



Department of Psychology
Psychology 750.06 – Advanced Seminar in Clinical Psychology
Clinical Geropsychology
Fall 2010 – Course Outline

Instructor:	Dr. Candace Konnert	Lecture Location:	A053
Phone:	403-220-4976	Lecture Days/Time:	Mon 9:00-11:50am as listed below
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Office:	Admin. 233C		
Office Hours:	By appointment		

General Course Description:

Why is this module important?

“A recent survey of American Psychological Association (APA) – member practicing psychologists indicated that the vast majority (69%) conduct some clinical work with older adults, at least occasionally, but that fewer than 30% report having had any graduate coursework in geropsychology, and fewer than 20% any supervised practicum or internship experience with older adults.”
(Qualls et al., 2002)

In Canada, there are no graduate programs with Clinical Geropsychology tracks and most programs do not offer specialized training in aging. Population projections indicate that, by 2030, those over 65 will comprise 20% of the Canadian population and the fastest growing age group will be those over 75 years of age. As the baby-boom cohort (those born between 1947 and 1966) ages, there will be even more demand and need for psychological services. Moreover, caring for an aging family member is now a normative experience, and psychologists who work with families need to be knowledgeable about multigenerational families and issues pertaining to caregiving.

This module is structured in a manner that is consistent with guidelines provided by the American Psychological Association.

APA. (2004). Guidelines for psychological practice with older adults. *American Psychologist*, 59(4), 236-260.

As such, students will learn about:

- their attitudes and beliefs about aging, and how these might be relevant to their assessment and treatment of older adults.
- ethical issues, the scope of their competence, and when to consult or refer.
- adult development, aging, and challenges facing older adults and their families (e.g., health decline, caregiving, residential transitions, bereavement and end-of-life issues).
- clinical issues (e.g., problems in living, psychopathology)
- assessment, intervention, and prevention

The lectures will focus on specific topics within this framework, however, the readings will be more comprehensive. An excellent electronic library resource is the AARP Ageline. You may also want to look at the following websites and their related links for further information about different topics on aging:

- National Council on the Aging (www.ncoa.org)
- Canadian Association on Gerontology (www.cagacg.ca)
- Gerontological Society of America (www.geron.org)
- APA Division 12, Section II – Clinical Geropsychology (www.geropsych.org)
- The Canadian Coalition for Seniors' Mental Health (CCSMH) National Guidelines

for Seniors' Mental Health <http://www.ccsmh.ca/en/guidelinesUsers.cfm>

The Assessment and Treatment of Delirium

The Assessment and Treatment of Depression

The Assessment of Suicide Risk and Prevention of Suicide

The Assessment and Treatment of Mental Health Issues in Long Term Care Homes

Text:

Laidlaw, K., & Knight, B. G. (2008). *Handbook of emotional disorders in later life: Assessment and treatment*. New York: Oxford University Press. Readings are available on Blackboard.

Evaluation: Essay exam, Monday October 25.

Readings:

Week 1 – Sept. 13

Working with older adults: The basics

Chapters 1 and 2

APA. (2004). Guidelines for psychological practice with older adults. *American Psychologist*, 59(4), 236-260.

Depp, C., Vahia, I. V., & Jeste, D. (2010). Successful aging: Focus on cognitive and emotional health. *Annual Review of Clinical Psychology, 6*, 527-550.

Week 2 – Sept. 20

Contextual framework/Assessment

Chapters 3 and 12

Stroebe, W., Schut, H., & Stroebe, M. S. (2005). Grief work, disclosure and counseling: Do they help the bereaved? *Clinical Psychology Review, 25*, 395-414.

Haley, W. E., Larson, D. G., Kasl-Godley, J., Neimeyer, R. A., & Kwilosz, D. M. (2003). Roles for psychologists in end-of-life care: Emerging models of practice. *Professional Psychology: Research and Practice, 34*, 626-633.

Weitzman, P. F., & Weitzman, E. A. (2003). Promoting communication with older adults: Protocols for resolving interpersonal conflicts and for enhancing interactions with doctors. *Clinical Psychology Review, 23*, 523-535.

APA. (1998). Guidelines for the evaluation of dementia and age-related cognitive decline. *American Psychologist, 53*(12), 1298-1303.

Pachet, A., Newberry, A., & Erskine, L. (2007). Assessing capacity in the complex patient: RCAT's unique evaluation and consultation model. *Canadian Psychology, 48*(3), 174-186.

Week 3 – Sept. 27

Treatment approaches and contexts/Overview of selected mental health problems

Chapters 4, 5, 6, and 7

Reynolds III, C. F. (2003). Meeting the mental health needs of older adults in primary care: How do we get the job done? *Clinical Psychology: Science and Practice, 10*, 109-111.

Lichtenberg, P. A. et al. (1998). Standards for psychological practice in long-term care facilities. *The Gerontologist, 38*, 122-127.

Rockwood, K., Bouchard, R. W., Camicioli, R., & Léger, G. (2007). Toward a revision of criteria for the dementias. *Alzheimer's & Dementia, 3*, 428-440.

Meagher, D., & Trzepacz, P. T. (2007). Phenomenological distinctions needed in DSM-V: Delirium, subsyndromal delirium, and dementias. *Journal of Neuropsychiatry and Clinical Neuroscience, 19*, 468-470.

Week 4 – Oct. 4

Overview of selected mental health problems

Chapters 9, 10, 11, 13, 15, and 16

Fiske, A., Wetherall, J. L., & Gatz, M. (2009). Depression in older adults. *Annual Review of Clinical Psychology, 5*, 363-389.

Berry, K., & Barrowclough, C. (2009). The needs of older adults with schizophrenia: Implications for psychological interventions. *Clinical Psychology Review, 29*, 68-76.

Christiansen, H., Low, L.F., & anstey, K. J. (2006). Prevalence, risk factors, and treatment for substance abuse in older adults. *Current Opinion in Psychiatry, 19*, 587-592.

Week 5 – October 18

Helping caregivers and care recipients

Chapters 8, 14, 17, 18, and 19.

Week 6 – October 25

Final exam

Reappraisal of Grades

A student who feels that a piece of graded term work (e.g., term paper, essay, test) has been unfairly graded, may have the work re-graded as follows. The student shall discuss the work with the instructor within 15 days of being notified about the mark or of the item's return to the class. If not satisfied, the student shall immediately take the matter to the Head of the department offering the course, who will arrange for a reassessment of the work within the next 15 days. The reappraisal of term work may cause the grade to be raised, lowered, or to remain the same. If the student is not satisfied with the decision and wishes to appeal, the student shall address a letter of appeal to the Dean of the faculty offering the course within 15 days of the unfavourable decision. In the letter, the student must clearly and fully state the decision being appealed, the grounds for appeal, and the remedies being sought, along with any special circumstances that warrant an appeal of the reappraisal. The student should include as much written documentation as possible.

Plagiarism and Other Academic Misconduct

Intellectual honesty is the cornerstone of the development and acquisition of knowledge and requires that the contribution of others be acknowledged.

Consequently, plagiarism or cheating on any assignment is regarded as an extremely serious academic offense. Plagiarism involves submitting or presenting work in a course as if it were the student's own work done expressly for that particular course when, in fact, it is not. Students should examine sections of the University Calendar that present a Statement of Intellectual honesty and definitions and penalties associated with

Plagiarism/Cheating/Other Academic Misconduct.

Academic Accommodation

It is the student's responsibility to request academic accommodations. If you are a student with a documented disability who may require academic accommodation and have not registered with the Disability Resource Centre, please contact their office at 403-220-8237. Students who have not registered with the Disability Resource Centre are not eligible for formal academic accommodation. You are also required to discuss your needs with your instructor no later than 14 days after the start of this course.

Absence From A Test/Exam

Makeup tests/exams are NOT an option without an official University medical excuse (see the University Calendar). A completed Physician/Counselor Statement will be required to confirm absence from a test/exam for health reasons; the student will be required to pay any cost associated with this Statement. Students who miss a test/exam have 48 hours to contact the instructor and to schedule a makeup test/exam. Students who do not schedule a makeup test/exam with the instructor within this 48-hour period forfeit the right to a makeup test/exam. At the instructor's discretion, a makeup test/exam may differ significantly (in form and/or content) from a regularly scheduled test/exam. Except in extenuating circumstances (documented by an official University medical excuse), a makeup test/exam must be written within 2 weeks of the missed test/exam.

Evacuation Assembly Point

In case of an emergency evacuation during class, students must gather at the designated assembly point nearest to the classroom. The list of assembly points is found at

<http://www.ucalgary.ca/emergencyplan/assemblypoints>

Please check this website and note the nearest assembly point for this course.

Important Dates

The last day to drop this course and **still receive a tuition fee refund** is **Sep 24, 2010**.

Last day for registration/change of registration is **Sep 28th, 2010**. The last day to withdraw from this course is **Dec 10, 2010**.