropsychology. As such, some sites reported a similar or increased number of applicants inquiring about training with older adults relative to prior years, while other CoPGTP members indicated a decreased number of applicants with primary interest in geropsychology, particularly from graduate programs with a strong geropsychology focus.

Currently, newly appointed Student Representative for Internship Programs, Patty Bamonti, and I are undertaking a review of APPIC internship programs who list geropsychology as an available area of training. It is hoped that results of this project will enable 1) a better understanding of the breadth and depth of geropsychology training provided by APPIC internship programs and 2) targeted recruitment efforts to encourage inclusion of additional programs as CoPGTP members.

If you have clinical, research, or other aspects to your internship training program that you would like to highlight in future newsletters, please contact me at Heather.Smith7@va.gov.

Post Doctoral Update, Continued from Page 10

VA NY Harbor Health Care System – Brooklyn
Postdoctoral Fellow: Jessica Jean Baptiste

VA NY Harbor Health Care System – Brooklyn
Postdoctoral Fellow: Jessica Lubitz

VA Palo Alto Health Care Center
Postdoctoral Fellow: Domonique Casper

Student Representative Report

Michelle Feng
USC / Boston Consortium, VA Boston Healthcare System

This year's CoPGTP student representatives are Jon Gooblar, Patricia Bamonti, Michelle Feng, and Stephanie Young. Jon is currently the representative to the Chair and has been focusing on awards processes and other initiatives. Patricia is the representative to the Internship Member-at-Large and has been focusing on a project that

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Student Spotlight

An important part of CoPGTP's mission is to reach out to graduate students interested in geropsychology. This section is devoted to introducing CoPGTP members to current students and future geropsychology colleagues. Students responded to a general solicitation for brief bios; we intend to continue this at least annually as a way of promoting student involvement in CoPGTP and the field of geropsychology in general! Ψ

Student Representative Report, Continued from Page 12

aggregates information about geropsychology training at the internship level according to APPIC and considering the Council of Specialties' Geropsychology Taxonomy grid. Michelle is the representative to the website coordinator and has been working with CoPGTP officers to develop and improve the functionality and design of the website. Stephanie is the representative to the Secretary and has been focusing on recruitment of new member programs. Ψ

Patricia Bamonti has been elected as one of four student representatives to CoPGTP for 2015. She is a fifth year student at West Virginia University under the mentorship of Dr. Amy Fiske and currently on internship at the Milwaukee VA. Next year, she will continue at the Milwaukee VA as the inpatient geropsychology fellow. Patricia greatly values the amazing geropsychology training she has received in graduate school and now on internship. It is her hope to give back to the field by promoting quality training in geropsychology through her work as the student representative. This year, along with Dr. Heather Smith, Lead Psychologist at the Milwaukee VA and current Member-at-large for internships training programs, she will work on coding and organizing information about current internship programs offering geropsychology training. It is their hope that this information can be used to recruit existing internship programs to CoPGTP, with the goal of fostering continued excellence in geropsychology training at the internship level. She looks forward to serving as the CoPGTP student representative this year! Ψ

Michelle Feng is a Geropsychology post-doctoral fellow at the VA Boston Healthcare System. She earned her Ph.D. in Clinical Science from the University of Southern California working under the mentorship of Dr. Gerald C.Davison. In 2013, she moved to Boston to complete her predoctoral internship at the Boston VA. Michelle has applied a variety of evidence-based psychotherapeutic interventions using a patient-centered approach throughout her training. She has worked in multiple settings including Outpatient Geriatric Mental Health, Inpatient Geropsychiatry, Behavioral Medicine, Pain Management, Community Living Center (i.e. acute, long-term, and hospice/ palliative care), and Home-based Primary Care. Michelle is passionate about working with a wide range of older adult patients with varying mental health issues and multimorbidities including, anxiety, mood disorders, PTSD, dementia, complicated grief, nsomnia, and difficulty adjusting to medical issues. Michelle will be completing her fellowship t the end of August.

In addition to clinical work, Michelle's research interests include age-related changes in emotion regulation and decision-making, as well as coping with chronic medical issues. Michelle created a new group in the outpatient clinic for geriatric Veterans using ACT for chronic pain management this year. Measures of patient functioning, pain level, mood, and satisfaction were measured, and she plans to publish her preliminary findings in the near future.

Michelle is committed to working with older adults and plans to pursue board certification in Geropsychology after she completes her fellowship. Michelle hopes to fill a staff psychologist position where she can both conduct direct patient care and contribute to Geropsychology training. Ψ

Jon Gooblar is a fourth year doctoral student in the clinical psychology program at Washington University in St. Louis. As a member of the Clinical Geropsychology Lab, Jon conducts research and engages in clinical work with a concentration in older adults.

Jon is interested in how physicians, patients, and families perceive and communicate about Alzheimer's disease. Recent policy statements and scientific advancements have promoted screening programs to assess biomarker, genetic, and cognitive status to detect AD in its earliest pathological stages in anticipation of a disease-modifying treatment. As preclinical AD moves into clinical practice in the coming years, research is needed to develop best practices for physicians and other health professionals to communicate effectively about risk and diagnostic implications. Jon has worked on several lines of research in this area, including on a study of physician diagnostic decision making, as well as on the ethics of disclosing testing results to research participants. Jon's current research is focused on the development and evaluation of risk communication and disclosure strategies for preclinical AD.

Jon has gained experience working with older adults in multiple settings through clinical experiences at the St. Louis VA Medical Center, St. Louis Behavioral Medicine Institute, and at Washington University's outpatient psychotherapy clinic. Jon is excited to join CoPGTP this year as a student representative in order to help promote Geropsychology training. Ψ

Stephanie R. Young, Psy.D., M.P.H., is a postdoctoral fellow in clinical geriatric neuropsychology at the West Los Angeles VA Medical Center. She completed internship training in the geropsychology track at the West LA VA. Stephanie pursued doctoral studies in clinical psychology at Pepperdine University, where she was the recipient of the Holden Merit Scholarship and served as the President of the doctoral program. Stephanie was awarded the Student Leadership and Advocacy Award for her leadership roles within the University. She completed clinical practica in neuropsychology at UCLA's Medical Psychology Assessment Center, Longevity Center, and Alzheimer's Disease Research Center. Before embarking on doctoral studies in clinical psychology, Stephanie earned a Masters Degree in Public Health from UCLA, where she obtained specialty training in program planning and evaluation. Stephanie graduated with honors in Psychobiology from UCLA in 2006 and developed a basic scientific research background in diseases of aging.

During the past 10 years, Stephanie's interest in the interplay of cognition, emotion, and neurobiology have steadily grown. Her training and knowledge base have spanned from the molecular processes underlying mental and physical disease to public health issues affecting the delivery of care to diverse populations. As a postdoctoral fellow, Stephanie enjoys examining the complex problems in clinical geropsychology and neuropsychology. She currently serves older veterans within the West LA VA's Geriatric Psychiatry Clinic; she will also train within the Geriatric Medicine inpatient and outpatient units and in the Neuropsychology Assessment Laboratory. Stephanie has been involved in several research projects, including one on cognitive rehabilitation in older adults. She feels grateful for outstanding mentorship from Drs. Sheryl Osato, Kathy Tingus, Rebecca Melrose, and Charlie Hinkin during her fellowship training. Stephanie wants to pursue a career in clinical neuropsychology and geropsychology, and she looks forward to delivering scientifically-informed neuropsychological and psychological services to patients in an integrated healthcare system. Ψ

Membership Report

Elizabeth Mulligan, Ph.D., ABPP
VA Boston Healthcare System

Forty-four programs are now members or associate members of CoPGTP, including 14 programs offering multiple levels of geropsychology training across the spectrum of graduate/practicum, internship, post-doctoral and post-licensure opportunities. An additional 15 programs provide graduate or practicum level training, 8 provide internship training, 3 provide post-doctoral training, and 3 provide post-licensure training. Among the member programs, 18 are universities, 12 are VA facilities, 7 are medical schools or hospitals, and 7 are other types of programs or individuals. The CoPGTP board continues to make efforts to communicate with our members and solicit feedback via the biannual "Town Hall Meetings" and distribution of minutes from our monthly meetings on the listserv.

The CoPGTP board welcomes Dr. Bruce Stevens, the Wicking Chair of Ageing and Practical Theology at Charles Sturt University in Australia, as an associate member. Our recruitment efforts are ongoing. Please contact the members-at-large if you have suggestions for potential new members or questions about the criteria for membership. Ψ

Treasurer's Report

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

Our current balance is $13,843.00, but we are in the dues payment phase of the year and so payments are coming in weekly. The bulk of our funding comes from our members.

With the completion of the ABPP process, we are no longer funding relevant travel expenses. But, we remain in support of initiatives such as "gerocentral" and Geropsychology membership on the APA Council of Specialties. We also continue to offer the CoPGTP awards for innovative research and training. If you have not paid your membership dues yet, now is the time, and thank you! Ψ

CoPGTP members and affiliates

Bay Pines VA
Baylor College of Medicine
Case Western University
Heritage Clinic
Central Arkansas VA Medical Center
Concept Healthcare
Department of Veteran Affairs
Edith Nourse Rogers Bedford VA Medical Center
Ferkauf Graduate School of Psychology, Yeshiva University
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Institute on Aging
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Massachusetts School of Professional Psychology
Mercer University
Milwaukee VA Medical Center
Mondriaan Hospital (Netherlands)
Nova Southeastern University
Palo Alto VA Psychology Service
Palo Alto VA Health Care MIREC
Piedmont Geriatric Hospital
Rush University
San Francisco VA Medical Center
Sharp HealthCare
Bruce A. Stevens, Ph.D.
University of Alabama-Tuscaloosa
University of California-Irvine (Geriatrics)
University of Colorado at Colorado Springs
University of Illinois at Chicago-Dept. of Psychiatry
University of Louisville-Clinical Psychology
University of Massachusetts
University of Queensland
University of South Florida
USC Department of Psychology
VA New York Harbor Healthcare System-Brooklyn Campus
VA Boston Healthcare System
VA Puget Sound Healthcare System
Washington University in St. Louis
Wayne State University
West Virginia University
West Los Angeles VA Healthcare Center
Wheaton College
Xavier University Psychology Department
Zucker Hillside Hospital/Long Island Jewish Medical Center

Yeshiva Univ., Continued from Page 8

strives to implement the Pikes Peak model of training through an array of paths, including didactic, research, and interdisciplinary clinical training experiences in diverse settings, which enable doctoral level trainees to develop attitude, knowledge, and skills competencies integral to professional geropsychology. Our *multiple-paths-to-training* approach is also in keeping with one of the basic assumptions of the model, as Knight et al. (2009) have commented: "The Pikes Peak model is not intended to imply that all psychologists who work with older clients need to achieve all of the geropsychology competencies, because many older adults will be well-served by generalist psychologists working within the scope of their practice. The greater the presence of older adults in a psychologist's practice or the greater the specialized needs of specific older adults, the more relevant these specialized competencies are for psychological services for older clients" (p. 210).

Reference: Knight, B. G., Karel, M. J., Hinrichsen, G. A., Qualls, S. H., & Duffy, M. (2009). Pikes Peak model for training in professional geropsychology. *American Psychologist, 64(3),* 205-214.

National Partnership, Cont. from p. 9

This call to arms raises several questions for reflection. Are we training Geropsychology students about dementia, its behavioral manifestations and the role of behavior management and other clinical interventions? Do we also teach students about non-pharmacologic interventions and strategies for providing leadership and consultation to other disciplines? Are we providing students with opportunities for clinical training in long term care settings? Within those settings, do students participate in interdisciplinary collaboration and exercise their skills outside of traditional mental health roles? Are we educating and equipping post-licensure psychologists to serve as resources to long term care providers in behavior management, non-pharmacologic interventions and staff education ? And perhaps most importantly, as senior clinicians in Geropsychology, are we lending our skills and expertise in support of the national initiative to reduce the use of antipsychotic medications at the local, state and national levels.

In theory, our profession is uniquely equipped to participate in and provide leadership for this initiative. Moreover, the presence of Geropsychologists "at the table" in support of this initiative as it serves to illustrate our expertise and commitment to other professions serving long term care residents, and ultimately, may open doors for future Geropsychologists to have a greater role in these settings. As professionals engaged in training, we have an obligation to not only prepare young professionals for active participation in efforts to increase reliance on non-pharmacologic interventions for individuals with dementia, but also to open doors for our successors so that their contributions will be welcomed and valued.

Below is the link for the National Partnership's new website:
http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/National-Partnership-to-Improve-Dementia-Care-in-Nursing-Homes.html

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problems he or she is capable of competently addressing in contrast to those problems for which referral to a geropsychology or other specialist is indicated. Knight notes: … "seeing some older adults that are much like the other adults in one's practice does not require much specialization. Seeing a lot of older adults, seeing older adults who have different problems, or seeing them in different settings requires specialized knowledge and supervised experience." Can helpful guidance be provided to general practitioners on this topic? If so, what's the best approach? Case examples?

Issue 3: Audience. Who is the audience for this effort? Sara Qualls and colleagues survey of several years ago gave some sense of who might be interested in continuing education on aging and the preferred content. More work needs to be done. We can't assume that if we "build it they will come." Do we have a sense of who attends APA CE workshop related to aging? Is it possible that at this point relatively little interest exists among psychologists in building aging-related expertise? Might substantive interest only develop when the demand for services from aging baby boomers is so great that most psychologists get so many requests for services that they feel they have no choice other than to acquire knowledge and skills? We need to keep our eyes open to the fact that aging has been a hard sell within the health and mental health communities.

Issue 4: Is there an existing framework that could inform development of curricula/consultation? To what degree can the Pikes Peak model and APA's Guidelines for Psychological Practice inform recommended curricula and/or consultation? Is the Council of Specialties lineation of Exposure, Experience, Emphasis, and Major Area of Study for geropsychology a helpful resource for defining content? Are there other frameworks that could be useful?

Issue 5: Existing Resources. Many resources currently exist that could be tapped. Some examples include resources identified on the CoPGTP, APA Office on Aging, GeroCentral, Division 20, and Division 12, Section 2 (Society of Clinical Geropsychology) websites. Of note is CoPGTP's Recommended Resources Associated with the Pikes Peak Model document, which lists recommended readings and other resources tied to each element of the Pikes Peak training model. However, it may be challenging for someone unfamiliar with the aging field to sort through the many recommended readings to know where to start. Could a committee sort through all the many good resources that exist and come up with some recommended readings for the beginner? (For example, a book on adult development and aging; a book on psychopathology in later life; a book on assessment of older adults; a book on psychotherapy with older adults.) Is it possible that the forthcoming two volume, *APA Handbook of Clinical Geropsychology*, could be a place for all to start?

Other resources exist: (1) Webinars, (2) Psychotherapy training videos (i.e., APA Psychotherapy Videos on older adults), (3) Continuing Education workshops, (4) University based courses on aging.

Issue 6: Case Consultation. Case consultation from a geropsychology specialist will be needed for those who want to build geropsychology acumen beyond a general exposure to the field. Where does a practitioner find someone with whom to consult? Are there enough? Are there any legal or professional issues that need to be addressed for those providing consultation to other psychologists especially when they reside in a different state? Will the cost of paying for consultation be prohibitive? Are some geropsychologists willing to provide consultation for low fee or no fee? Ψ

Recent member publications

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Patricia Bamonti, Michelle Feng, Jon Gooblar, Stephanie Young

For prospective members

Membership in CoPGTP is open to programs in which at least one geropsychologist is engaged actively in training. Members are required to offer both didactic and experiential training. Typically, this training is offered in more than one setting that serves older adults. Importantly, members of the training council are training programs, which rarely consist of just one individual. That said, it is recognized that training programs in professional geropsychology may, and often do, consist of one geropsychologist. Associate (non-voting) membership is available also to individuals who are interested/involved in geropsychology training but do not meet the criteria for full membership. CoPGTP hosts an annual dinner and membership meeting at the APA or GSA conventions.

Benefits of membership include the following:

- Listserv venue for sharing training ideas, strategies, difficulties, and brainstorming solutions
- Sharing of opportunities for students and trainees
- Access to training competency documents and training models as they develop
- Relationship/consultation with other geropsychologists providing training
- Research grant opportunities offered each year
- An award for innovative training offered each year
- Invitation to an annual meeting with educational and networking opportunities, and
- Public acknowledgement of the entity as a recognized geropsychology training program.

You may download the application from our website (www.copgtp.org). Annual dues are $200 per calendar year for full membership; $100 per year for associate membership. If you have additional questions, please email any of the members-at-large listed on this page.

About CoPGTP

CoPGTP is an organization of programs providing training in geropsychology. It is committed to promoting excellence in training in professional geropsychology and to supporting the development of high quality programs at the graduate school, internship, postdoctoral fellowship, and post licensure levels. CoPGTP grew out of the June 2006 Geropsychology Training Conference which produced the Pikes Peak Model of Geropsychology Training.