

CoPGTP Newsletter

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Chair's Column:

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It is a pleasure to have the occasion to offer an introduction to the current edition of the CoPGTP newsletter. We thank all of the contributors, including those who provided an outstanding series of articles on Geropsychology's role in training and educating healthcare providers from other disciplines. Interdisciplinary consultation is an essential Geropsychology competency per both the

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Special Issue:

Closing the Gap:

Geropsychology's Role in Training and Educating Other Healthcare Providers

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Introduction

There remains a wide gap between supply and demand of healthcare providers with specialty training in geriatric mental health (Hoge et al., 2015; Institute of Medicine [IoM], 2008, 2012). Across healthcare disciplines, fewer trainees enter careers working with older adults (Bartels & Naslund, 2013; Jeste et al., 1999) due to a combination of factors including ageism, poor financial incentives, high cost of specialty training, and limited opportunities for early specialization (IoM, 2012). As such, geropsychologists will increasingly be asked to serve as clinical educators to generalist providers in psychology and related disciplines.

Clinical supervision of psychology predoctoral interns and fellows and trainees in related disciplines (e.g., social work, psychiatry) is a vital mechanism for increasing knowledge of foundational competencies in geropsychology (Karel, Sakai, Molinari, Moye, & Carpenter, 2016). Interdisciplinary supervision, whereby a geropsychologist provides supervision to trainees across healthcare disciplines, is one method for expanding foundational competencies in geropsychology (Knight, 2010). While no models for this type of interdisciplinary clinical

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supervision exist, literature on clinical supervision in geropsychology serves as a bedrock, including an emphasis on the special clinical concerns of older adults (e.g., adjustment to disability and illness, death and dying, caregiver stress), expert modeling of interprofessional team skills, and training across multiple settings (Karel et al., 2016).

This article highlights one model of a geropsychologist-led interdisciplinary psychotherapy group supervision that we have implemented at the VA Boston Healthcare System (VABHS). In line with Pikes Peak Model for Professional Geropsychology, this supervision experience provides clinical training in attitudes, knowledge, and skill competencies needed for practice in geropsychology in an outpatient mental health setting. The unique nature of this supervision experience allows for each discipline to share their distinct and overlapping perspectives and conceptualization of patients, while at the same time, ensuring that all trainees are exposed to competency-based geropsychology training, a model that aims to be first instilled and then replicated as trainee-clinicians graduate to independent practice and supervisory roles.

Interdisciplinary Psychotherapy Group Supervision

The 60-minute interdisciplinary group supervision meeting takes place weekly in the Geriatric Mental Health Outpatient Clinic at VABHS. Participants include two geropsychologists, two psychology interns, two geropsychology fellows, a licensed clinical social worker, a social work student, and a psychiatry resident completing a psychotherapy rotation. Each week, a clinician or a trainee presents a current individual psychotherapy case, elicits feedback, and leads a discussion about the case. The format of the case presentation includes a 15-minute overview of the case (i.e., background information, current symptoms and functioning, case conceptualization, focus of treatment, therapy approach, and the patient's progress) followed by a 15-minute video clip of a recent therapy session with the patient.

Group supervision differs from interdisciplinary treatment team meetings because the primary focus is on case conceptualization and evidence-based psychotherapy rather than interprofessional collaboration of care. Trainees and clinicians often use group supervision as an opportunity to present complex cases, explore alternative case conceptualizations, and gather suggestions for different approaches to psychotherapy. Frequently, these cases necessitate additional resources and/or coordination of care; these issues are discussed but are not the central focus of the presentation or discussion.

We have used this interdisciplinary group supervision model for two consecutive training years, and trainees and participating staff have provided positive feedback about the experience. Below are excerpts from feedback we have gathered.

Although we were all trained in providing individual therapy, interdisciplinary supervision was helpful because it allowed me to gain a new perspective on the conceptualization of common problems older adults experience and also taught me a lot of resources available to assist the older adult in improving mental, physical, or social functioning. Interdisciplinary supervision was also a good model for consultation and continued learning, which is helpful for a trainee often encountering more complex presentations of mental illness. I believe this has broadened my knowledge of older adult mental health and allowed me to better treatment plan through

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Hunter Holmes McGuire VA Medical Center Interprofessional Geropsychology Internship Program

Laura Gaworski, M.A.

Hunter Holmes McGuire VA Medical Center
Richmond, VA

In 2016, a training committee at the Hunter Holmes McGuire VAMC in Richmond, VA submitted a proposal to the Office of Academic Affiliations (OAA) for an interprofessional program to train students in multiple disciplines in collaborative care. The proposal was approved, and funding was allotted for an interdisciplinary training program, which is anchored in the Geriatric Extended Care service. The program consists of a psychology training director, staff social worker, staff chaplain, chaplain residents, social work interns, and psychology predoctoral interns in the interprofessional geropsychology track.

The interprofessional program includes multiple training opportunities, both formal and informal. Trainees participate in two hours of interprofessional development per week which involves didactics, interactive role plays, shared interdisciplinary projects, presentations from other disciplines, and other training opportunities/exercises. Didactics led by staff members focus on how each discipline's approach to assessment, intervention, professional development and ethics differ, as well as how each of the disciplines overlap and complement each other. Goals of training also include competence in the biopsychosocial-spiritual conceptualization of patients. Trainees actively collaborate on cases to gain practical experience in the application of the biopsychosocial-spiritual assessment and treatment plan. Additionally, all trainees participate in 12 weeks of shared training in Motivational Interviewing, along with pharmacy residents and other psychology interns. The program is currently in its first year; however,

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Chaplain – Psychology Fellow Interprofessional Seminar

Valerie Abel, PsyD, ABPP

Director of Training Geropsychology Postdoctoral Residency
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Kailey Roberts, PhD

Geropsychology Postdoctoral Resident

Ami Shah, PsyD

Geropsychology Postdoctoral Resident

In 2015, the VA New York Harbor Healthcare System applied for and was awarded training positions for 3 clinical pastoral education fellows and one additional psychology postdoctoral fellow in response to a VA Mental Health Education Expansion Initiative focused on mental health integration and interprofessional training. The goal of the new training program was to utilize interprofessional training environments (i.e. HBPC, palliative care, geriPACT) to “cross-train” chaplain and psychology fellows towards a greater awareness and integration of comprehensive psycho-social-spiritual understanding of the needs of elderly veterans and their families.

While psychologists are trained to be competent in the assessment and treatment of mental and behavioral health disorders from a bio-psycho-social perspective, the understanding of the spiritual aspects of mental health had only recently begun to be addressed in the literature. Chaplains had been recognized as playing a unique role in veteran's behavioral and mental health by the VA/DOD Integrated Mental Health Strategy that mandated the integration of chaplaincy into mental health delivery; however, chaplains had not typically been trained in advanced skills in behavioral/mental health care and participation on interdisciplinary teams.

The training directors of each fellowship program (chaplaincy and psychology) developed the interprofessional chaplain-psychology seminar to further opportunities for each discipline to learn from one another and encourage dialogue and


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Pikes Peak Model for Geropsychology Training (Knight, Karel, Hinrichsen, Qualls, & Duffy, 2009) and the American Board of Geropsychology (ABGERO), the body which oversees specialty board certification in Geropsychology as a member of the American Board of Professional Psychology (ABPP). Within interdisciplinary consultation, the effective provision of education to healthcare providers from other disciplines is an important area of emphasis for Geropsychology training programs, and we are pleased to offer some successful models for such training in the columns that follow.

In addition, we would like to take an opportunity to highlight some of CoPGTP's current initiatives:

Foundational Knowledge Competencies in Professional Geropsychology Task Force: The ongoing efforts of this group, under the leadership of CoPGTP post-licensure member-at-large, Dr. Greg Hinrichsen, have resulted in a publication in *Clinical Psychology: Research and Practice* entitled "Building Foundational Knowledge Competencies in Professional Geropsychology: Council of Professional Geropsychology Training Programs (CoPGTP) Recommendations," which can be accessed from the CoPGTP website: <http://copgtp.org/>. Continuing education offerings will be developed based on this essential work; please find additional details about this in Dr. Hinrichsen's column.

Membership Expansion: Please join us in welcoming our newest CoPGTP member programs, Piedmont Geriatric Hospital and the VA Central Iowa Health Care System! Our members-at-large continue to reach out to potential new member programs as the world of Geropsychology training expands.

Online Presence: Thanks to our student representatives for spearheading initiatives to update the Geropsychology training resources available on the CoPGTP website and for exploring means of enhancing CoPGTP's presence on social media. Stay tuned for future developments! 

prioritization and practicality when looking at all aspects of the patient's functioning. (geropsychology intern)

It allowed for a broader range of theoretical approaches to be discussed, compared, and/or integrated in a discussion of a case. Such theoretical diversity was often helpful, if not critical, for better conceptualizing difficult cases and proposing a range of theory-based solutions for the therapist. Having other disciplines also offered me access to a greater range of resources, such as social service agencies or programs, that I would have otherwise been unaware or had greater difficulties accessing. The diversity of disciplines also increased my ability to understand and apply theories and findings about the "social" aspects of aging, which together enhanced my ability to provide more complete

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Interdisciplinary Ethics Education in Geropsychology Training

Shane S. Bush, Ph.D., ABPP

Elizabeth M. Bownes

The University of Alabama


Introduction

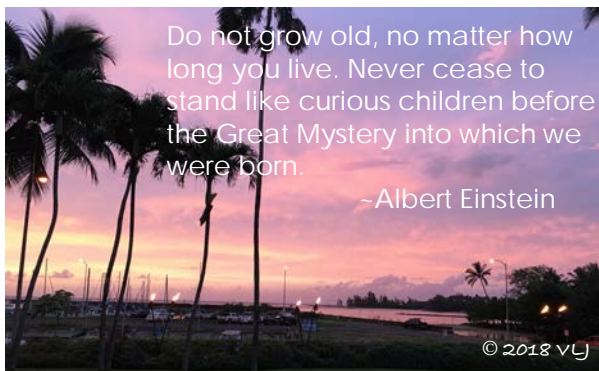
Professional competence has been identified as a primary ethical requirement in psychological specialties, including geropsychology (Bush, Allen, Heck, & Moye, 2015; Karel, 2011). Without professional competence, even well-intentioned clinicians are unlikely to provide services that benefit patients and/or their caregivers, placing them at risk of harmful outcomes instead. Working with older adults can present unique ethical challenges, which overlap with other disciplines and involve

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students have already noted increased competence in interdisciplinary conceptualization and care of patients, as well as increased efficacy in communication and collaboration among disciplines.

Next steps for this program focus on using the training program to demonstrate the effectiveness of the interprofessional model across the geriatric spectrum of care. Additionally, program founders would like to work on ensuring staff are able to work with trainees who are part of the interprofessional model, and hire new staff who are familiar with this model of care and its many benefits to Veterans. 



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. 

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competing interests of health care professionals, lawyers, and family members. The development of professional competence in geropsychology involves establishing foundational and functional competencies. As illustrated by the Pikes Peak for Training in Professional Geropsychology, ethics and interdisciplinary systems are foundational competencies in geropsychology (Karel et al., 2012; Karel et al., 2015; Knight et al., 2009; Molinari, 2011). The core elements of training to develop professional geropsychology competencies include opportunities to grapple with unique ethical issues and exposure to interprofessional team experiences. The purpose of this article is to describe the ethical issues that are of primary relevance in interdisciplinary practice and offer recommendations for facilitating ethics education across disciplines.

Relevant Ethical Issues

Professional ethics represent the shared values of the members within the profession. The ethics codes of various healthcare organizations, including psychology, have been informed by and/or adopted principle-based ethics to guide the behavior of their members (Beauchamp & Childress, 2013; Bush, 2009). This use of a common philosophical system fosters a sense of familiarity, establishing a common language that facilitates interdisciplinary communication about ethical matters.

The importance of establishing and maintaining professional competence, which positions psychologists to practice in a manner consistent with APA (2010) General Principle A (Beneficence & Nonmaleficence), is reflected in Ethical Standards 2.01 (Boundaries of Competence) and 2.03 (Maintaining Competence). Being able to practice effectively with other disciplines is an important aspect of professional competence in geropsychology. Ethical Standard 3.09 (Cooperation with Other Professionals) states,


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interprofessional collaboration. Two geropsychology postdoctoral fellows from an existing training program (at the Brooklyn campus) were included resulting in a group of 3 psychology fellows and 4 chaplain fellows. The directors of training of each program also attended the seminar. The seminar was very well received the first year (2014) and has continued each year since with each new class of psychology and chaplain fellows.

The seminar is run twice a month with one didactic presentation and one case conference. The two disciplines alternate monthly taking the responsibility of presenting a topic that is useful towards “training” the other discipline. Cases are selected for case conference discussions that psychology and chaplaincy have shared and highlight perspectives from each discipline and provide opportunities for continued interprofessional collaboration. Each year, fellows are given the opportunity to suggest topics they wish the other discipline to present to them.

Psychology topics have included DSM diagnosis, psychotherapy interventions (e.g. Meaning-centered psychotherapy, acceptance and commitment therapy), the role of psychology in pain management, capacity assessment, cognitive assessment/dementia/delirium, psychopathology, managing behavioral disturbance. Some chaplain topics have included spirituality/chaplain assessment, moral injury, existential frameworks, multicultural and religious perspectives at end of life, confidentiality in spiritual assessment and interventions, perspectives on psychosis vs religious experience, spirituality and intellectual disability. Case discussions often end up focusing on the similarities in the two discipline’s perspectives but also always highlight the differences each discipline brings to the table. Ethical dilemmas, caregiver issues and navigating spiritual/existential distress with patients with serious illness or facing end of life are commonly shared between both psychology and chaplaincy.

All participants have expressed that the seminar has been valuable. Psychology fellows have noted that it offers a unique opportunity to understand the role of chaplains in promoting each veteran’s unique religious or spiritual experiences while they cope with complex medical illnesses which has augmented any graduate school training on the psychology of religion and spirituality. In addition, the seminar has allowed psychology fellows to further consider, appreciate and promote the unique training and competencies that psychologists have as psychologists will continue to work interprofessionally with other mental/behavioral health disciplines (including master’s level providers) with evolving healthcare models.

Chaplain fellows have expressed how helpful the seminar has been to support their continued development of knowledge of mental and behavioral health and to more fully understand how collaboration and input from psychology can augment their assessment and intervention with veterans and families. 

Doctoral Programs Report

Rick Zweig, PhD

Albert Einstein College of Medicine
Yeshiva University

This past year I have continued efforts to recruit members by reaching out to clinical psychology doctoral programs that offer substantive training in geropsychology. These efforts are ongoing, and would greatly benefit from current members who might refer colleagues in doctoral programs that are not currently CoPGTP members. Should you know of such a program, kindly forward the name of your colleague and program (Richard.zweig@einstein.yu.edu) so that I may follow up!

“When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately” (p. 6). Interdisciplinary collaboration allows clinicians to offer complementary services and to integrate various areas of expertise, which helps promote the wellbeing of patients. However, such familiarity and interaction among disciplines can at times lead to ethical challenges (Bush, 2009).

Although geropsychological services are provided in a wide array of clinical settings, including independent practices, they are often provided in the context of various types of organizations. Providing clinical services in organizations has distinct advantages, as well as disadvantages, which can sometimes result in ethical dilemmas. For these reasons, Ethical Standards 3.11 (Services Delivered to or Through Organizations) and 1.03 (Conflicts between Ethics and Organizational Demands) are particularly relevant. These standards emphasize the importance of maintaining clear communication, particularly regarding expectations, with both patients and administrators and striving to maintain ethical practices.

Seeking and Providing Interdisciplinary Ethics Education

Different disciplines sometimes have different ideas or emphases about ethical practices. Geropsychologists, including trainees, have an opportunity, and a responsibility, to both seek information about how other disciplines conceptualize and address ethical issues and to share psychology’s perspectives regarding common values that apply universally in healthcare settings. Ethics education can be provided informally or formally. By beginning from a position of ethical commonality, including a commitment to promote the well-being of others, geropsychologists can ally with interdisciplinary colleagues to discuss best practices grounded in ethics. Confrontational or accusatory approaches are typically unsuccessful and can harm relationships with colleagues. The following recommendations are offered for geropsychology faculty and supervisors to consider as part of the ethical education of trainees.

At the individual level: Informal discussions in the context of specific patients can occur at any time and are sometimes the best way to improve ethical understanding among colleagues. Supervisors can model how to broach discussion of ethical issues with interdisciplinary colleagues and, having identified relevant issues in supervision, encourage and support trainee efforts to discuss ethical issues with other disciplines. Referencing published resources can bolster one’s position on ethical, legal, and professional matters. Scholarly ethical works that are relevant across disciplines, such as the Beauchamp and Childress (2013) book, can be particularly helpful because they allow for the exchange of information without giving the impression that one discipline’s practices are superior to another’s. Another approach is to inquire about another colleague’s code of ethics as it applies to the topic being discussed. While there can be considerable overlap in the approach of ethical issues across different codes, sometimes there are differences that should be understood and discussed. Seeking information, rather than offering unsolicited input, can be a good way to open such dialogue.

At the facility level: More formal ethics education can occur through grand rounds, other structured seminar series, or journal clubs in which each discipline takes a turn discussing ethical issues, presenting a case from an ethics perspective, or discussing an ethics publication. The professional values and ethics codes of different disciplines can be compared in the context a single case or issue. Because information is often learned best when it must be taught, the involvement of geropsychology trainees as

Building Foundational Competency in Professional Geropsychology

Gregory Hinrichsen, PhD


Albert Einstein College of Medicine
Yeshiva University

Geropsychologists are increasingly asked by other psychologists with little or no background in aging, “What do I need to know to start seeing older adults in clinical practice?” Until recently guidance was informal: Attend a workshop, read some recommended articles and books, and perhaps get some local mentorship from a geropsychologist. Several years ago, CoPGTP convened a Workgroup to see if some consensus could be gained on what knowledge might be considered foundational for post-licensure psychologists interested in expanding practice to older adults. The Workgroup conducted a survey of 149 geropsychologists. They were asked to prioritize the content of the Pikes Peak Model for Training in Professional Geropsychology for post-licensure psychologists who wished to obtain “Exposure” level training in geropsychology as recommended by the Council of Specialties in Psychology (i.e. 15 hours of continuing education). The recommendations were recently published in the Division 12 journal referenced below.

Members of the CoPGTP workgroup included: Gregory Hinrichsen (chair), Erin Emery-Tiburcio, Dolores Gallagher-Thompson, John Gooblar, Andrew Heck, Michele Karel, Victor Molinari, Erlene Rosowsky, and Richard Zweig.

Hinrichsen G.A., Emery-Tiburcio, E.E., Gooblar, J., Molinari, V.A. Building foundational knowledge competencies in professional geropsychology: Council of Professional Geropsychology Training Programs (CoPGTP) recommendations. Clin Psychol Sci Pract. 2018;e12236.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/cpsp.12236>



Internship Report


Lisa Bloom-Charette, PhD

Bedford VA

In the most recent internship survey, three training directors and eight trainees responded. The average number of internship sites that were applied to was 18.4 with a range of applications between 10 and 26. Out of these applications, trainees were extended invitations and attended an average of 8.4 sites with a range between 9 and 12 invitations/interviews. All five of our trainees that responded matched to a site; however none of those sites were an internship with a geropsychology specialty track. All five matched to their first ranked programs. Three of the five trainee respondents felt supported by other professionals; one felt supported while one felt unsupported. The most supported students said that seminars, essays review and the Pike’s Peak were the most important resources in applying to internships. The reasons given for not matching with an internship with geropsychology specialty track consisted of geographical limitations and the realization that geropsychology experiences can be obtained in a generalist track.

What does this limited survey mean for CoPGTP? Is a generalist internship good preparation for a later career in geropsychology? Does CoPGTP need to focus upon generalist programs to better prepare their interns for a career in geropsychology. Given the small amount of responses, please let us know other ways of helping member programs better prepare their students for a career in geropsychology.

Please send your comments to Lisa.bloom-charette@va.gov 



CoPGTP BOARD MEMBERS' RECENT PUBLICATIONS

Bamonti P, Moye J, Naik A. (in press). Pain is associated with continuing depression in cancer survivors. *Psychology, Health & Medicine*.

Bott, N.T., Hantke, N., Liou-Johnson, V., Hirst, R., & Beaudreau, S.A. (2017). *History of TBI is associated with cognitive impairment no dementia, but not dementia in a population-based cohort*. Manuscript submitted for publication.

Bush, S.S., & Heck, A.L. (2018). *Forensic Geropsychology: Practice Essentials*. Washington, DC: American Psychological Association Press.

Bush, S.S., Sweet, J.J., Bianchini, K.J., Johnson-Greene, D., Dean, P.M., & Schoenberg, M.R. (2018). Deciding to adopt revisions and new psychological and neuropsychological tests: Official position of the Neuropsychology Inter-Organizational Practice Committee. *The Clinical Neuropsychologist*, 32, 319-325.

Bush, S.S. (2018). Ethical practice of clinical neuropsychology. In J.E. Morgan & J.H. Ricker (Eds.), *Textbook of Clinical Neuropsychology, 2nd Ed.* (pp. 1000-1006). New York, NY: Routledge.

Gould, C. E., Spira, A. P., Liou-Johnson, V., Cassidy-Eagle, E., Kawai, M., Mashal, N., O'Hara, R.* & Beaudreau, S. A.* (2017). Association of anxiety symptom clusters with sleep quality and daytime sleepiness. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 73(3), 413-420. <https://doi.org/10.1093/geronb/gbx020>

Hinrichsen, G. A., Emery-Tiburcio, E. E., Gooblar, J., & Molinari, V. A. (2018). Building foundational knowledge competencies in professional geropsychology: Council of Professional Geropsychology Training Programs (Co PGTP) recommendations. *Clinical Psychology: Science and Practice*, e12236.


Jacobs, M. L., Luci, K., & Hagemann, L. (2017). Group-based acceptance and commitment therapy (ACT) for older veterans: findings from a quality improvement project. *Clinical Gerontologist*, 1-10. doi: 10.1080/07317115.2017.1391917


Sullivan, D. J., Zeff, P., & Zweig, R. A. (2018). Psychotherapy Termination Practices with Older Adults: Impact of Patient and Therapist Characteristics. *Clinical gerontologist*, 1-13. doi.org/10.1080/07317115.2018.1437101

Snow, A. L., Jacobs, M. L., Palmer, J. A., Parmelee, P. A., Allen, R. A., Wewiorski, N. J., ... Hartmann CW. (2018). Development of a new tool for systematic observation of nursing home resident and staff engagement and relationship. *The Gerontologist*, 58(2), e15-e24. doi: 10.1093/geront/gnw255

Student Spotlights



This section introduces CoPGTP members to current students and future geropsychology colleagues, promoting student involvement in CoPGTP and the field of geropsychology in general! 

Abigail Kramer, MS, is a psychology doctoral student at Palo Alto University working in the geropsychology research laboratory of Dr. Sherry Beaudreau at the VA Palo Alto Health Care System. Abby's primary interests are in both geropsychology and neuropsychology. She graduated with a BA in Neuropsychology from Pitzer College and, prior to graduate school, conducted research in several labs related to memory and aging. She was also involved in the development of life enhancement programming at a local retirement center where she implemented reminiscent groups and other programs designed to compensate for declining abilities in the cognitively impaired residents. Currently, Abby is completing her practicum training at the UCSF Memory and Aging Center where she provides neuropsychological services as part of an interdisciplinary treatment team for patients with various neurological and neurodegenerative diseases and movement disorders. Next year, she will be continuing her clinical work at UCSF to implement treatment groups for patients with mild cognitive impairment to promote a biopsychosocial approach to healthy aging. Abby also delivers Problem Solving Therapy (PST) to older adults with anxiety in the Sierra Pacific Mental Illness Research Education and Clinical Center (MIRECC) at the VA Palo Alto with Dr. Beaudreau. Abby has made valuable contributions to the development of the PST manual to improve its usability with a late-life anxiety population. She has expanded upon this work in her dissertation to investigate the association between age-related cognitive decline and utilization of effective versus ineffective coping in older adults, which she will be presenting at the American Psychological Association conference in San Francisco this August. In addition to her dissertation research, Abby has authored encyclopedia chapters, peer-reviewed manuscripts, and conference presentations on the topics of aging, neuropsychology, and neurodegenerative disease. Her long-term goal is to become board-certified in clinical neuropsychology with a career focused in providing evaluation and care for older adults with cognitive decline and their caregivers. 

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Ryan Mace is a fourth year Clinical Psychology PhD student at Suffolk University. For advanced practicum, Ryan provides individual and group evidence-based psychotherapy to older veterans at the VA Boston Geriatric Mental Health Outpatient Clinic. He also conducts in-home therapy and assists with capacity evaluations as part of the VA Boston Home Based Primary Care team. At the Depression Clinical Research Program at Massachusetts General Hospital, he provides cognitive behavioral therapy and structured diagnostic interviews for adults with major depressive disorder and comorbid mental illness. Ryan is highly involved in geropsychological research. He has published 17 articles in peer-reviewed aging journals, presented 10 posters at conferences such as the Gerontological Society of America, and has collaborated on three grants funded by the Maryland Office of Health Care Quality for improving nursing home care in the state. Last summer, he was awarded a Student Scholarship by the American Academy of Clinical Neuropsychology to present at their annual conference in Boston, MA. He leads data analysis and communication at the BCAT Research Center to psychometrically evaluate cognitive and mood assessment tools for older adults. He also develops and examines the efficacy of nonpharmacological interventions for older adults with dementia. Ryan works in the Big Data/Brain Image Analysis Laboratory at Suffolk University under the mentorship of Dr. David Gansler. He is completing his dissertation entitled: *Neuroprotective Effects of Cardiorespiratory Fitness on White Matter Microstructure and Cognition Across the Adult Lifespan*. Other research topics include psychosocial depression treatment for older adults, frontal lobe dysfunction, and neurodegenerative diseases. Research methods primarily involve statistical analysis of neuropsychological and neuroimaging data in R. The culmination of his research and clinical experiences in graduate school have instilled a view of neurocognitive functioning as a “vital sign” in mental health, particularly for older adults. He hopes to pursue a career that advances geropsychology through data science methods. ■



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presenters of such rounds or seminars facilitates their development of ethical competence. By having regularly scheduled ethics presentations, the commitment to ethical practice remains at the forefront of everyone’s mind.

At the professional organization level: Interdisciplinary colleagues can pursue joint authorship of position papers or ethics publications, or have professional organizations endorse position papers of other organizations. The ABA-APA papers on capacity assessment are an excellent example. Additionally, joint presentations of workshops on ethics-related topics can be held at professional conferences.

Conclusions

There are many more opportunities for interdisciplinary gerontological ethics education that could be established for both academic and clinical settings. Geropsychology training is enhanced by considering such opportunities. ■

Student Representative Report

Victoria Liou-Johnson, PhD


Clinical Psychology/Neuropsychology Resident
VA Pacific Islands Healthcare System

With the new year, we are excited to announce our three new Student Representatives: Alicia Agana, Hillary, Dorman, and Sarah Henderson!

Alicia Agana, PsyD, is currently a geropsychology postdoctoral fellow at the Edith Nourse Rogers Memorial Veterans Hospital (Bedford VAMC). Her interests include providing mental health services to older Veterans and their families. She is specifically interested in providing nonpharmacological interventions for older Veterans diagnosed with neurocognitive disorders. Dr. Agana participates in a workgroup at the Bedford VA aimed to reduce the use of antipsychotics to manage behavioral disturbances for Veterans with dementia. She spearheaded an endeavor for the workgroup to become certified in the national Music and Memory Program, which provides customized music playlists to older adult residential Veterans as a therapeutic intervention. Dr. Agana will be working with Dr. Beth Shumaker on servicing the CoPGTP's website and listserv. She will also be serving on a CoPGTP subcommittee aimed at increasing the user experience of the listserv as well as working on developing specific highlights on the website each quarter.

Hillary Dorman is currently a doctoral student in the Clinical Geropsychology program at the University of Alabama. Hillary's primary research interest focuses on the promotion of late-life resilience utilizing a biopsychosocial and ecological framework. She is also interested in End-of-Life care, underscoring the importance of choice, autonomy, and communication. Hillary will be assisting CoPGTP Chair, Heather Smith, in planning the annual dinner meeting, co-writing the Chair's columns for our bi-annual newsletters, and in other special projects as they emerge (e.g., updating the CoPGTP website resources).

Sarah Henderson is currently an intern at the Central Arkansas Veterans Healthcare System (CAVHS) completing her PsyD at Nova Southeastern University in Florida. Sarah has completed clinical training in the areas of Physical Medicine and Rehabilitation, as well as Neuropsychology at Memorial Regional Hospital System and Miami VA Healthcare System, where she provided neuropsychology testing, psychotherapeutic services, and behavioral medicine interventions to older adults and their caregivers. She also worked in a private psychiatric ER and with a community mental health mobile crisis response team where she completed psychiatric assessments with diverse geriatric populations. Sarah has also participated in a variety of research and quality improvement projects oriented to improving geriatric patient and caregiver outcomes. This year, Sarah plans to continue to advance her knowledge in geropsychology where she will be working in Home Based Primary Care at CAVHS. As CoPGTP student representative, she will be assisting Dr. Lisa Bloom-Charette with compiling information from the annual internship match survey. She will also participate in recruitment, including identifying and reaching out to programs that offer geropsychology training consistent with CoPGTP's mission. Sarah is excited to be part of the expanding field of psychology providers specializing in geriatrics.

Victoria Liou-Johnson, PhD, in her third year as newsletter co-editor, is currently completing her residency at the VA Pacific Islands Health Care System in Honolulu, HI, where she has provided psychotherapy in the outpatient PTSD clinic, inpatient and outpatient neuropsychological assessments, and care to inpatients in the CLC. Although no final decisions have been made at press time, Dr. Liou-Johnson feels very fortunate to have several opportunities open to her, post-postdoc. 

CoPGTP Members and Affiliates

Bay Pines VA
Baylor College of Medicine
Case Western University
Heritage Clinic
Central Arkansas VA Medical Center
Concept Healthcare
Dr. Burce Stevens, Charles Sturt University
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
Harry S Truman Memorial Veterans' Hospital
Institute on Aging
Larry W. Thompson, Ph.D. & Dolores G. Thompson, Ph.D., ABPP
Mercer University
Milwaukee VA Medical Center
Mondriaan Hospital (Netherlands)
North Texas VA Health Care System
Nova Southeastern University
Palo Alto VA Psychology Service
Palo Alto VA Health Care MIRECC
Piedmont Geriatric Hospital
Rush University
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 New York Harbor Healthcare System-Manhattan Campus
VA Boston Healthcare System
VA Central Iowa Health Care System
VA Puget Sound Healthcare System
Washington University in St. Louis
Wayne State University
West Los Angeles VA
West Virginia University
West Los Angeles VA Healthcare Center
Wheaton College
William James College
Xavier University Psychology Department
Zucker Hillside Hospital/Long Island Jewish Medical Center

Postdoctoral Fellowship Report

Valerie Abel, PsyD, ABPP

Director of Training Geropsychology Postdoctoral Residency, VA New York Harbor Healthcare System Brooklyn Campus

As the member-at-large for postdoctoral programs, my focus is to increase membership at the postdoctoral level. In addition, we are currently reviewing survey feedback sent to postdoctoral programs about issues related to preparing interns to apply to postdoctoral programs. We hope to use this information to target recruitment and training efforts. [Ψ](#)

Post-licensure/Foundational Knowledge Competencies Workgroup Updates

Gregory Hinrichsen, PhD

Albert Einstein College of Medicine
Yeshiva University

Dr. Hinrichsen continues to work with the Members of the CoPGTP workgroup on developing foundational competencies. Please see theme piece “Building Foundational Competency in Professional Geropsychology” in this month’s newsletter (page 9) for recent updates on his collaborative work. [Ψ](#)



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biopsychosocial care.
(geropsychology fellow)

I really enjoyed our interdisciplinary group supervision meetings, as they allowed for a unique mix of perspectives on challenging cases. We all come from different training backgrounds and have varied skill sets, so being able to learn from each other and share ideas and resources every week was an invaluable experience. Having the opportunity to regularly consult and collaborate with providers from other disciplines within our own clinic was both personally and professionally rewarding, and I believe it enhanced our ability to care for our older veterans. (geropsychology fellow)

I have thoroughly enjoyed this experience as it exposed me to other disciplines' experiences and thought processes on patients that differ from my own based on our training and clinical experience. It also provided an opportunity for giving and receiving education by the different disciplines about various topics related to the cases. I was able to help bridge some of the gaps in medical knowledge or answer questions based on my experiences with veterans in different clinics, and the other [group supervision] participants welcomed this kind of informal learning. This served as an excellent reminder of the vast gulfs in knowledge that can occur not only between providers and patients, but between providers as well. It also provided a safe haven for me to present my cases, knowing that the underlying principles of the supervision were to promote an environment of education and support. In medical training there is often a "right way" and a "wrong way" to do things, and that was never something I feared during this supervision. Cases were approached from a curious mindset with a desire to help the presenter and

the group grow as clinicians and also provide direction and feedback on a particular case. By listening to and participating in this supervision I felt I learned additional therapeutic lenses to consider (interpersonal, reminiscence), more about common issues that affect this population (loss, medical problems, cognitive complaints, etc.) and how those manifest into clinical presentations, and improved my skills as a presenter and participant in such sessions. (psychiatry resident)

Benefits of Interdisciplinary Psychotherapy Group Supervision

- Demonstrated a successful model of consultation
- Provided opportunities for trainees to observe and demonstrate supervision competencies
- Offered new perspectives on case conceptualization
- Served as an avenue for learning new psychotherapy skills and evidence-based treatments
- Offered opportunities to learn about resources and services
- Allowed for further development of medical knowledge, including medical illnesses and medications, as well as psychosocial theories of aging
- Validated trainees' skills as clinicians



Have a newsletter theme you'd like to see? Let us know!

**We are always open to newsletter theme ideas!
Contact Newsletter Editors:**

**Patricia Bamonti: patricia.bamonti@va.gov
OR**

Victoria Liou-Johnson: dr.lioujohnson@gmail.com

Broadening a Geropsychology Capacity Seminar to an Interdisciplinary Audience: Interest and Learning Needs

Brian Ludwin (1,2), Michelle Mlinac (3,4), Jennifer Moye (1,2,3,4)

1) New England GRECC 2) Bedford VA Medical Center 3) VA Boston Healthcare System 4) Harvard Medical School

In 2009, VA Boston Healthcare Psychology Training Program – Geropsychology Track began a monthly in-person seminar on issues in capacity assessment and geriatric neuropsychology which we referred to as “capacity rounds”. The seminar was designed for geropsychology and neuropsychology trainees and faculty at VA Boston Healthcare System to present and explore complex decision-making capacity evaluations or cases with murky diagnostic questions in a clinical rounds format. Each year began with a “State of the Science” overview on decision-making capacity, and subsequent presentations focused on cases. The seminar has been very well-received over the years by trainees and faculty, providing a safe and supportive forum for thinking about these complicated and sometimes fraught issues. As our trainees moved away, some asked to continue to call in to the seminar, and increasingly we had a national audience – albeit a small and geographically scattered audience of former trainees and friends. Beginning in Fall 2017, the capacity seminar was “officially” expanded to be accessible to a national audience of VA and non-VA healthcare providers from all health professions through the VA Employee Education Service. The audience included interdisciplinary providers who served

Capacity Seminar, continued on pg 17

Membership Report

Lindsey Jacobs, Ph.D., M.S.P.H.

VA Boston Healthcare System

CoPGTP’s mission is to promote quality education and training in professional geropsychology by supporting training programs and individual trainers. The CoPGTP board is continuing efforts to recruit new members. Please contact the members-at-large if you have suggestions for potential new members or questions about the criteria for membership.

CoPGTP would like to welcome the newest program member, VA Central Iowa Health Care System. This program, represented by Kyle Page, PhD, ABPP, provides geropsychology training at the internship level. Interns are offered training experiences in a Community Living Center, which includes “secured memory care, physical rehabilitation, inpatient hospice, and restorative care neighborhoods.”

We welcome back Piedmont Geriatric Hospital, a program that recently rejoined CoPGTP. Piedmont Geriatric Hospital is represented by Lindsey Slaughter, PsyD, ABPP, and offers a specialty track in geropsychology with training in inpatient geropsychiatry at the internship level.


Currently, forty-six programs are members or associate members of CoPGTP. This includes 16 programs providing graduate level training, 16 programs providing internship training, 15 programs providing post-doctoral training, four programs providing post-licensure training, one associate member, and one international member. Of these programs, 18 provide more than one level of geropsychology training.

Please visit our website (www.copgtp.org) to learn more about the newest member programs and to view an updated list of programs offering substantive geropsychology training consistent with the Pike’s Peak Model.



older adults, particularly in skilled nursing facilities, home-based primary care, and other settings. The scope of the seminar was modified to include presentations from national experts, including Pamela Teaster, Ph.D., (guardianship), Peter Lichtenberg, Ph.D. (financial exploitation and capacity), and Erica Wood, J.D., (legal overview). The seminars continued to include case presentations from the VA Boston trainees and faculty. Speakers continue to be mostly psychologists, but also other disciplines (e.g., social work, occupational therapy, psychiatry).

Initial feedback from the national audience at the end of the training year indicated that interest in our capacity seminar is high. Our audience reported that they are very interested in learning more about a range of topics. For example, they expressed an interest in learning more about evaluations of independent living, treatment consent, and guardianship/conservatorship as well as some processes surrounding an evaluation, including clarifying a referral and approaching consent prior to the evaluation. Feedback from the audience also indicated that practitioners experience complex ethical and/or practical dilemmas, including difficult team dynamics and activating a healthcare proxy whom the provider is concerned may lack capacity themselves. Soon our local training faculty will meet to discuss plans for the future. We've heard that other sites have started their own "capacity rounds" – so it may be that the national webinar is working its way towards obsolescence. Moving from a local to a national format has had plusses and minuses. We are happy to be connecting with others and love to hear from the national experts. On the other hand – the webinar technology is new to us (but we are getting more comfortable) and we also miss our more intimate local gatherings.

Finally, we want to thank all of the faculty, trainees, speakers, and audience members who have supported, participated in, and improved our seminar series over the years. The success of this series will continue to hinge on such vibrant participation. If you would like to be on the distribution list for these capacity rounds (or if you have a topic you would be interested in presenting), please email Jennifer.moye@va.gov. 

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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!

How to Update CoPGTP's Member Listing!

All CoPGTP member programs can submit a form requesting that we update your information on our website here: <http://copgtp.org/members/membership-information-form/>. We encourage each of our member programs to review their website listing (<http://copgtp.org/members/member-list/>) and inform us of any updates via this form.

We have received feedback from current students that our website has been a useful way to identify geropsychology training programs and we want to make sure you all are accurately represented. Thank you!

For Prospective Members

Membership in CoPGTP is open to programs in which at least one geropsychologist is currently or has recently been engaged in training. Members are required to offer didactic and/or experiential training. This training is offered in one or more settings that serve older adults. Importantly, members of the training council are training programs, which usually consist of more than one individual. That said, it is recognized that training programs in professional geropsychology may consist of only one geropsychologist. Associate (non-voting) membership is available also to individuals who are interested in, and are, or have been, 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.