



Psychology 750.06	Clinical Geropsychology	Winter 2015
Instructor:	Dr. Christine Knight	Lecture A247
Phone:	403-955-6130	Location:
	Dr. Candace Konnert	Lecture Mon 9:00-11:45 am
	403-220-4976	Days/Time:
Email:	christine.knight@albertahealthservices.ca	
	konnert@ucalgary.ca	
Office:	Admin. 235C (Konnert)	
Office Hours:	By appointment	

Course Description and Goals

Why is this module important?

“A 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. Current population projections indicate that by 2036, 25% of the Canadian population will be over 65 and almost 8% will be 80 years of age or older (Statistics Canada, 2013). By 2051, the number of centenarians in Canada will increase eight-fold (Statistics Canada, 2012). As the baby-boom cohort ages, there will be even more demand 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 (2014). As such, students will learn about:

- what it means to age successfully
- students' personal attitudes and beliefs about aging, and how these might be relevant to their assessment and treatment of older adults, ethical issues
- conceptual models, challenges and contexts of practice
- psychopathology, assessment, and intervention

The lectures will focus on specific topics within this framework; however, the readings will be more comprehensive. 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>
- National Initiative for the Care of the Elderly <http://www.nicenet.ca>
- International Psychogeriatric Association <http://www.ipa-online.org>
- GeroCentral <http://gerocentral.org>

Required Text

Scogin, F., & Shah, A. (2012). *Making evidence-based psychological treatments work with older adults*. Washington, DC: American Psychological Association. Available in the University Bookstore.
 This course also has required readings that will be made available on D2L.

Evaluation Class participation/discussion of the readings (50%)
 Final exam (50%): essays and case study based on readings and lectures: Mon, Feb. 23

Grading Scale: This course is evaluated as credit/no credit. Students must receive a grade of 80% to receive credit for the course.

Date	
M Jan. 12 (C. Konnert)	Working with older adults: The basics
M Jan. 19 (C. Konnert)	The Contextual Adult Lifespan Theory for Adapting Psychotherapy (CALTAP)
M Jan. 26 (C. Knight)	Overview of the assessment and differential diagnosis of delirium, depression and dementia
M Feb. 2 (C. Knight)	Overview of the assessment and treatment approaches for anxiety disorders and psychosis
M Feb. 9 (C. Konnert)	Evidence-based and emerging psychological treatments for older adults
M Feb. 16	Reading day – no class
M Feb. 23	Final exam

Reappraisal of Grades

A student who feels that a 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; no reappraisal of term work is permitted after the 15 days. 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 an Exam

Makeup 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 an exam for health reasons; the student will be required to pay any cost associated with this Statement. Students who miss an exam have 48 hours to contact the instructor and to schedule a makeup exam. Students who do not schedule a makeup exam with the instructor within this 48-hour period forfeit the right to a makeup exam. At the instructor's discretion, a makeup exam may differ significantly (in form and/or content) from a regularly scheduled exam. Except in extenuating circumstances (documented by an official University medical excuse), a makeup exam must be written within 2 weeks of the missed exam.

Travel During Exams

Consistent with University regulations, students are expected to be available to write scheduled exams. Requests to write a make-up exam because of conflicting travel plans (e.g., flight bookings) will NOT be considered except under exceptional circumstances.

Freedom of Information and Protection of Privacy (FOIP) Act

The FOIP legislation disallows the practice of having student's retrieve tests and assignments from a public place. Therefore, final exams will be made available for viewing by making an appointment with the instructor(s) within 2 weeks of receiving the grade. Tests will be shredded after one year. Instructors should take care to not link students' names with their grades, UCIDs, or other FOIP-sensitive information.

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.

Student Ombudsman's Office

The Office of the Student Ombudsman provides independent, impartial and confidential support for students who require assistance and advice in addressing issues and concerns related to their academic careers. The office can be reached at 403-220-6420 or ombuds@ucalgary.ca (<http://www.su.ucalgary.ca/services/student-services/student-rights.html>).

Safewalk

The safewalk program provides volunteers to walk students safely to their destination anywhere on campus. This service is free and available 24 hrs/day, 365 days a year.

Call 403-220-5333.

Important Dates

The last day to drop this course with no "W" notation and **still receive a tuition fee refund is January 23rd, 2015**. Last day for registration/change of registration is **January 26th, 2015**. The last day to withdraw from this course is **April 15th, 2015**.

Readings:

Date	
M Jan. 12 (C. Konnert)	Working with older adults: The basics Anderssen, E. (2010, April 1). Want to age well? Laugh it up. <i>Globe and Mail</i> . APA. (2014). Guidelines for psychological practice with older adults. <i>American Psychologist</i> , 69, 34-65. Depp, C., Vahia, I. V., & Jeste, D. (2010). Successful aging: Focus on cognitive and emotional health. <i>Annual Review of Clinical Psychology</i> , 6, 527-550. Karel, M. J., Gatz, M., Smyer, M. A. (2012). Aging and mental health in the decade ahead: What Psychologists need to know. <i>American Psychologist</i> , 67, 184-198. Carlos, M., & Moye, J. (2014). Tips for treating older clients. Retrieved from: http://psychologybenefits.org/2014/11/06/28-tips-for-treating-older-clients

<p>M Jan. 19 (C. Konnert)</p>	<p>The Contextual Adult Lifespan Theory for Adapting Psychotherapy (CALTAP)</p> <p>Scogin & Shaw, Chapters 1, 6, 7</p> <p>Knight, B. G., & Poon, C. Y. M. (2008). Contextual adult life span theory for adapting psychotherapy with older adults. <i>Journal of Rational-Emotive & Cognitive-Behavior Therapy, 26</i>, 232-249.</p> <p>El-Gabalawy, R., Mackenzie, C. S., Thibodeau, M. A., Asmundson, G. J. G., & Sareen, J. (2013). Health anxiety disorders in older adults. Conceptualizing complex conditions in later life. <i>Clinical Psychology Review, 33</i>, 1096-1105.</p> <p>Kasl-Godley, J. E., & Christie, K. M. (2015). Advanced illness and the end of life. In N. A. Pachana & K. Laidlaw (Eds.), <i>The Oxford Handbook of Clinical Geropsychology</i> (pp. xxx - xxx). New York: Oxford University Press.</p> <p>Yang, J. A., Garis, J., Jackson, C., & McClure, R. (2009). Providing psychotherapy to older adults in home: Benefits, challenges, and decision-making guidelines. <i>Clinical Gerontologist, 32</i>, 333-346.</p>
<p>M Jan. 26 (C. Knight)</p>	<p>Overview of the assessment and differential diagnosis of delirium, depression and dementia</p> <p>Scogin & Shah, Chapter 4, 5</p> <p>APA. (2012). Guidelines for the evaluation of dementia and age-related cognitive decline. <i>American Psychologist, 67</i>(1), 1-9.</p> <p>Canadian Coalition for Senior's Mental Health (CCSMH) (2006). <i>National Guidelines for the Assessment and Treatment of Delirium</i>. Retrieved from: http://www.ccsmh.ca/en/guidelinesUsers.cfm</p> <p>Downing, L.V., Caprio, T.V., & Lyness, J.M. (2013). Geriatric psychiatry review: Differential diagnosis and treatment of the 3 Ds: Delirium, dementia and depression. <i>Current Psychiatry Reports, 15</i>, 365-374.</p> <p>Ganguli, M., Blacker, D., Blazer, D., Grant, I., Jeste, D.V., . . . Sachdev, P. S. (2011). Classification of neurocognitive disorders in DSM-5: A work in progress. <i>American Journal of Geriatric Psychiatry, 19</i>(3), 205-210.</p> <p>Saykin, A.J., & Rabin, L.A. (2014). Dementias and neurocognitive diseases. In M.W. Parsons & T.A. Hammeke (Eds.), <i>Clinical neuropsychology: A pocket handbook for assessment</i> (3rd ed). (pp. 237-265). Washington, DC: American Psychological Association.</p> <p>Smith, G.E., & Bondi, M.W. (2013). <i>Mild cognitive impairment and dementia: Definitions, diagnosis and treatment</i>. Oxford: Oxford University Press. Read chapter 3 only. Normal cognitive aging (pp. 37-67).</p>

<p>M Feb. 2 (C. Knight)</p>	<p>Overview of the assessment and treatment approaches for anxiety disorders and psychosis</p> <p>Scogin & Shah, Chapter 2</p> <p>Berry, K., & Barrowclough, C. (2009). The needs of older adults with schizophrenia: implications for psychological interventions. <i>Clinical Psychology Review, 29</i>, 68-76.</p> <p>Canadian Coalition for Senior’s Mental Health (CCSMH) (2006). <i>National Guidelines for the Assessment of Suicide Risk and Prevention of Suicide</i>. Retrieved from: http://www.ccsmh.ca/en/guidelinesUsers.cfm</p> <p>Frost, R.O., & Steketee, G., & Tolin, D.F. (2012). Diagnosis and assessment of hoarding disorder. <i>Annual Review of Clinical Psychology, 8</i>, 219-242.</p> <p>Karim, S., & Byrne, E.J. (2005). Treatment of psychosis in elderly people. <i>Advances in psychiatric treatment, 11</i>, 286-296.</p> <p>Kuerbis, A., Sacco, P., Blazer, D.G., & Moore, A.A. (2014). Substance abuse among older adults. <i>Clinics in Geriatric Medicine, 30</i>, 629-654.</p>
<p>M Feb. 9 (C. Konnert)</p>	<p>Evidence-based and emerging psychological treatments for older adults</p> <p>Laidlaw, K., & McAlpine, S. (2008). Cognitive behaviour therapy: How is it different with older people? <i>Journal of Rational-Emotive & Cognitive-Behavior Therapy, 26</i>, 250-262.</p> <p>Hinrichsen, G. A. (2008). Interpersonal depression for late-life depression: Current status and new applications. <i>Journal of Rational-Emotive & Cognitive-Behavior Therapy, 26</i>, 263-275.</p> <p>Westerhof, G. J., Bohlmeijer, E., & Webster, J. D. (2010). Reminiscence and mental health: a review of recent progress in theory, research, and interventions. <i>Ageing and Society, 30</i>, 697-721.</p> <p>Scogin & Shah, Chapter 3</p>