Chair’s column
Andrew L. Heck, Psy.D., ABPP
Piedmont Geriatric Hospital

“Illegal” Use of Antipsychotics and Geropsychology’s Opportunity

It looks like geriatric mental health issues may be entering the public’s consciousness. Listening to NPR this morning, I caught a story that spotlighted a report from the September 4, 2014 issue of McKnight’s Long-Term Care News. The original piece, which can be found at the link at the end of this column, reported that the Office of the Inspector General has filed federal charges against two Watsonville, California nursing homes for

Continued on page 3

Editors’ Note:
Janet A. Yang, Ph.D., Dolores Gallagher-Thompson, Ph.D., ABPP & Andrew L. Heck, Psy.D., ABPP

First, please welcome Dolores Gallagher Thompson as our new co-editor of the Newsletter!

In this Fall Issue of the CoPGTP Newsletter we highlight the new CMS (Centers for Medicare and Medicaid Services) Initiative to reduce antipsychotic medication use in nursing homes, summarizing this initiative and discussing implications for training psychology students and trainees.

CMS INITIATIVE TO REDUCE ANTI-PSYCHOTIC MEDICATIONS IN NURSING HOMES:
An Overview

Andrew Heck, Psy.D., ABPP
Piedmont Geriatric Hospital
Michele Karel, Ph.D.
VA Boston Healthcare System, Jamaica Plain Campus

Following a report by the U.S. Department of Health and Human Services Office of the Inspector General (2011) that revealed antipsychotic medications in nursing homes were being used inappropriately and excessively, the Centers for Medicare and Medicaid Services (CMS) in 2012 launched an initiative aimed at reducing antipsychotic usage in nursing home

Continued on page 4
CMS INITIATIVE TO REDUCE ANTI-PSYCHOTIC MEDICATIONS IN NURSING HOMES: Geropsychology Training Implications

Victor Molinari, Ph.D., ABPP
University of South Florida, School of Aging Studies

Recent data suggests that the CMS initiative’s goal to reduce antipsychotic medication in nursing homes by 15% via non-psychopharmacological means has been met. The 17% overall national reduction is a good start, but there remains wide variability in progress across different states and within the nursing homes of each state. Part of the reason why we are writing this series of articles is because psychology has not been a major player in this effort, despite the fact that many evidence-based programs to reduce disruptive behavior in nursing home residents have been developed and evaluated by psychologists (e.g., Camp, Cohen-Mansfield, Teri etc.).

Although varied geropsychology groups have now united to reach out to the CMS administrators to apprise them of psychology’s potential contribution to this initiative, there remain thorny issues of implementation. Most geropsychology leaders recognize that given the demographic imperatives, we are not nearly graduating enough geropsychologists to address the need for mental health services for older adults. There has been a troubling inertia towards generating more tracks in geropsychology graduate programs to manage the demand. We are doing better at the internship level, but even here there has been concerns regarding the quality of supervision that interns may receive during their minor or major aging rotations. The

Please join us for CoPGTP’s Annual Dinner at GSA, November, 2014

The CoPGTP Board warmly invites psychologists & students from member programs to join us for an evening of outstanding food and fellowship at the November GSA Conference in Washington DC!

When: Thursday, November 6, 6:00-8:00 p.m.

Where: Ping Pong Dim Sum, 900 7th St. NW, Washington, DC 20001 (Chinatown; www.pingpongdimsum.us)

Who: Psychologists and students from CoPGTP member programs

Cost: $50.00 per person (current and former student board representatives no charge); checks only, payable to CoPGTP

Register: RSVP to Andrew Heck at andrew.heck@dbhds.virginia.gov

CoPGTP Chairs through the years
From the CoPGTP Dinner, November, 2013 (L-R) Drs. Rick Zweig, Michele Karel, Dan Segal Sue Whitbourne, Greg Hinrichsen & Andrew Heck

Continued on page 6
having “routinely overmedicated residents with antipsychotics and other drugs ‘for the convenience of management.’” Under the federal False Claims Act, the complaint characterized the use of antipsychotic medication for an identified 2009 resident of one of the related facilities as falling within the category of “non-existent, grossly inadequate, materially substandard, and/or worthless services” after the resident was hospitalized for cardiac failure, pressure sores, and sepsis. According to the charges neither the resident nor his family members had given consent for antipsychotic medication treatment. The facilities deny the charges and insist the medication use was justified. This legal action is set against the backdrop of an ongoing CMS initiative to reduce antipsychotic usage in nursing home dementia residents (see “CMS Initiative to Reduce Antipsychotic Medications in Nursing Homes,” page 1 in this newsletter for a detailed description of the initiative).

What could this mean for geropsychologists? If this legal trend continues, demand for our non-pharmacological expertise will continue to rise given our status as the putative experts in nonpharmacological behavior management. But do we have the supply? The 2012 Institute of Medicine’s report on the geriatric mental health workforce says we don’t. The mission is clear: we need to recruit and train more geropsychologists. We are in a better position than ever before to mobilize, as we have a cohesive professional taxonomy, we are an APA-recognized specialty, we have established training standards (Pikes Peak), and we have a method of evaluating and recognizing competence to practice (ABPP certification in Geropsychology).

The public is calling for alternatives to geropsychiatric “treatment as usual”—we can be at the forefront of answering that call. I want to extend my continued appreciation to those already involved in filling the growing need for competent geropsychological care. And I want to encourage you to keep bringing more programs into the CoPGTP fold. Clearly we need more doctoral program, practicum, internship, fellowship, and post-licensure partners that focus on working with older adults in order to bolster our gero-competent workforce. Just a handful of new CoPGTP member programs could bring several times that many psychologists into the cause. Please consider reaching out to a program that is not yet involved with CoPGTP and connect them with their respective board member-at-large.

Reference

Geropsychology ABPP Update
Victor Molinari, Ph.D., ABPP
University of South Florida, School of Aging Studies

The ABGERO process is moving along. We examined 11 candidates during the APA convention at the APA building (thanks Debbie DiGilio!), and have four more to go to become a full-fledged specialty and allow us to place those letters after our names. Given the number of people who have shown interest in being examined at GSA in DC (Nov 4&5), we are optimistic of meeting our goal by the end of the year. The ABPP Central Office has given us a vote of confidence regarding our oral examination protocol, and is now monitoring us less heavily than the early days of examinations. We have been working out the minor kinks in the overall procedure and thank the early candidates for bearing with us.

I want to apprise the Newsletter readers of some exciting developments on the ABPP front. The ABPP Central Office has been inundated with applications from the 14 specialty areas over the last few years and they are building up a nice cash reserve. Along with the newly formed ABPP

Continued on page 4
Foundation, there is an invigorated ABPP that has moved beyond the early days of being considered an ‘elitist’ group. ABPP has been transformed into an organization that is allied with APA, and has the finances necessary to assure competent specialty practice for individuals in a thoughtful, collegial manner.

Last year, approximately 1000 candidates from 14 specialties were examined. Half of these were nurtured through the ‘early entry’ program. For those pre-licensure individuals interested in the ABGERO process, you will be demonstrating “a lifelong commitment to professional development in geropsychology”. Here’s how it works (direct from the ABPP website - http://www.abpp.org/i4a/pages/index.cfm?pageid=3558):

1) Complete an Application and submit the $25 fee (This is a $100 discount off the standard application fee-no further application fee will be due).
2) No need to identify a particular specialty at the early entry level, although you may.
3) Access mentoring early on to facilitate your progress.
4) Submit your credentials (e.g., official transcript, internship completion certificate, etc.) as you complete each phase of your training.

ABGERO candidates at the 2014 ABPP convocation breakfast with Dr. Randy Otto, President ABPP Board of Trustees.

August 9, 2014:

From left to right: Sara Qualls, Tonita Wroolie, Victor Molinari, Brad Karlin, Randy Otto, Lisa Brown
dementia residents by 15% nationally. This endeavor, entitled the National Partnership to Improve Dementia Care in Nursing Homes, or National Partnership, has championed the use of individualized non-pharmacological care approaches for managing behavioral expressions in individuals with dementia (see https://www.nhqualitycampaign.org/dementiaCare.aspx).

Until recently, psychologists have not played a major role in supporting the National Partnership. Of course, psychologists can play a critical role in helping nursing home leaders and teams develop and implement non-pharmacological interventions to help reduce distress and discomfort among their residents with dementia. However, CMS and many nursing home administrators may not be fully aware of the services that psychologists can provide.

Several geropsychologists, including Drs. Kelly Carney, Erin Emery, Jane Fisher, Andrew Heck, Michele Karel, Mary Lewis, Victor Molinari, Jennifer Moye, Margaret Norris, and Kimberly Van Haitsma, have formed a working group to collaborate with CMS on strategies to get the word out: (1) to the nursing home industry about how psychologists can help to support the National Partnership and (2) to psychologists who may be interested to learn more and help with this initiative. In this vein, we are developing a description of Professional Psychology that will serve as a template for descriptions of all the professions working in long-term care; in part, there is a basic need for interprofessional education about the knowledge and skills that the various professions can bring to this partnership (e.g., recreation therapists, social workers, occupational therapists, chaplains, etc).

If you are interested to learn more or to support the efforts of the National Partnership to Improve Dementia Care in Nursing Homes, please see the websites and references included here, and contact Dr. Kelly Carney (kcarney@phoebe.org) or Dr. Margaret Norris (margienorris@hotmail.com) for more information.

References


CoPGTP Research Award

Andrew L. Heck, Psy.D., ABPP
Piedmont Geriatric Hospital

Congratulations to Drs. Allison Jahn, Stacy Weber, Eric Larson, Shaun English, & Heather Smith of the Milwaukee VAMC for being awarded the CoPGTP Research award. Their project, entitled, “Treatment Tracking: Training Benefits in Geriatric Mental Health,” will compare usage of treatment outcome measures with the development of geropsychology competency, especially in the areas of self-reflection and consultation. The funded project will serve as a pilot study, from which a larger-scope study may be expanded in the future. The investigators have been awarded $1500 to conduct this important study; we look forward to the results!
question arises as to what training the supervisors of these rotations have obtained so as to become competent in their practice to provide adequate role modeling and skill development for their students.

An even more troubling concern is that working with the behavioral problems that occur in long term care settings is a specialized skill that all trained geropsychologists may not necessarily acquire thereby narrowing the pool of qualified psychologists working in nursing homes even more. I am reminded of a survey that I conducted of nursing home administrators which found a surprisingly high level of interest in providing mental health services to their residents. One of the questions I asked was whether they had a psychologist who was employed or consulted in their nursing home. Many of the administrators said no, citing lack of mental health practitioners in their county as the main reason. One administrator of a rural nursing home facility then contacted me to assist her in identifying a psychologist in her area for her to provide consultation services. Despite my best efforts and a post on the state psychology association Listserv, I was unable to find even one psychologist (whether they were geropsychology-long term care trained or not) who could provide services in her nursing home.

Although there are a number of long term care groups consulting in nursing homes in more urban areas, there have been no studies regarding the gero-specific skills that their members “bring to the table”. I believe most geropsychologists would agree with Bob Knight that compared with younger adults, psychotherapy with older adults is more similar than different, yet consultation in long term care settings requires a unique skill set that has not been adequately delineated. Does the practitioner have an adequate clinical model to guide one’s interventions in nursing homes? The rule/outs regarding “behaviors” in nursing homes are myriad. Can one delineate the mutative factors (agitation, depression, pain, environmental flaws) from the non-mutative ones (gender, level of dementia, pre-morbid personality) as Kunik advises? Do you use the Antecedent-Behavior-Consequences model to determine how to proceed? Volicer talks about how agitation may be due to under-stimulation, while aggression is often due to poor caregiver technique. Algase discusses how unruly behavior is a result of unmet need. Lawton discussed a person-environment fit, while Mast, Kitwood, and Feil all advise use of a person-centered approach in all interactions with nursing home residents. Which model(s) do you execute or employ for which behavior problem?

In order to give away the best of geropsychology, it will be necessary not only to adequately identify the specific foundational and functional competencies we want to develop in our students who provide services to older adults (we have made a great strides with the Pikes Peak Model of Training and the Tool to Assess the Pikes Peak Competencies in Geropsychology), but we now will need to begin describing those competencies specifically relevant to psychology in long term care. On the Psychologists in Long Term Care (PLTC) Listserv, there was a very interesting discussion launched by PLTC President Pat Bach on the mission of PLTC. One issue that was highlighted was that PLTC members not only deal with very older adults, but also with the younger developmentally disabled and acute rehab patients as well. A major challenge will be to figure out how geropsychology training at the graduate, internship, post-doctoral, and particularly post-licensure levels can provide the didactic and supervisory experiences necessary for psychologists, geropsychologists, and long term care psychologists to achieve optimal outcomes for an increasingly diverse group of frail older adults served in the home and/or traditional geriatric settings. The wonderful development of an ever-growing number of geropsychologists employed in the VA community living centers renders it urgent to adequately train students for such a complicated
Post Doctoral & Internship Programs

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

APPIC Establishes Centralized Application System for Postdoctoral Fellowships

The Association of Psychology Postdoctoral and Internship Centers (APPIC) recently announced an extended partnership with Liaison International for the development of an online application system for postdoctoral programs. The new resource, titled APPA CAS (APPIC Psychology Postdoctoral Application Central Application System), is slated to be ready for the application season starting in the fall of 2014.

Dr. Wayne Siegel, Vice-Chair for APPIC, sees the development of the new system as a major step forward for postdoctoral training as an entity, and he hopes the process will assist in moving the profession toward unifying postdoctoral training in the future. One of the previous challenges in establishing such a resource was the significant variability that exists across postdoctoral fellowship programs. In order to address this issue, the current platform was developed with flexibility in mind and can be tailored to meet the needs of a diverse range of programs. For example, the open format provides an avenue for postdoctoral programs to include individualized, site specific materials to be uploaded and included in the application process, as well as the option to sort application data across a number of variables.

It is also believed the centralized system will streamline the review process for postdoctoral programs as the platform will provide an easily accessible central location where all application materials can be stored for review.

Internship Report
Heather Smith, Ph.D.
Milwaukee VA Medical Center

Geropsychology Internship Networking Event

The Council of Professional Geropsychology Training Programs (CoPGTP) had the pleasure of co-sponsoring an inaugural geropsychology internship networking event along with the APA’s Committee on Aging (CONA) at the APA annual convention in August. Eight geropsychology internship supervisors and 8 prospective geropsychology interns gathered for an informal “meet and greet” and more formal sharing of program information and geropsychology training opportunities.

Internship supervisors in attendance were predominantly from VA medical centers with locations spanning both coasts. Similarly, students hailed from a range of doctoral programs throughout the country.

The intent of the event was to demystify the available internship opportunities in geropsychology and to support students who have an identified interest in geropsychology. To that end, supervisors provided information on their clinical training experiences, including rotations in VA community living centers (CLCs), primary care, home based primary care (HBPC), palliative care/hospice, neuropsychology, outpatient behavioral health, and rehabilitation psychology. Opportunities to conduct geriatrics research and the varying structures of the represented programs (e.g., specific geropsychology positions/match versus geropsychology rotations within a general internship program) also were shared.
Prospective interns were offered the chance to ask questions, and in so doing demonstrated a desire for feedback on ways of enhancing their competencies in order to present a strong application. Supervisors emphasized quality of prior training over quantity and encouraged demonstration of students’ genuine interest in geropsychology. In addition, students were relieved to find that extensive geropsychology experience and coursework or prior VA experience were not necessarily prerequisites for most of the programs in attendance. Applicants were encouraged to individualize their applications by identifying their training needs and clearly discussing how the site’s training experiences could meet them.

Feedback from attendees was positive, with the opportunity to meet face-to-face with geropsychology supervisors identified as successfully reducing uncertainty about the internship application process. It is hoped that similar events can be held in the future to assist in reducing the stress experienced by students interested in geropsychology and to support and welcome future geropsychologists to the field.

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.
task and for such rewarding career choice.

Bibliography:


Student Representative Report

Evan Plys
University of Colorado at Colorado Springs

This year I was fortunate enough to serve as the student representative to CoPGTP. I would like to take this opportunity to thank the organization for a great year and share my experiences with the readers.

Over the course of the year, I collaborated with board members on an initiative to compile and make available member internship and post-doctoral training sites, highlighting the rotations offered at each. I also spent time coordinating the student spotlight section of the newsletters and am hoping to contribute to more projects in my remaining months in the student representative role.

Observing board meetings and weighing in on important and relevant topics affecting our field was a great experience. As a student choosing a career in geropsychology, I am enthusiastic about my work with older adults in both clinical practice and research. The more I grow in this field, however, I find myself grateful to pursue a career filled with such amazing people. Through this experience and attending conferences, I have learned geropsychologists have a passion for their work and genuinely want to mentor others in the field. As I continue my career in geropsychology, I look forward to meeting many more colleagues with a focus and passion similar to my own. I am excited for the field and my career because of the work students, educators, clinicians, and policy makers are involved in to advocate for the growth of geropsychology.

Student spotlights

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.

Carmela Bass, PsyD is a newly licensed New York State psychologist who recently completed a geropsychology postdoctoral fellowship at the VA NY Harbor Healthcare System, Brooklyn Campus. During her fellowship, she worked in inpatient and outpatient settings with a major rotation in oncology and end-of-life care and a minor rotation in neuropsychological assessment. Carmela received her doctorate degree in clinical psychology from The Wright Institute in Berkeley, California, and moved to New York for her predoctoral internship at the VA NY Harbor Healthcare System, Manhattan Campus. She became interested in specialization with the population of older adults through her clinical experiences in a nursing home and while working with elderly veterans.

In addition to her clinical work with older adults and veterans, Carmela has a strong interest in neuropsychological assessment and plans to continue to expand her clinical and research work in both areas. She is currently co-authoring an article on assessment of validity with polytrauma patients for publication in the near future. Also, Carmela has a degree in documentary filmmaking and hopes to continue with this work and possibly integrate relevant tools into her career. Carmela is excited about the clinical and research opportunities that lie ahead.
Anne Schwabenbaur is a 5th year Clinical Psychology Psy.D student at Massachusetts School of Professional Psychology. As a graduate student, Anne’s coursework, research, and clinical training all focused on geropsychology.

Prior to graduate school, Anne participated in a research project at Allegheny College that examined a potential link between Parkinson’s disease and manganese toxicity in career welders. This research sparked an interest in the aging brain and was instrumental in her decision to pursue an advanced degree in Clinical Psychology.

As a doctoral student, Anne’s research and interests centered on the clinical utility of neuropsychological assessment in evaluating the functional capacity of older adults. Under the supervision of Dr. Erlene Rosowsky, her research examined the ability of the Inhibition/Switching condition of D-KEFS Color-Word Interference subtest to predict older adults’ ability to perform instrumental activities of daily living. Anne presented her research in poster format at the 2013 Gerontological Society of America conference in New Orleans. Additional findings were also accepted for a presentation at the 2014 American Society on Aging conference.

During her clinical training, Anne broadened her focus to incorporate therapeutic interventions for older adults. She has been fortunate to gain experience by working with older adults in a community mental health center, an outpatient neurology clinic, and an inpatient rehabilitation hospital. Her clinical rotations have focused on neuropsychological assessment, individual and group therapy, and multidisciplinary consultation. This year Anne is excited to advance her training in geropsychology as a predoctoral intern in the Health Psychology track at the Central Arkansas VA.

Allison Ilem (previously known as Allison Jay) is a post-doctoral fellow at the Puget Sound VA, American Lake Division. This fellowship program focuses on geriatric care across a variety of clinical assessment and treatment settings, including outpatient mental health, long-term care, memory care, and home-based primary care. Allison’s professional interests focus on dementia care, end-of-life issues, chronic disease management, and interdisciplinary teams.

Allison completed her PhD at the University of Colorado Colorado Springs, where she was trained using the Pike’s Peak model of geropsychology training. During her graduate training, Allison completed clinical rotations in neuropsychology, caregiver therapy, developmental disabilities, and integrated care. She worked with Dr. Leilani Feliciano to conduct research and clinical consultation about non-pharmacological approaches to managing challenging behavior in people with dementia. Her dissertation research was an empirical investigation of various landmarks used to improve room finding in memory care residents. Allison was awarded with a Student Research Award, Honorary Mention from Psychologists in Long-Term Care (PLTC) for this project in 2012. She was also awarded the Henry Welch Scholarship in Aging from the Colorado Gerontological Society (2012).

Prior to her training in Clinical Psychology, Allison completed a Master’s degree in Applied Behavior Analysis at Western Michigan University. She is a Board Certified Behavior Analyst (BCBA) and has worked with people with intellectual and developmental disabilities across the lifespan.

Allison is excited to be part of the growing field of mental health providers who specialize in services for older adults.
Membership Report
Elizabeth Mulligan, Ph.D.
VA Boston Healthcare System, Jamaica Plain Campus

Forty-three 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 6 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,” distribution of minutes from our monthly meetings on the listserv, and our annual dinner meeting.

Our website (www.copgtp.org) provides one of the most up-to-date listings available of programs offering substantive geropsychology training, consistent with the Pike’s Peak Model. The CoPGTP board is beginning an effort to update these listings and to make them more consistent so programs should expect to hear from us soon. Programs also have the ability to edit and personalize information on our website on an ongoing basis by creating their own member account. We encourage all of you to take the time to read your current listing and to email Beth Mulligan (Elizabeth.Mulligan@va.gov) if you need assistance making changes.

Finally, our recruitment efforts are ongoing. Please contact the members-at-large if you have suggestions for potential new members.

CoPGTP members and affiliates
Bay Pines VA
Baylor College of Medicine
Case Western University
Heritage Clinic, a division of the Center for Aging Resources
Central Arkansas VA Medical Center
Concept Healthcare, Joseph Casciani, Ph.D.
Department of Veteran Affairs
Edith Nourse Rogers Bedford VA Medical Center
Ferkauf Graduate School of Psychology, Yeshiva University
Gregory A. Hinrichsen, PhD
G.V. (Sonny) Montgomery VA Medical Center
Institute on Aging
Larry W. Thompson, Ph.D. & Dolores G. Thompson, Ph.D., ABPP
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
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
Recent member publications


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!
CoPGTP Board 2014

Chair:
Andrew Heck, Psy.D., ABPP
andrew.heck@dbhds.virginia.gov

Chair-elect:
Victor Molinari, Ph.D., ABPP
vmolinari@usf.edu

Past Chair:
Richard Zweig, Ph.D.
richard.zweig@einstein.yu.edu

Secretary:
Elizabeth A. Mulligan, Ph.D.
Elizabeth.mulligan@va.gov

Treasurer:
Douglas W. Lane, Ph.D., ABPP
douglas.lane@va.gov

Member-at-large for graduate programs:
Brian D. Carpenter, Ph.D.
bcarpenter@wustl.edu

Member-at-large for post-licensure programs:
Gregory Hinrichsen, Ph.D.
geropsychgah@aol.com

Member-at-large for postdoctoral programs:
James “Chip” Long, Ph.D.
james.long5@va.gov

Member-at-large for internships training programs:
Heather Smith, Ph.D.
heather.smith7@va.gov

Student Representative:
Evan Plys, B.A.
eplys@uccs.edu

Website Coordinator:
Susan K. Whitbourne, Ph.D.
swhitbo@psych.umass.edu

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.