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

From time to time, it is useful to reflect on where we fit in the order of all things geropsychology. We are fortunate to be well-represented by a number of professional groups, collectively known as the Geropsychology Synarchy. Aside from CoPGTP, this august group includes Division 12, Section II (Clinical Geropsychology), Division 20 (Adult Development and Aging), APA’s Office on Aging and Committee on Aging (CONA), and Psychologists in Long Term Care (PLTC), all of whom provide tireless service to the profession in

Why Pursue the Gero ABPP?

How should I prepare?
What should I expect?
Janet Anderson Yang, Ph.D.
Heritage Clinic, Center for Aging Resources

(Editor’s note) In this feature article, four individuals who have successfully completed the Geropsychology ABPP examination process describe the reasons they took the exam, how they prepared for it, and their experience of taking the exam. Three completed the process via the “Senior Option” (Bush, Whitbourne and Yang), and one completed via the standard option (MacMillan).

Shane S. Bush, Ph.D., ABPP
Why Board Certification in Geropsychology?
My decision to pursue board certification in geropsychology was based on my personal investment in high standards of ethical practice, professional competence in particular. Professional competence in a specialty area can be determined and demonstrated through a formal, reasonably rigorous peer review process. Because much of my clinical work and supervisory activities involve older adult patients, I wanted to determine whether established experts in geropsychology considered my knowledge and skills in this specialty to meet a level of competence that exceeds the requirements for generic licensure in psychology. Therefore, as soon as the possibility of becoming board certified in geropsychology became available, I chose to

Continued on page 2

Inside This Issue
1 Chair’s column
1 Feature article: Why Pursue the Gero ABPP?
2 E-Learning and Development Center Proposed
3 Geropsychology ABPP Update
6 Board Member-at-Large Reports: Graduate, Internship & Post
Doctoral Programs
10 CoPGTP Awards—Call for Nominations
10 CONA Update
11 Student Spotlights
13 Membership Report
14 Scenes from the 2013 Annual Meeting at GSA
15 Recent Member Publications

Continued on page 4
myriad ways. Each group’s contributions to the field often include combinations of advocacy, networking, education, and standards development and promotion, among many, many others. CoPGTP enjoys a fruitful and collegial working relationship with each of these organizations, which is often aided by overlapping membership. The current leader of each of these groups serves as a member of what is known as the Aging Leadership Team—a group committed to examining issues of common interest and updating one another on each group’s recent activity.

Ostensibly, progress in geropsychology requires each of its constituent “parts” to operate both in concert with and disparate from one another simultaneously. Since 2007 CoPGTP has become increasingly recognized as the torch-bearer of training—falling in between research and practice along the service delivery continuum. Our implicit agreement with the other members of the Geropsychology Synarchy is that based on available research and theory we will develop and conduct the best possible clinical instruction, leading to the best possible professional practice. This requires us to look at relevant activities in the field through a training-specific lens. Consider these current issues affecting Geropsychology:

- A 2012 Institute of Medicine report has outlined a dire shortage of geriatrically-trained mental health professionals;
- The DSM-5 has reclassified dementia and other forms of cognitive impairment;
- The Center for Medicare and Medicaid Services (CMS) has launched a large-scale initiative aimed at reducing antipsychotic medication usage among residents with dementia in long-term care.

Each issue has many implications for the field, and CoPGTP’s charge is to extract the training implications for each and act accordingly. When our efforts are added to those of other members of the Geropsychology Synarchy (which, for example, produce and promote research, shape public policy, develop & disseminate best practices), comprehensive and impactful solutions emerge. Our focus on workforce development fits hand-in-hand with the work of our counterparts in other geropsychology organizations, creating a synergy that propels the field forward.

I urge you to bring new member programs into the fold. The level of need has never been higher (and it’s still growing!) and we need as many oars in the water as possible. Get involved in workgroups, task forces, or consider serving on the CoPGTP Board—it’s such a fulfilling and meaningful way to serve the profession. And, as always, thank you for your commitment to serving older adults and those who serve them!

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**E-learning & Development Center Proposed**

**Erin Emery-Tiburcio, Ph.D.**

Rush University

CoPGTP’s e-Learning and Post-Licensure Training Committee submitted a planning grant proposal to the Retirement Research Foundation (RRF) to fund the initial stages of development of a primarily online training center for geriatric mental health and interdisciplinary team training. RRF was very enthusiastic about the project, and has requested that we make some modifications to the proposal and resubmit for the highest likelihood of funding and project success. The committee and the project’s national advisory board will be working on these modifications for resubmission, with hopes of beginning funded work this fall.
Geropsychology ABPP Update
Victor Molinari, Ph.D., ABPP
University of South Florida

The process of gaining certification for geropsychologists via the American Board of Professional Psychology is moving along slowly (but surely!). All 11 Board members as well as 9 non-Board members have been examined. We need to test 21 more to become a full-fledged specialty by the end of the year. Examinations will be held in Chicago at the ABPP workshop series on Monday May 19 (location - Chicago School of Professional Psychology building), at APA tentatively scheduled for August 6&7 (location - APA building), and the GSA meeting in DC (dates to be announced).

Members of the ABGERO Board conducted two recent webinars to publicize the ABPP process and to reduce the stress of the application procedure. We were very gratified with the response we received and decided to institute a mentoring program to guide applicants through the process. Mentors are ABGERO board members as well as non-Board members who have been successfully examined. Twenty-six people already have signed up to be mentored! We hope to usher them through the pipeline to bring the ABGERO process to fruition and become a full-fledged ABPP specialty allowing us to have bona fide representation on the ABPP Board of Trustees. The ABPP Board of Trustees and Executive Committee have been remarkably supportive of this process. When you see David Cox at the ABPP booth at the APA meeting, please thank him profusely for his guidance.

Just a few thoughts about why I believe the ABPP for geropsychology is important: One, as an ‘unofficial’ board member sitting in at the ABPP Board of Trustees meetings, I have been impressed with how ABPP is on the cutting-edge of the competency movement in psychology and how geropsychology needs to have a permanent official seat at the table to actively participate in these training discussions. Designation of competencies in particular specialties will guide graduate school, internship, and fellowship efforts to achieve these competencies. In the not-too-distant future, state licensing boards may be using a competency benchmark (rather than pure educational standards) for licensure and license renewal for psychologists.

Two, as we know, the VA provides financial incentives for those individuals who have ABPPs. Indeed, some VA Chiefs of Psychology give applicants for VA positions preference on the basis of their having an ABPP or at least being board eligible. Other non-VA psychology departments across the country are following suit, and this trend will only continue.

Three, the ABPP in geropsychology is one way of showcasing one’s competence as a geropsychologist. Especially for younger geropsychologists, receiving the ABPP in geropsychology shows that your educational, training, and work experience credentials have been vetted by your peers, and you have passed an oral examination which deems you competent in the foundational (reflective practice; scientific knowledge; relationships; cultural & individual diversity; ethical issues; systems of interdisciplinary care) and functional (assessment, intervention, consultation) domains relevant to geropsychology.

And four, for those more senior geropsychologists, it is one way of giving back to your profession by displaying a united front that geropsychology is a bona fide specialty which has an ever-growing evidence base, the Pike’s Peak training model to guide mastery of this body of knowledge, and a substantial group of professionals who self-identify with our field and who have the skills required to be designated as competent professionals serving older adults based on an extensive review of credentials and

Continued on page 4
pursue it. Given my stage of professional development, I qualified for and elected to pursue the senior option.

Preparation for Board Certification in Geropsychology (Senior Option): After deciding to pursue board certification, I began reflecting on my education, training, and professional experiences, and documenting those experiences. Additionally, because geropsychology involves very broad based knowledge and skills, there were aspects that I needed to review, so I turned to seminal texts and recent journal articles and book chapters to help to firm up areas of relative weakness. I found Molinari’s (2011) book *Specialty competencies in geropsychology* to be a valuable resource.

The Process: For me, having previously met the general ABPP requirements and submitted basic credentials (e.g., transcripts) for board certification in other specialties, the initial focus was on establishing my credentials specific to geropsychology, which was done with the specialty-specific application. The most challenging part of that process was thinking back to early training experiences 20 years ago, where they occurred, and who supervised my work.

Once the application was accepted, I turned my attention to the professional self-study statement (PSS) and the professional work sample. The work sample consisted of examples of presentations, scholarly publications, and descriptions of training and supervision provided to graduate students.

Once the PSS and work sample were accepted, the focus turned to the oral examination which consists of three components: the PSS, work sample, and ethical and legal issues. It was important to be very familiar with my PSS and work sample and to be able to discuss all aspects of those documents, including why certain clinical methods, procedures, theoretical orientations, or other models or practices were used or not used.

The ethical/legal component of the examination involves reviewing vignettes and identifying and discussing the relevant ethical/legal issues. Ethical and legal aspects of my clinical practices were covered. With apologies for self-promotion, I reviewed my 2009 book *Geriatric Mental Health Ethics: A Casebook* which presents a structured ethical decision-making model, various ethical and legal resources, and vignettes.

Each step of the process, including written correspondence, was managed by ABPP and the Geropsychology Board in a timely and professional manner. Without exception, I found the examiners to be pleasant and professional, and I am glad to have gone through the process.

**Lauren Fox MacMillan, Ph.D.**

**Why I pursued Board Certification:** I pursued board certification in Geropsychology for several reasons. First, professional competence within my specialty is my responsibility. I valued the opportunity to obtain specific feedback from accomplished colleagues in geropsychology, which is not readily available otherwise. I expected the process to boost my confidence in my current set of competencies, and direct me toward areas for growth. Not only is this...
important for my patients, it is essential as I supervise, train, and mentor future psychologists. I hope board certification will enhance my ability to attract motivated and committed geropsychology trainees, and ensure that the training I offer is high quality. I think board certification may lead to increased recognition and respect of my specialty competencies among interdisciplinary peers. Finally, participating in development of the ABGERO was a means to connect and collaborate with specialty experts across the country. I am excited about helping mature the field of geropsychology by contributing to this milestone.

My preparation: I began preparing in spring 2013 by setting aside a few hours each week for the initial application, outlining my responses for the professional self-study statement, and selecting cases for the Work Samples. As my mentor, Dr. Molinari was a helpful consultant in regards to case selection. In the late spring/early summer, I spent about 5-7 hours per week writing the PSS and Work Sample contextual statements. Part of that time was spent in reviewing recent peer reviewed literature and helpful books (Molinari’s edited handbook on competencies, Bush’s Casebook of Mental Health Ethics, etc). I was surprised to find that the process was fulfilling in its own way. Not since applying to internships had I reflected upon and described my professional identity, development, and competencies in such a thoughtful way. I also appreciated the opportunity to update my knowledge by reviewing recent literature, which usually feels hard to fit into a busy schedule. Thinking deeply and writing about my intervention case had a positive influence on the actual work which was still progressing. I was ready to take the oral exam in Hawaii in July, but due to a family emergency had to cancel that trip. I used the time in the late summer/early fall to read as much as I could, particularly regarding ethical challenges (I practically memorized the APA ethics code and read several other ethics guidelines as well).

Taking the exam: The oral exam, which I took in November at GSA, was collegial and interesting. The questions and vignettes were appropriate and I felt well prepared to respond to them; there were no ‘curve balls’ so to speak. I was surprised to see that some of my fellow candidates (folks whose work I’d read since my graduate school years and highly respect for their significant contributions to the field) seemed just as nervous as I was! Everyone seemed to take the process seriously, yet have positive intentions and expectations regarding the process and outcomes. I anticipate future examinees will have a similarly positive experience.

Susan Krauss Whitbourne, Ph.D.

Preparing for the Exam: Last November, during the GSA meeting in New Orleans, I sat for the oral component of the ABPP exam, taking the senior option. To be able to sit for the oral exam, I had to complete the ABPP online application, following which I submitted my professional self-study statement and work sample. These steps involved such enlightening activities as tracking down my graduate school transcript and going back through all the papers and coursework information I had from my post-doctoral respecialization, including internship. I then sat down to compose my thoughts about my professional development in geropsychology, a task that I found to be thought-stimulating and productive. The most interesting piece of the initial application was completing the Pikes Peak Competence Assessment tool. Although I was part of the team that wrote and evaluated the tool, it was a very different phenomenon to actually take it myself because I had to ask myself some tough questions. I felt that the tool provided an excellent structure for the ABPP, however. Because it is so specific, it allows you to break down your areas of expertise into small enough components that you can get a good sense of where you need further professional development.
Board Member-at-Large Reports

Graduate, Internship & Post Doctoral Programs

Graduate Program Report
Brian Carpenter, Ph.D.
Washington University at St. Louis

Over the next few newsletter issues, I hope to highlight a novel or innovative training idea from one of our member graduate programs. In this issue I’ll start things off by describing a new course we’ve developed on our campus called Geriatric Interprofessional Teams.

As you know, clinical work with older adults has always included a strong interdisciplinary component, and we designed our course to provide students with explicit training in this area, rather than the more haphazard, on-the-job exposure they might otherwise receive. To that end, we wanted students to learn about 1) the expertise other disciplines bring to the table, and 2) team dynamics and how to work effectively with a team. Students in the class come from several disciplines: in this semester’s class we have students from social work, occupational therapy, psychology, medicine, public health, and a special program in health behavior promotion.

Each week a professional from the community lectures about the history, philosophy, scope, and role of their discipline (which has included representatives from all the above as well as nursing, physical therapy, speech and language pathology, pharmacy, and chaplaincy). We also have several lectures and discussions that focus on interprofessional healthcare team process, so that students learn about what makes for well functioning teams and how to spot problematic dynamics.

We think a highlight of the course is the site visits

Internship Report
Elizabeth Mulligan, Ph.D.
VA Boston Healthcare System

Internship match report for training year 2014-2015

The Association for Psychology Postdoctoral and Internship Centers (APPIC) continues to utilize a two-phase Match process. Applicants who are not matched in the initial phase are able to apply to unfilled slots and participate in a second match. Notification day for Phase I took place on February 21, 2014 and notification day for Phase II took place on March 24, 2014. Although the imbalance between internship applicants and available slots remains a significant issue, key statistics from this year’s match (APPIC, 2014) demonstrate small improvements in this area:

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<tr>
<td>Total # of applicants*</td>
<td>4,014</td>
<td>4,114</td>
<td>4,067</td>
</tr>
<tr>
<td>Total # of positions</td>
<td>3,534</td>
<td>3,397</td>
<td>3,202</td>
</tr>
<tr>
<td>Applicants matched</td>
<td>86% (n = 3,458)</td>
<td>81% (n = 3,326)</td>
<td>78% (n = 3,152)</td>
</tr>
<tr>
<td>Positions filled</td>
<td>98% (n = 3,458)</td>
<td>98% (n = 3,326)</td>
<td>98% (n = 3,152)</td>
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*These numbers do not include applications that registered but did not complete the ranking process. All numbers reflect the combined results for Phase I and Phase II.

Of the 322 additional positions added from 2012 to 2014, 71% (n = 237) are APA or CPA accredited. Although specific statistics are not

Continued on page 7
students make to observe working teams in the community. Students see at least two team meetings in action, recording what they observe in light of what we’ve discussed in class. The students see teams working in dementia care, palliative care, rehabilitation, and in an outpatient day program. The class also includes panel presentations from professionals in other settings, such as outpatient geriatrics, long-term care, geropsychiatry, and hospice. Students then work in interdisciplinary teams to create a presentation for their peers that explains the settings and teams they observed.

Overall we’ve received positive feedback on the course, although the class has not been without its challenges. These include the time commitment involved for a multidisciplinary team of faculty organizers, scheduling complexities across schools at the university, and recruiting students from every discipline we’d like to be in the class. We would be happy to discuss our course further and share a syllabus if anyone is interested.

For our next newsletter, if you have a curricular, research, or clinical training experience you’d like to highlight in future newsletters, please contact me at bcarpenter@wustl.edu.

available regarding Match results for programs that offer geropsychology training. the APPIC directory provides the following general information about sites:

<table>
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<th></th>
<th>Total</th>
<th>APA or CPA Accredited</th>
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<tbody>
<tr>
<td>Total # of programs listed in APPIC</td>
<td>740</td>
<td>75% (n = 557)</td>
</tr>
<tr>
<td>Programs listing older adults as a population served</td>
<td>68% (n = 506)</td>
<td>45% (n = 332)</td>
</tr>
<tr>
<td>Programs listing supervised experience in geropsychology</td>
<td>49% (n = 364)</td>
<td>34% (n = 249)</td>
</tr>
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</table>

Many internships have opportunities to work with older adults in some capacity, but the percentage of internship programs offering specific minor or major rotations in geropsychology is less clear. These statistics reflect the growing need for mental health care for older adults and may indicate an opportunity for geropsychology program development.

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**Postdoctoral Report**

**James R. “Chip” Long, Ph.D.**

Central Arkansas VA Medical Center

**VA Medical System Grants New Postdoctoral Fellowships in Geropsychology for 2014**

The VA Medical System is the largest provider of training in psychology in the nation, with internship positions at 106 locations, and 260 fellowship positions funded every year. However, the demand for mental health services continues to grow, and in an effort to meet this need, the Veteran’s Health Administration (VHA) Mental Health Services and the Office of Academic Affairs (OAA) recently expanded the number of available postdoctoral fellowship positions for psychology trainees. The new positions targeted several core mental health areas within the VA Medical System, as well as provided an opportunity for further development of specialized or innovative program content areas.

Continued on page 8
Geropsychology is one of the training areas that has received increasing attention in the VA Medical System due to the current and projected need for mental health professionals with experience working with older adults. This specialty area also fits well with the VA Medical System’s current movement towards a mode of service delivery that emphasizes an interdisciplinary team approach where mental health services are integrated into the larger treatment team. In line with these goals, funding was provided for seven postdoctoral fellowship positions with a specialty focus in Geropsychology. The new fellowship positions, as well as links to the specific training sites, are listed below. Additional information about psychology training in the VA Medical System can be found at [www.psychologytraining.va.gov](http://www.psychologytraining.va.gov).

- VA Puget Sound Health Care System, American Lake Division
- Harry S. Truman Veterans Hospital
- VA North Texas Healthcare System
- G.V. (Sonny) Montgomery Medical Center
- VA New York Harbor Health Care System, Manhattan NY Campus
- Salem VA Medical Center
- Milwaukee VA Medical Center

All of this prepared me quite well, I thought, for the oral exam. In addition to reviewing what I submitted, I also studied the APA ethics code in some depth and read chapters written by our fellow geropsychologists on ethical considerations in working specifically with older adults. As with the self-statements, this exercise was one I felt was educational and beneficial.

**Taking the Exam:** Taking the oral exam was itself a valuable experience as well. My examiners were clear and asked what I thought were very fair questions. They were professional, respectful, and collegial and I never felt that I was being put on the spot. Of course it was nerve-wracking, and I think that at least among my group of three test-takers, every one of us had an anxiety dream the night before.

**Why take the Exam:** Based on my experience, I would highly recommend that anyone contemplating the geropsychology ABPP take a look at the online requirements and then talk to anyone on the board.
about your concerns. Having this ABPP specialty is a significant accomplishment for the field as much as it is for any of us personally. It is clear that geropsychology is taking its place alongside disciplines that are already fairly well-established. By becoming involved now, you have the potential to leave a lasting benefit for future geropsychologists and, ultimately, the aging individuals whom we serve.

Janet Anderson Yang, Ph.D.
Why I pursued Board Certification: While initially skeptical about committing time and money towards the ABPP, I decided that contributing to the number of psychologists with Gero ABPP would increase the stature of the field, and encourage more students and psychologists to pursue geropsychology.

Preparation: I procrastinated for some time, but I finally updated my vita, completed the application, ordered my transcripts, and obtained a replacement letter of internship completion. As I reviewed my vita, made a list of all I have done in geropsychology, and recalled the mentors I have had, I was surprised, realizing what I have accomplished and enjoyed remembering the many people who have guided me. To decide on work samples, I compiled a list of possibilities and asked my ABPP mentor for advice. I submitted one article I have published and 2 power points I often present. Despite my hesitations, I found the process rewarding.

To prepare for the oral exam, I took the Pikes Peak Competency Assessment Tool and reread the APA Guidelines for Psychological Practice with Older Adults, noting areas for further study. I compiled a list of study materials by reviewing Victor Molinari’s presentation of August 2013, the resources on Gero Central website, the Resources tab of 12/II website, and resources on COPGTP website.

I found the following most useful:

**Assessment in Clinical Gerontology** (1999) edited by P. Lichtenberg (Ed.);
**Geriatric Mental Health Ethics: A casebook,** (2009) by S. Bush;
**Assessment of Older Adults with Diminished Capacity: A Handbook for Psychologist,** (2008) by APA;
**Making Evidenced Based Psychological Treatments work With older adults,** (2012) edited by F. Scogin & A. Shah;
**Evidence Based Behavioral Health Practices for Older Adults,** (2006) edited by S. Levkoff et al; and
**Mental Disorders in Older Adults,** (2007) edited by S. Zarit & J. Zarit.

I studied the APA ethics code, memorizing the main categories pertinent to older adults. I thought through what model I use when facing difficult ethical dilemmas, and practiced applying my decision making to the vignettes in Dr. Bush’s book.

Taking the exam: When I arrived at the oral exam, I met 2 other friendly examinees, and we shared our anxiety(!) I met with 3 different examiners for approximately 50 minutes each, and returned to the waiting room for a few minutes in between. When questioned on my work samples, the examiner had read my materials carefully, and asked me some probing questions, which prompted me to think critically about my work. While examined on my Professional Self Study, many questions focused on my PSS discussions of Complex Interpersonal Interactions and Ethics. The Ethics exam included discussion of one of the ethical issues from my PSS and of a vignette prepared for the Gero ABPP. While it was challenging, I was given a choice of 2 different vignettes, both of which resembled challenges I deal with in my ongoing work.

Overall, I valued what I learned about myself, and feel happy about helping to strengthen the status of the field.
Annual CoPGTP Awards: Call for Nominations

CoPGTP offers two annual awards, calls for which were recently announced via our email list. Full instructions for nominations and applications are provided on our website (http://www.copgtp.org/index.php?target=awards). We hope many of our member programs take advantage of these opportunities for recognition and funding.

The first award is the 2014 CoPGTP Award for Innovative Geropsychology Training which recognizes excellence and innovation in geropsychology training. The winner is honored at our annual meeting and receives a nice plaque for the program. The deadline is 6/15/2014.

The second award is the 2014 CoPGTP Award for Research or Program Evaluation in Geropsychology Training. CoPGTP’s mission includes promoting state-of-the-art education and training in professional geropsychology. To support this part of our mission, CoPGTP offers a grant 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 7/1/2014.

CONA Update
Brian Carpenter, Ph.D.
Washington University at St. Louis

The latest spring CONA meeting was held in March, with two new members joining the Committee, myself and Lisa Brown, Associate Professor in the School of Aging Studies at the University of South Florida. As I discovered, the work of CONA is very broad in scope, as it advocates for attention to aging in all of APA’s work. Here I’ll mention several of the initiatives that deal most directly with geropsychology training.

First off, APA is about to finalize a new set of guidelines on accreditation, and CONA will be reviewing those guidelines to see if geropsychology content is sufficiently represented. CONA is also working with APA to enhance its continuing education offerings related to aging, including an updated online version of the popular workshop, What Psychologists Should Know About Working with Older Adults. Also we learned that two geropsychologists will appear in the CE Clinician’s Corner on APA’s continuing education website (look for upcoming offerings by Manfred Diehl on healthy aging and Sara Qualls on family caregiving). CONA is sponsoring several programs at the APA convention. These include a miniconference that will bring together geropsychologists and primary care psychologists to discuss training for integrated care. Also, the well attended mentoring session, Building Research Careers in Geropsychology and Neuropsychology, will appear again, as will the CONA Conversation Hour.

The Committee will be organizing materials to share with APA about the success of the Graduate Psychology Education (GPE), so APA can advocate for continued funding of this initiative. Finally, the Committee is also continuing its support of GeroCentral and training materials available there. This is only a thin slice of CONA’s efforts, as this nimble watchdog committee scouts for ways to enhance education, research, and practice focused on geropsychology. More exciting updates in the months ahead!
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!

Greetings! I am excited to serve as the student representative to CoPGTP for 2014. I am currently a second year doctoral student in the clinical psychology program at University of Colorado Colorado Springs (UCCS), studying under the mentorship of Dr. Sara Qualls, PhD. My primary research interests include the relationship between social support, gender, and psychological well being in assisted living facilities. In addition, I am interested in how social activity programming can be used as behavioral interventions in long-term care. Clinically, I am finishing my first full year of clinical work at a community outpatient mental health clinic for older adults. This year I have been fortunate enough to work with caregivers, individual older adult clients, and conduct brief memory assessments. I am looking forward to starting a new rotation in the summer of 2014 at an integrated care setting.

As this year’s student representative to CoPGTP, I am interested in continuing to compile helpful resources for geropsychology students to aid in the internship and post-doc match process. This includes assembling a list of common geropsychology rotations, sites that offer each rotation, and relevant training materials. I would greatly appreciate any help from students, faculty, or professionals in the form of training materials or information about specific sites. Also, please feel free to send and ideas, suggestions, or questions to me at eplys@uccs.edu. Thank you and I look forward to working with such a great organization.

Jenny is a first year Counseling Psychology Ph.D. student at Colorado State University. She works with Dr. Tammi Vacha-Haase. Prior to graduate school, Jenny interned at a long term care setting and a senior day center. While in those settings, among many other things, she created and taught a weekly class on brain health and fitness for residents. She also did extensive neurological research on mouse models of Parkinson’s disease with her undergraduate research advisor, Dr. Richard Deyo, and lab partner. This project was presented at the Midbrain Conference.

At CSU, Jenny has co-authored a chapter focusing on therapeutic interventions for older adults. She is in the beginning stages of her Master’s Thesis which is going to be a qualitative study on why older individuals in long term care settings choose not to use hospice services. Her hope is to gain information that will help older adults make more educated hospice related decisions, as it is known that not all individuals who could benefit from hospice use it. Her other research interests include emotional reactions to the diagnosis of disorders in older adults and long term care living.

Jenny’s long term goal is to have an independent practice and work with multiple long term care living facilities to help the older population as they age. She would also be happy working in a hospital or single long term care setting, as long as she is able to work with older adults.

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At CSU, Jenny has co-authored a chapter focusing on therapeutic interventions for older adults. She is in the beginning stages of her Master’s Thesis which is going to be a qualitative study on why older individuals in long term care settings choose not to use hospice services. Her hope is to gain information that will help older adults make more educated hospice related decisions, as it is known that not all individuals who could benefit from hospice use it. Her other research interests include emotional reactions to the diagnosis of disorders in older adults and long term care living.

Jenny’s long term goal is to have an independent practice and work with multiple long term care living facilities to help the older population as they age. She would also be happy working in a hospital or single long term care setting, as long as she is able to work with older adults.

Greetings! I am excited to serve as the student representative to CoPGTP for 2014. I am currently a second year doctoral student in the clinical psychology program at University of Colorado Colorado Springs (UCCS), studying under the mentorship of Dr. Sara Qualls, PhD. My primary research interests include the relationship between social support, gender, and psychological well being in assisted living facilities. In addition, I am interested in how social activity programming can be used as behavioral interventions in long-term care. Clinically, I am finishing my first full year of clinical work at a community outpatient mental health clinic for older adults. This year I have been fortunate enough to work with caregivers, individual older adult clients, and conduct brief memory assessments. I am looking forward to starting a new rotation in the summer of 2014 at an integrated care setting.

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Kristen Dillon, PsyD is a Geropsychology Postdoctoral Resident at the Edith Nourse Rogers Memorial VA Hospital in Bedford, MA. Kristen obtained her PsyD in Clinical Psychology from Massachusetts School of Profession Psychology. As a resident, Kristen works in the Community Living Centers, Home-based Primary Care, and within the Geropsychology Outpatient Clinic. She participates in individual psychotherapy, group psychotherapy, and couples therapy. Kristen will be completing her residency in August.

In addition to her clinical work, Kristen is interested in anticipatory grief, dementia-related disorders, caregiving, and death and dying. Her graduate research focused on anticipatory grief, depression and burden in relation to parent-child closeness in caregivers of a parent with dementia. She recently presented a poster for this research at the American Society of Aging’s Aging in America Conference in San Diego. It was there she won an honorable mention award for student research. She plans to submit a manuscript of this research for publication in the near future.

After completing her residency, Kristen hopes to obtain a position as a psychologist that will allow her to continue to work with older adults and caregivers. Moreover, she hopes to have the opportunity to continue research on anticipatory grief and caregiving. She is also interested in research associated with long-term care and resident quality of life. Kristen plans to be licensed by the end of this summer and pursue Board Certification in Geropsychology thereafter.

Elissa Kozlov, PsyD is a 4th year Clinical Psychology Ph.D. candidate at Washington University in St. Louis under the mentorship of Dr. Brian Carpenter. Her research focuses on palliative care utilization and late life family planning. She has published her research in the American Journal of Hospice and Palliative Medicine, and she has presented her work in multiple symposia and posters at national conferences. As an active member of GSA’s Hospice and Palliative Care Special Interest Group, Elissa helped plan the 2013 pre-conference workshop and is currently working on the program for 2014.

Elissa also serves as the APA Division 12/2 Student Representative and is helping to launch the Clinical Geropsychology Wikipedia page. Elissa was also one of the seven graduate students the Dean of the Graduate School at Washington University selected to serve as a YMCA Leadership Mentor for a one year program that aims to expand YMCA executives’ ability to contribute to critical thinking and debate on essential and complex social issues.

In her clinical practica, Elissa has worked with both the palliative care consultation team and the Community Living Center and Rehabilitation teams at the St. Louis VA. She has also completed practica at Siteman Cancer Center and the Washington University Sleep Medicine Center while maintaining clients at Washington University’s outpatient Psychological Services Center.

After being a teaching assistant for the graduate clinical assessment class and the undergraduate Forensic Psychology course, Elissa will be teaching her own undergraduate class in Abnormal Psychology this summer while she collects data for her dissertation on interventions to improve patient knowledge of palliative services.

Brenna Renn, PsyD is a 4th year doctoral candidate in the Clinical Psychology program at the University of Colorado, Colorado Springs. Prior to graduate school, Brenna was employed as a Research Coordinator at the University of Washington School of Medicine. There she administered neuropsychological assessments to examine the relationship between Alzheimer’s disease and impaired glucoregulatory functioning. This work excited her about clinical research in the healthy and pathological aging processes.

Currently, Brenna works under the mentorship of Leilani Feliciano, Ph.D. investigating home-based behavioral interventions for diabetes management. Her Master’s thesis examined a behavioral intervention to increase exercise among women with comorbid diabetes and depression. She is writing her dissertation proposal, which will examine correlates of physical activity engagement among older adults. Brenna’s publications and conference presentations represent her research interests in the intersection of aging and behavioral medicine; specifically health promotion, chronic disease management, and the comorbidity of physical disease with mental health and cognitive disorders.

Her clinical work at UCCS has allowed Brenna to work with older adults in a variety of settings and treatment modalities, including traditional community mental health, neuropsychological assessment, primary care, and home-based services. She particularly enjoys her current role as Behavioral Health Consultant in an integrated primary care clinic for low-income older adults, where she delivers brief psychotherapeutic interventions, cognitive and psychosocial assessments, and behavioral interventions for medical disorders. Brenna looks forward to applying for predoctoral internships this Fall, where she hopes to continue blending clinical geropsychology and behavioral medicine.
Membership Report
Elizabeth Mulligan, Ph.D.
VA Boston Healthcare System

Forty-three programs are now members or associate members of CoPGTP, including 14 programs who offer 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 programs provide internship training, 3 provide post-doctoral training, and 3 provide post-licensure training. Of 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. This year the CoPGTP board will continue 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.

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. Member programs have the ability to edit and personalize their 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.

The CoPGTP board plans to embark on an effort to recruit new members in the coming months. 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 Reserve
Heritage Clinic, a division of the Center for Aging Resources
Central Arkansas VA Medical Center
Colorado State University
Concept Healthcare, Joseph Casciani, Ph.D.
Department of Veteran Affairs
Ferkauf Graduate School of Psychology of 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
Mondriaan Hospital (Netherlands)
Massachusetts School of Professional Psychology
Mercer University
Nova Southeastern University
Palo Alto VA Psychology Service
Palo Alto VA Health Care MIREC
Piedmont Geriatric Hospital
Rush University
San Francisco VA Medical Center
University of Alabama-Clinical Geropsychology
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
Clockwise From Top Left:
Dr. Tom Cicciarelli & Dr. Rick Zweig
Dr. Sue Whitbourne & Dr. Rick Zweig
Dr. Erlene Rosowski & Dr. Rick Zweig
Dr. Victor Molinari & Dr. Rick Zweig
Dr. Ben Mast & Dr. Rick Zweig

Center: CoPGTP Chairs—past, present, and future: (L-R) Drs. Rick Zweig, Michele Karel, Dan Segal Sue Whitbourne, Greg Hinrichsen & Andrew Heck
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
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Past Chair:
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Secretary:
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Treasurer:
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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:

- List serve 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.