

# Clinical Geropsychology News

Society of Clinical Geropsychology

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\*Published articles do not necessarily represent the official views of Society for Clinical Geropsychology (Section II), Division 12, or APA

## President's Column

**Brian Yochim, PhD, ABPP**



Greetings members of the APA Society of Clinical Geropsychology! This has been an exciting few months and it is my pleasure to highlight some of our accomplishments. We have assembled quite a line-up of geropsychology programming at the upcoming APA convention in Washington. Thank you to Deborah DiGilio, Director of the APA Office on Aging, for summarizing all the relevant programming in one document, which you can find at

<http://www.apa.org/convention/programming/pi-directorate/aging/aging-sessions.pdf>. As you will find out, there is so much aging-related programming that we unfortunately have some overlapping sessions so that one cannot attend all of it. I encourage you to find the "convention within the convention" that best suits

your interests, and you will come away with some exciting updates in our subfield and a chance to learn about other interesting areas of psychology.

I would like to highlight some events at the convention you may wish to attend. My President's Address, "Emerging from our Infancy: Recent Advances in Clinical Geropsychology and Directions for Growth" will take place on Friday, August 8, 9:00-9:50, in the Convention Center, Level 2, Room 204B. The Board of Directors meeting will take place directly after this, from 10:00-12:00, in the Society of Clinical Psychology (Division 12) Hospitality Suite in the Marriott Marquis. While these sessions take place, the "Speed Mentoring: Building Research Careers in Geropsychology and Neuropsychology" mentoring program, chaired by Shawn McClintock, PhD, and Kimberly Hiroto, PhD, will also take place from 9:00-10:50 in the Convention Center, East Salon C. This session has been very successful and informative over the years, and this year's line-up of participants promises to continue this tradition. Friday evening, please join us for our social event at "District of Pi", just down the street from the convention center, at 910 F St NW, from 5:00-7:00. Thank you to Elissa Kozlov, MA, and Margie Norris, PhD, for organizing this! If you have not yet signed up, please do so (\$35 for professional members and \$20 for students). Partners are welcome to attend at the same payment rate.

The Business Meeting for our Society, which we encourage all members to attend, will take place Saturday, August 9, at 8:00-9:50, in the Society of Clinical Psychology (Division 12) Hospitality Suite in the Marriott Marquis. There will be a sign in the lobby of the hotel indicating the location of the Hospitality Suite. Greg Hinrichsen, PhD, Chair of our Awards Committee, will be presenting our annual awards to their recipients during this meeting. At 10:00-10:50, please join us in the Convention Center, East Salon F, for the symposium "Those Who Can Do, Teach: Competence in Clinical Geropsychology and Geropsychology Supervision" with myself as Chair and Jennifer Moye, PhD, as Discussant. There is also a Geropsychology Internship "Meet and Greet" event Saturday 4:00-4:50 in the Marriott Marquis, Supreme Court Room, and the APA Committee on Aging (CONA) Conversation Hour and presentation of the CONA Award for the Advancement of Psychology and Aging to Sara Honn Qualls, PhD, at 5:00-5:50 in the same room. This represents a small percentage of all the Aging programming at the convention; please consult [the CONA guide](#) or the convention program for a list of all the other exciting presentations!

It is also my pleasure to announce the formation of a new committee within our Society. As social media, including Facebook, Twitter, and all things on the world wide web continue to evolve, it is important that our Society stay current with this wave and use this technology to advance our field as much as possible. In this spirit I am creating a Communications Committee to oversee the Society's newsletter, website, social media (currently Facebook and Twitter), listserv, archives, contributions to other websites (e.g., Society of Clinical Psychology), informational brochures that may be developed, and any other media. The Communications Committee will consist of a chair, website manager, newsletter editor(s), and social media overseer, and other members to assist with these positions. Other positions can be added as deemed necessary in the future by the Board. The website coordinator and social media manager shall be persons entrusted to ensure postings are professional and relevant to clinical geropsychology. The website coordinator shall be in charge of uploading content and will respond to incoming requests for postings to the website. The chair shall oversee all sets of activities and be available for assistance and consultation. By creating this committee I am ensuring that we have adequate resources to utilize all available media to advance our field into the coming years.

One advancement in our Society's presence on the web has been the creation of two Wikipedia pages. Wikipedia has become a popular source of information when searching for information on the internet. Until recently, there were no Wikipedia entries for "Clinical Geropsychology" or "Society of Clinical Geropsychology". Our Student Representatives, Elissa Kozlov, MA, and Anne Mueller, MA, have filled this

void by writing up entries for these topics. These have been submitted to Wikipedia, who should have it online within several weeks. We hope these pop up on web searches soon! One of the responsibilities of the social media overseer on the Communications Committee will be to monitor these entries and other areas of our web presence to ensure they are current and accurate.

One last update is that our Society is joining the Inter-Organizational Practice Committee (IOPC). The IOPC includes other related organizations in clinical psychology (e.g., Society for Clinical Neuropsychology [Division 40]) who work together with Medicare and private insurers to ensure mental health services can be provided to patients. Once a law or guideline is deemed in need of change, the IOPC rapidly drafts a letter to submit to the relevant agency and they have had great success in changing reimbursement guidelines. I believe this development will utilize strength in numbers to increase access to mental health services for older adults.

I wish to express my gratitude to everyone in our Society for all your hard work advancing our field, and I look forward to seeing you at APA!

Brian Yochim, PhD, ABPP  
President  
VA Palo Alto Health Care System and  
Stanford University School of Medicine

## Comments from the Editors: Christine and Joe



Welcome to the Summer edition of the Clinical Geropsychology News! There are a few pieces in the current issue that we would like to highlight:

- Be sure to review all the information in the current issue pertaining to age-related happenings at the upcoming APA convention.
- Make sure to see all the wonderful accomplishments of our members in the Announcements and Members News section.
- Two members are highlighted in the Member Spotlight. If you see either of the highlighted members at the upcoming APA conference, make sure to stop them and say hi!
- Congratulations to everyone on their recent publications and positions.

### Society for Clinical Geropsychology 2014 Award Recipients

#### **Distinguished Clinical Mentorship Award (2 awardees this year)**

Dr. Rebecca Allen (University of Alabama)

Dr. Heather Smith (Milwaukee Zablocki VA Medical Center)

#### **M. Powell Lawton Award for Distinguished Contributions to Clinical Geropsychology**

Dr. Forrest Scogin (University of Alabama)

#### **Student Paper Award**

Jon Gooblar, "The influence of cerebrospinal fluid (CSF) on clinical dementia evaluations"  
(Washington University in St. Louis)

## Student Award Paper Synopsis

Gooblar, J., Carpenter, B. D., Coats, M., Morris, J. C., & Snider, B. J. (in press). The influence of cerebrospinal fluid (CSF) biomarkers on clinical dementia evaluations. *Alzheimer's & Dementia*.

Methods used to diagnose Alzheimer disease (AD) continue to evolve as technology aimed at detecting the disease before symptoms appear improves. As an example, researchers have examined the utility of cerebrospinal fluid (CSF) biomarkers in detecting the molecular pathology of AD, predicting rate of disease progression, and tracking change and stability in clinical trials. However, recent diagnostic criteria (i.e., McKhann et al., 2011) have suggested that more research needs to be done to standardize and integrate biomarkers such as CSF with other assessments. As biomarker assessments move from research settings into the clinic, it is unclear how clinicians will integrate this information and how consumers will interpret it. In order to understand how clinicians might use CSF biomarkers to make clinical decisions, we conducted an online vignette study with 193 physicians and other practitioners in the United States. Clinicians were randomized to view normal, borderline, or AD-consistent CSF values embedded in two clinical vignettes describing hypothetical patients with borderline and mild-AD symptoms.

Our results revealed that clinicians reported using CSF measurements relatively infrequently to assess AD in their clinical practice and rated the utility of CSF biomarkers low compared to traditional assessments such as cognitive testing and structural neuroimaging. However, CSF biomarkers affected the diagnostic and treatment decisions clinicians made. As CSF values changed across experimental conditions to reflect AD pathology, clinicians became more likely to diagnose AD, more confident in their diagnoses, and more likely to initiate treatment. In addition, when clinical and pathological information was mismatched (e.g., normal CSF values embedded in a mild-AD vignette), clinicians tended to be swayed by the CSF information in making a diagnostic decision.

In sum, while clinicians report low confidence in biomarkers in their clinical practice, pathological CSF protein values appear to sway clinical decision making in systematic ways. These results should inform the development of future diagnostic criteria incorporating biomarkers and could be used to develop clinician training programs targeting potential decision making biases.

## Member Spotlight

**Full Member Spotlight:** Lisa M. Brown, Ph.D

Associate Professor, School of Aging Studies, College of Behavioral and Community Science, University of South Florida

Year joined Society of Clinical Geropsychology: 2002

Hometown: Minneapolis, Minnesota

**Q:** Why did you join Division 12 Section II, Society for Clinical Geropsychology?

I decided to join Division 12 Section II because it appeared that my clinical and research interests were closely aligned with the goals and activities of the division. I expected that membership would provide a forum where I could meet and interact with others who shared my interest in age-related clinical



issues. Happily, my participation in 12/II exceeded my expectations.

Q: How has membership in 12/II assisted you with your professional activities?

I have found 12/II to be a welcoming and inclusive group of dedicated professionals. Membership in 12/II has broadened my professional network and helped facilitate my growth as a geropsychologist. I appreciate the support of my peers and value the opportunities to become involved in a variety of activities with other experts in the field.

Q: How did you get interested in the field of aging?

As an undergraduate student at the City University of New York (CUNY), I had an opportunity to work as a volunteer student intern at the Carter Burden Center for the Aging. I spent one year visiting a culturally diverse group of homebound elders living in Manhattan. The experience really opened my eyes to the vulnerability as well as the resilience of socially isolated, older adults living independently in a large metropolitan area.

Q: What was your most memorable experience during your graduate studies?

During graduate school I worked part-time as a clinical trial coordinator for a study at Stanford University that was examining use of a new drug for people diagnosed with schizophrenia. My duties included coordinating clinical activities and administering a battery of neuropsychological tests to monitor changes overtime. During this two-year period, I also co-facilitated a support group for friends and family of patients who were being treated in the clinic. My previous experience with severe and persistent mental illness was very limited. I learned a great deal from my patients and their families as they shared their experiences with managing their symptoms, treatment, and lifestyle changes.

Q: Have you had an important mentor in your career? If so, how did he or she make a difference?

I have been very fortunate to have several mentors during the course of my career. Mentors specific to geropsychology include Drs. Rick Moody, Larry Thompson, and James Moses. As an undergraduate at CUNY, Dr. Moody at the Brookdale Center at Hunter College was the first person who encouraged me to write and get published. During graduate school, Dr. Thompson served on my dissertation committee and introduced me to researchers at the Palo Alto VA and Stanford University. Dr. Moses supervised my practicum in neuropsychology at the Palo Alto VA. He was a wonderful clinical role model and a patient and wise supervisor.

Q: What is your current position and what are your key responsibilities?

I am fortunate to have a career where I teach, mentor, conduct research, and see patients. I am an associate professor in the School of Aging Studies, College of Behavioral and Community Sciences, University of South Florida (USF). In addition to teaching and conducting research, I am also involved with faculty governance. I recently served as elected Chair of the USF Research Council and am now a member of the faculty senate. In addition to my faculty responsibilities, I am the Co-Training Director at the James A. Haley VA Center of Innovation (COIN). I thoroughly enjoy mentoring early career researchers who are dedicated to enhancing veteran care.

Q: Tell us about your most recent activities.

In November 2013, I took the examination in Geropsychology, for Board Certification by the American Board of Geropsychology. It was a rewarding experience to write the application, prepare for the test, and take the oral exam. I was also recently selected as a Fulbright Specialist. I anticipate that I will be collaborating with an international partner on an age-related project before the end of this year. In January 2014, I began a three-year term as a member on the Committee on Aging. It is inspiring and interesting to work with dedicated colleagues who share my interests and concerns about age-related issues. I am very impressed by the talent and passion of APA staff and CONA members in addressing aging issues.

Q: What has been your most memorable experience in gerontology and aging clinical practice and/or research?

One of the most exciting aspects of my work is being able to improve existing systems of care by conducting research, teaching the next generation of academics, and training clinicians. I greatly enjoy having former students and trainees drop by my office to tell me about their recent successes and future plans. In regards to my program of research, it is gratifying when my work informs policy and has the potential to affect positive change.

Q: Do you have any tips for emerging geropsychologists?

When making big decisions about careers, I think it is useful to have several mentors who can provide different perspectives. I also think it is helpful to join and become active with a division and section. I believe that small groups provide a professional home, a sense of community, and synergy that exceeds the abilities and energy of a single person.

Q: What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies?

I recently ran my one and only marathon in New York City. It was a thrill and the weather was perfect. I plan to continue running half marathons as it is too time consuming to adequately train to run a full race. In addition to running, I row on a women's crew team located in Land O'Lakes, Florida. We have cool team shirts that feature crossed oars and the words "LOL Rowing Club". Needless to say, at regattas we have a coveted team shirt that reflects our team's great sense of style and humor.

**Student Member Spotlight:** Brenna N. Renn, M.A.  
 Doctoral Candidate, Department of Psychology, University of Colorado, Colorado Springs

Year joined: 2011

Hometown: Mililani, Hawaii

Q: Why did you join Division 12 Section II, Society for Clinical Geropsychology?

Upon starting graduate school at UCCS, we were encouraged by our DCT Daniel Segal, PhD, to consider 12/II specifically and membership in national organizations generally. Membership in 12/II offers an academic "home" for students, which is particularly useful as we stake out our professional identify.



Q: How has membership in 12/II assisted you with your professional development?

I just received news that I will be the incoming 12/II Student Representative, effective this August after the APA Convention. So, in addition to the general benefits of membership, I am excited to contribute to the field and the organization. This also position also presents the opportunity to network with 12/II leadership and more generally with professionals and emerging scholars in Clinical Geropsychology.

Q: How did you get interested in the field of aging?

Like a lot of other students in the field, I was blessed to have close relationships with both my paternal and maternal sets of grandparents growing up. Most of my peers in undergraduate at the University of Puget Sound in Tacoma, WA were interested in children or couples. It wasn't until I started working professionally as a Research Coordinator with Suzanne Craft, PhD after college that I realized aging was a field of its own! Her Alzheimer's disease research inspired my fascination with the heterogeneity in the aging process—particularly, how some older adults age successfully and healthfully, while others are fraught with medical, cognitive, and/or emotional difficulties. That work really spurred my interest in aging and led me to apply to graduate school in Clinical Geropsychology at UCCS.

Q: Have you had an important mentor in your career? If so, how did he or she make a difference?

While at UCCS I have worked under the mentorship of Leilani Feliciano, PhD. She has allowed me to blend my interest in behavioral medicine with her background in behavioral gerontology; for example, we are currently investigating a behaviorally-based intervention to improve diabetes management among middle-aged and older adults. She has been flexible in her mentoring approach and let me develop as an independent thinker and researcher. In addition to having Dr. Feliciano, I have benefited from the incredibly supportive faculty at UCCS, who offer informal mentorship and collaboration in many forms.

Q: What has been your most memorable experience in gerontology and aging clinical practice and/or research?

I have truly valued the breadth of conferences I've been able to attend and present at while in graduate school. Most recently I attended a weeklong RAND Corporation Summer Institute in Santa Monica, CA, which offered a special emphasis on biomedical, psychological, and social factors in aging research. Attending national conferences (e.g., GSA, APA, Society of Behavioral Medicine) has offered a chance to network, blend my interests in aging and behavioral medicine, and stay abreast of clinical, research, and policy issues affecting our field. And, obviously, it offers a great excuse to travel and see the country!

Q: Tell us about your most recent activities.

I just completed all my required clinical practica and coursework for my PhD. Next stop, the internship application process! I am gearing up to apply for internship this fall and will be teaching a few undergraduate classes at UCCS. I am also working on my dissertation, which will explore correlates of physical activity engagement in older adults.

Q: Looking forward, what are your plans post-graduation?

I would like to continue blending my passions in aging and behavioral medicine, ideally in an interdisciplinary setting that allowed me to focus on clinical research with time for teaching and supervision. I expect that internship and postdoctoral fellowship will further shape this decision in the next few years.

Q: What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies?

Realizing that I only have a year left in beautiful Colorado before internship has inspired me to start a so-called Colorado bucket list. This list is filled with sightseeing, restaurants to try, and places to hike and camp before I move out of state. More generally I am trying to maintain some balance during this last year of graduate school by protecting my self-care for cooking, exercise (especially yoga!), and reading novels.

## The Student Voice

### **Obtaining ABPP Certification in Clinical Geropsychology: What Students Need to Know**

*Submitted by Annie Mueller and Elissa Kozlov  
Student Representatives*

In 2013, Geropsychology was established as a specialty area by the American Board of Professional Psychology (ABPP). Clinical geropsychology graduate students may have questions regarding what the process of gaining board certification in a specialty entails, when to begin the process, and cost considerations. Students may also wonder if pursuing board certification is the right fit for them in regards to their professional goals and aspirations. The following article contains information regarding the ABPP process to address some of these common areas of concern.

Students may feel relieved to know the application process cannot begin until licensure is obtained. To be eligible for board certification, applicants must have completed their doctoral degree and be licensed as a clinical psychologist. Applicants must also have completed an APA or CPA accredited internship or equivalent year of supervised experience. When an applicant is eligible, the ABPP process is comprised of three steps:

- 1) **Initial screening for eligibility as candidate in geropsychology** (\$125). In the initial screening, applicants provide information regarding clinical experiences in geropsychology (including hours, names of supervisors, and dates of training), relevant coursework, CV, and doctoral transcripts. Relevant training at the pre-doctoral, internship, and post-doctoral level are acceptable, given the clinical experiences and supervision are consistent with the guidelines. Students who are interested in pursuing ABPP are encouraged to keep track of this information, much of which overlaps with applications for internship.
- 2) **Submission of self-study and work samples** (\$250). In the 10-15 page self-study, applicants are asked to review their development in a number of areas (i.e., professional development, ethics, individual and cultural diversity). Applicants will also submit two work samples representing functional competencies (i.e., assessment, intervention, consultation).
- 3) **Oral examination** (\$450). The oral examination is three hours and consists of a review of the self-study (1 hour), work samples (1 hour), and responses to ethics vignettes presented during the examination (1 hour).



A mentoring program has been established for ABGERO applicants, which provides an opportunity to receive additional support and guidance from a psychologist who has completed the process.

We also asked Douglas Lane, PhD, ABPP some additional questions regarding the ABPP process. Dr. Lane is board certified in both clinical psychology as well as geropsychology, and has been an advocate in the development of geropsychology as a specialty area. Thank you to Dr. Lane for his contributions.

**Question:** What are the most important aspects of the ABPP process of which students should be aware?

**Dr. Lane:** The process helps us commensurate with board specialization in other medical specialties. This is especially important when working in an interdisciplinary context, as geropsychologists often do. Interprofessional care is the “cutting edge” in medical care. Additionally, this is a collegial process- fear not.

**Question:** What are the benefits of becoming board certified in Clinical Geropsychology?

**Dr. Lane:** A supervisor once encouraged me to “always meet the highest standard you can” – in the interest of patients, students, and employers. On a practical level, ABPP certification facilitates licensure mobility, some malpractice insurance companies offer reduced rates, and some employers (VA, Department of Defense) recognize it in terms of pay grade.

**Question:** How soon after graduation should students begin the board certification process?

**Dr. Lane:** It requires licensure, so prospective candidates can begin once EPPP has been taken and licensure is completed. Also, work samples have to come from work done at the independent, licensed psychologist level, so applicants need to allow time for that as well.

Additional information, including a more detailed description of the requirements and procedures, can also be found at the following websites:

<http://gerocentral.org/training-career/abpp-gero/>

<http://abpp.org>

## Announcements and Member News

This section of the newsletter highlights announcements relevant to the membership and the accomplishments of the Section's members. If you have received any local or national awards, or want to let the Section know about recently accepted publications, or recently published books, please email updates to Christine Gould ([Christine.Gould@va.gov](mailto:Christine.Gould@va.gov)) or Joseph Dzierzewski ([Joseph.Dzierzewski@va.gov](mailto:Joseph.Dzierzewski@va.gov)).

Students and early career investigators are invited to attend....

### **Speed Mentoring: Building Research Careers in Geropsychology and Neuropsychology**

**Friday, August 8, 2014**

**9am – 10:50am**

**Convention Center, East Salon C**

This *interactive* mentoring program will include:

- Brief presentations on funding priorities and training mechanisms by a program officer and the chief of NIMH and NIA, respectively.
- Informal small-group and one-on-one discussions with senior research investigators in geropsychology and neuropsychology

**For additional information about this research mentoring program contact:**

**Shawn McClintock, Ph.D. or Kimberly Hiroto, Ph.D.**

[Shawn.McClintock@duke.edu](mailto:Shawn.McClintock@duke.edu); [Kimberly.Hiroto@va.gov](mailto:Kimberly.Hiroto@va.gov)

## Member News

Gregory Hinrichsen is now on the faculty of the Brookdale Department of Geriatrics and Palliative Medicine at the Icahn School of Medicine at Mount Sinai in New York City.

Peter Kanaris was elected as APA Council Rep. For NYS.

### *Recent Member Publications*

Bush, S.S. (Ed.) (2014). *Psychological assessment of veterans*. New York: Oxford University Press.

Gould, C. E., Gerolimatos, L. A., & Edelstein, B. A. (2014). Experience of worry among young and older adults. *International Psychogeriatrics*. Epub ahead of print. doi:10.1017/S1041610214000891

Lo, A.H.Y., Woodman, R.J., Pachana, N.A., Byrne, G.J., & Sachdev, P.S. (2014). Associations between lifestyle and cognitive function over time in women aged 40-79 years. *Journal of Alzheimer's Disease*, 39, 371-383.

Molinari, V., & Ellis, M. (2014). Survey of master's gerontology students spanning over 40 years. *Gerontology & Geriatrics Education*, 35, 264-276. DOI:10.1080/02701960.2013.844694

## ABGERO Board Report

*Submitted by Victor Molinari, PhD, ABPP*

As of this writing, it appears that we will have at least 9/12 slots filled for oral examinations at APA this year scheduled for August 6 and August 7 at the APA building. Thanks goes to Debbie DiGilio for setting up the APA space for us, and in the process saving ABGERO a good deal of expense. The number of examinees may be an underestimate because there are some applicants who are still in various stages of completing their materials who have not yet officially signed up for their oral exams. The upshot is that if we subsequently examine at least 6 people at GSA (scheduled for November 4 & 5), we will meet our criteria of completing 30 oral examinations and thereby will become a full-fledged specialty board at the December ABPP Trustees meeting.

One new development that has been on the horizon but just recently finalized is a Maintenance of Certification (MOC) initiative. After January 1, 2015 all newly-minted ABPPs from all specialties will have to be re-certified every 10 years. This is in accordance with how medical board specialties operate, and reflects a necessary part of the development of an understanding of continued competence and how specialty skills may change over time. The ABGERO board recently submitted its MOC plan to the ABPP Standards committee. ABGERO specialists will need to document evidence of continuing professional development credits they have accumulated in working with older adults across 5 designated categories over the two-year period immediately prior to their MOC submission date. The 5 categories are: (1) Collaborative Consultation, (2) Teaching and Training, (3) Ongoing Education, (4) Research, Methodologies, and Programs, and (5) Professional Leadership.

The great majority of people who are working in geropsychology positions will have no problem meeting the MOC criteria we have set up, and the whole (written) process should take no longer than 4-6 hours to complete. The ABPP neuropsychology specialty board was particularly helpful (Deborah Attix gets special kudos) in crafting our plan. It has been truly inspiring to see how the varied specialties in ABPP work together for the benefit of promoting competence in specialization.

For those still interested in being part of the first cohort of ABGERO specialists, please contact me regarding being examined at GSA. I will be at the ABPP booth at APA on Saturday Aug 9<sup>th</sup> from 12:30-2:00. Let's talk.

## Diversity Column

### Craving Human Connection Across the Lifespan

*Submitted by Tiffany Rideaux, Psy.D., Foothill Community College*

“Loneliness expresses the pain of being alone and solitude expresses the glory of being alone.”  
~Paul Tillich

It is a common misconception that social isolation automatically means an individual will feel lonely, but this quote by Paul Tillich highlights the complexity of loneliness and social isolation. Social isolation reflects the actual number of interpersonal relationships or social contact an individual has. Loneliness is a subjective sense of distress associated with being alone. The lonely individual may feel an emptiness or longing for social and emotional connection with others. This sense of loneliness, however, may be unrelated to the actual number of interpersonal relationships or contact with the community. An individual may be in a long-term partnership and still feel lonely or may have no personal relationships and feel content.

Prevalence of loneliness among older adults in the United States has ranged from 19% (Theeke, 2009) to 43% (Perissinotto et al., 2012). Older ethnic minority adults, including Korean Americans, may be at greater risk for loneliness and social isolation and associated depressed mood. Korean Americans are the fifth largest sub-population of Asian Americans in the United States (U.S. Census Bureau, 2011). In a recent study by Park and colleagues (2013), over 50% of community dwelling Korean American adults aged 60 and older reported feeling lonely in the prior week. The authors identified several risk factors for loneliness including perceived poor physical health, living alone, reduced social support, and decreased participation in social activities (Park et al., 2013). English language proficiency and level of acculturation among older Korean Americans may impact social support and engagement in the community. A study by Kim (1999) reported that older Korean immigrants with a greater sense of ethnic attachment experienced less loneliness and had more social support.

A review study by Hawkey and Cacioppo (2010) identified several negative outcomes associated with loneliness including, coronary heart disease, poor sleep quality, depression, suicide, and cognitive decline and impairment. Loneliness has also been a significant predictor of functional decline and death (Perissinotto et al., 2012). With these negative physical and mental health outcomes it is important to intervene as early as possible.

Assessing for loneliness can be the first intervention step. The UCLA Loneliness Scale is widely used and includes 20 scaled items assessing self-perceived connection to others (Russell et. al., 1978). Clinicians may administer this brief self-report measure at initial intake or as needed. Older adults who screen positive for loneliness may benefit from further exploration of the nature of their loneliness. Hawkey and Cacioppo (2010) suggest helping the client increase social skills, social support, and social interaction in addition to treating cognitive errors in social thinking. To increase social interaction it may be helpful to assist clients with connecting to existing community programs. Local senior centers and day activity programs may be an excellent match for mobile older adults. Programs such as Senior Center Without Walls ([www.seniorcenterwithoutwalls.org](http://www.seniorcenterwithoutwalls.org)) and 7 Cups of Tea ([www.7cupsoftea.com](http://www.7cupsoftea.com)) provide online and telephone support programs. In-home, friendly visit connections may be found through Little Brothers Friends of the Elderly ([www.littlebrothers.org](http://www.littlebrothers.org)). Grass roots efforts like Village to Village Network ([www.vtvnetwork.org](http://www.vtvnetwork.org)) support communities meet the needs of their aging neighbors. Tech-savvy older adults may enjoy the LivWell video conferencing application (<http://www.livwellhealth.com/index.html>) among the many other senior support services.

Providing competent care to older adults includes assessing for loneliness and social isolation. Seniors experiencing a lack of emotional attachment to others may be at greater risk for poorer physical and mental health. Many resources exist to help seniors find a sense of belonging. We, as clinicians and fellow human beings, can be the bridge to building a connection with a lonely older adult. Sometimes all it takes is making space to ask about and engage in a conversation around loneliness.

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### Online Resources

- <http://seniorcenterwithoutwalls.org/>
- <http://www.7cupsoftea.com/>
- <http://www.campaigntoendloneliness.org/>
- <http://www.littlebrothers.org/>
- <http://www.livwellhealth.com/index.html>

## Public Policy Submission

### National Partnership to Improve Dementia Care in Nursing Homes: How Can Psychologists Get Involved?

*Submitted by Michele J. Karel, PhD*

The Public Policy Committee for Psychologists in Long Term Care (PLTC) and the Society of Clinical Geropsychology (SCG) – Section 2 of the Society of Clinical Psychology (SCP) – has recently become involved in supporting the National Partnership to Improve Dementia Care in Nursing Homes, along with several other geropsychology organizations. The “National Partnership” is an initiative (starting in 2012) of the Centers for Medicare and Medicaid Services (CMS) to improve dementia care through individualized care approaches, with the goal of reducing the use of unnecessary antipsychotic medications to address behavioral expressions in dementia (see <https://www.nhqualitycampaign.org/dementiaCare.aspx>).

A variety of challenging behaviors are commonly associated with dementia, such as verbally or physically aggressive behaviors, repetitive vocalizations, wandering, disengagement, and depression. Such behaviors are often expressions of unmet needs or responses to particular interpersonal or environmental triggers that may inadvertently be reinforced by caregivers’ responses to the behaviors. Despite the growing evidence base for behavioral approaches to managing behavioral expressions in dementia, the mainstay for treatment has been the use of antipsychotic and other psychotropic medications. Unfortunately, there is limited efficacy for the use of these medications for managing challenging behaviors in dementia, along with an increased risk of death. As a consequence of this risk profile, the FDA issued Black Box warnings for the use of antipsychotic medications in individuals with dementia, in 2005 (atypical antipsychotics) and 2008 (conventional antipsychotics).

Until recently, psychologists have not played a major role in supporting the National Partnership. However, the psychologists can play a critical role in helping nursing home leaders and teams develop and implement non-pharmacological interventions to help reduce distress and discomfort among their residents with dementia. In fact, geropsychologist Dr. Kimberly Van Haitsma co-lead with Ann Kolanowski, RN, an expert panel that developed an on-line nursing home toolkit: Promoting Positive Behavioral Health: A Nonpharmacological Toolkit for Senior Living Communities (see [www.nursinghometoolkit.com](http://www.nursinghometoolkit.com)). That effort was supported by the Commonwealth Fund and the Hartford Foundation.

This toolkit divides resources into five major categories, all of which psychologists are well-equipped to help nursing home staff address: (1) system integration: supporting system-wide implementation of new models of care; (2) education and leadership; (3) assessment; (4) clinical decision making; and (5) non-pharmacological approaches. Psychologists who work in nursing home settings have abundant opportunities to help their teams in one or more of these domains (see the organization Psychologists in Long Term Care, at <http://www.pltcweb.org>). However, CMS and many nursing home administrators may not be fully aware of the services that psychologists can provide.

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

Likewise, we want to spread the news about the role of psychologists in developing the evidence base for non-pharmacological interventions in long-term care settings, and their role in disseminating these interventions. I will share an example of one national implementation effort with which I am involved. The Veterans Health Administration (VHA) of the Department of Veterans Affairs provides skilled nursing long-term, rehabilitation, and palliative care in its 130+ Community Living Centers nationwide. Dr. Brad Karlin, President-Elect of SCP, oversaw an initiative to integrate psychologists into all of the VHA CLCs and to train these mental health providers to help their teams develop the knowledge and skills to care for Veterans with dementia-related challenging behaviors. In collaboration with Dr. Linda Teri, VHA adapted her STAR (Staff Training in Assisted Living Residences) intervention for application in VHA CLCs. A pilot implementation initiative and subsequent development and dissemination of this training program has demonstrated decreases in the frequency and severity of target behaviors, as well as decreases in symptoms of depression, anxiety, and agitation, and increased self-reported team member confidence in their ability to manage these behaviors effectively.

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

### **References**

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Seitz, D. P., Brisbin, S., Herrmann, N., Rapoport, M. J., Wilson, K., Gill, S. S., Rines, J., Le Clair, K., & Conn, D. (2012). Efficacy and feasibility of nonpharmacological interventions for neuropsychiatric symptoms of dementia in long term care: a systematic review. *Journal of the American Medical Directors Association, 13*, 503-506. doi: 10.1016/j.jamda.2011.12.059

Seitz, D. P., Gill, S. S., Herrmann, N., Brisbin, S., Rapoport, M. J., Rines, J., & ... Conn, D. K. (2013). Pharmacological treatments for neuropsychiatric symptoms of dementia in long-term care: A systematic review. *International Psychogeriatrics, 25*, 185-203. doi:10.1017/S1041610212001627

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## Committee Updates

### Continuing Education Committee Update

*Submitted by Michelle Hilgeman PhD., CE Chair*

#### 2014 APA Convention Programming Offering CE Credits

##### **THURSDAY**

##### [STAR-VA - Implementing an Interdisciplinary, Behavioral Intervention for Dementia-Related Behaviors](#)

Session ID: 1031

Building: Convention Center; Room Description: Room 140A

Date: 08/07/2014; Time: 8:00AM - 9:50AM

CE Credits: 2.

##### [Consequences and Prevention of Metabolic Syndrome - Where Do We Go From Here?](#)

Session ID: 1137

Building: Convention Center; Room Description: Room 145B

Date: 08/07/2014; Time: 10:00AM - 11:50AM

CE Credits: 2.

##### [Training Older Adults to Enhance Their Memory -The Role of Metacognition](#)

Session ID: 1220

Building: Convention Center; Room Description: Room 154A

Date: 08/07/2014; Time: 12:00PM - 1:50PM

CE Credits: 2.

##### [Address given by Laurie Ryan – Alzheimer’s Disease Targets and Treatments](#)

Session ID: 1252

Building: Convention Center; Room Description: Room 152B

Date: 08/07/2014; Time: 1:00PM - 1:50PM

CE Credits: 1.

[Using Integrative Neuroscience to Diversify Our Scientific Community](#)

Session ID: 1313

Building: Convention Center; Room Description: Room 154B

Date: 08/07/2014; Time: 2:00PM - 3:50PM

CE Credits: 2.

**FRIDAY**

[National Vietnam Veterans Longitudinal Study - Key Findings and Implications](#)

Session ID: 2093

Building: Convention Center; Room Description: Room 149A

Date: 08/08/2014; Time: 9:00AM - 9:50AM

CE Credits: 1.

[Personality Development From Childhood Through Old Age](#)

Session ID: 2165

Building: Convention Center; Room Description: Room 154A

Date: 08/08/2014; Time: 11:00AM - 11:50AM

CE Credits: 1.

[Sex Under Someone Else's Roof - Promoting Sexual Rights and Well-Being in Residential Settings](#)

Session ID: 2345

Building: Convention Center; Room Description: Room 150B

Date: 08/08/2014; Time: 4:00PM - 5:50PM

CE Credits: 2.

[Address given by Darrell Kirch - A Moment of Truth: Will Psychology Be at the Margin or the Epicenter of Health Care Transformation?](#)

Session ID: 2301

Building: Convention Center; Room Description: Room 145B

Date: 08/08/2014; Time: 4:00PM - 4:50PM

CE Credits: 1.

**SATURDAY**

[Aging With Intellectual Disabilities - Issues, Challenges, and Progression to Alzheimer's Disease](#)

Session ID: 3017

Building: Convention Center; Room Description: Room 143B

Date: 08/09/2014; Time: 8:00AM - 8:50AM

CE Credits: 1.

[Address given by Kevin Duff, Brian Yochim - Screening for Dementia in Annual Wellness Visits With Older Adults](#)

Session ID: 3284

Building: Convention Center; Room Description: Room 144B

Date: 08/09/2014; Time: 1:00PM - 1:50PM

CE Credits: 1.

[2014 Distinguished Scientific Contribution Award - Temporal Lobe Correlates of Memory Decline in Normal Aging](#)

Session ID: 3355



Building: Convention Center; Room Description: Room 144A  
 Date: 08/09/2014; Time: 3:00PM - 3:50PM  
 CE Credits: 1.

[Neal Miller Lecture](#) - Memory, Magic, the Brain, and a Little Bit About Alzheimer's

Session ID: 3385  
 Building: Convention Center; Room Description: Room 140A  
 Date: 08/09/2014; Time: 4:00PM - 4:50PM  
 CE Credits: 1

### **SUNDAY**

[Three Contrasting Approaches for Improving the Well-Being of Family Caregivers of Older Adults](#)

Session ID: 4066  
 Building: Convention Center; Room Description: Room 143A  
 Date: 08/10/2014; Time: 9:00AM - 10:50AM  
 CE Credits: 2.

[Henry A. Murray Award](#) - From Narcissism to Spirituality: The Case for a Multifaceted Research Paradigm

Session ID: 4041  
 Building: Convention Center; Room Description: Room 147B  
 Date: 08/10/2014; Time: 9:00AM - 9:50AM  
 CE Credits: 1.

[Research With Transgender People Across the Lifespan - The Role of Family, Resilience, and Trauma](#)

Session ID: 4134  
 Building: Convention Center; Room Description: Room 154A  
 Date: 08/10/2014; Time: 11:00AM - 11:50AM  
 CE Credits: 1.

[Developing Lifelong Resilience - Personal, Professional, and Organizational Strategies](#)

Session ID: 4174  
 Building: Convention Center; Room Description: Room 143A  
 Room Location: Street Level  
 Date: 08/10/2014; Time: 1:00PM - 1:50PM  
 CE Credits: 1.

Note: No additional fees to attend the above CE programming. There is a one-time fee to claim unlimited CE credits

### **CE WORKSHOPS – PRE-REGISTRATION REQUIRED:**

[Continuing Education Workshop #005: What Psychologists Should Know About Working With Older Adults](#)

Session ID: 5  
 Building: Grand Hyatt Washington Hotel  
 Room Description: Independence Ballroom HI; Room Location: Independence Level (5B)  
 Date: 08/06/2014; Time: 8:00AM - 3:50PM  
 Regular Fee: Member-\$275, Nonmember-\$335; On-Site Fee: Member-\$330, Nonmember-\$410; CE

credits: 7. Limited enrollment.

[Continuing Education Workshop #113: Interpersonal Psychotherapy for Depressed Older Adults](#)

Session ID: 1062

Building: Grand Hyatt Washington Hotel

Room Description: Lafayette Park Room; Room Location: Independence Level (5B)

Date: 08/07/2014; Time: 8:00AM - 3:50PM

Regular Fee: Member-\$275, Nonmember-\$335; On-Site Fee: Member-\$330, Nonmember-\$410; CE credits: 7. Limited enrollment.

[Continuing Education Workshop #150: Train the Trainer - Memory Training for Seniors](#)

Session ID: 3054

Building: Grand Hyatt Washington Hotel

Room Description: Constitution Ballroom E; Room Location: Constitution Level (3B)

Date: 08/09/2014; Time: 8:00AM - 11:50AM

Regular Fee: Member-\$160, Nonmember-\$200; On-Site Fee: Member-\$190, Nonmember-\$240; CE credits: 4. Limited enrollment.

### **Membership Committee Update**

*Submitted by Alisa O'Riley Hannum, PhD (chair) and Nicole Torrence, MA (graduate assistant)*

#### **Membership Update**

- Total Paid Members: 255
  - Total Paid Regular Members (including Emeritus members): 213
  - Total Paid Student Members: 42

Over the past six months both regular and student membership has increased. Regular members have increased by 11 and student members have increased by 2.

### **Mentoring Committee Update**

*Submitted by Julia Kasl-Godley, PhD*

The Mentoring Committee is working on a number of projects:

- Gathering information about available mentoring options across aging programs (e.g. PLTC, CoPGTP, Div 20, CONA) to be publicized on GeroCentral with the hopes of being able to search by geographic area, venues, organization, specialty area (if such a function exists). Effort to coordinate and streamline for prospective mentees and mentors
- Drafting basic definitions of clinical supervision, consultation, mentoring and the three constructs often overlap. Developing guidelines for mentoring to be used by Dr. Emory's proposed Geropsychology Training Center based on mentoring literature and experiences. E.g., things to consider when developing mentoring relationships (e.g. consultative vs. mentoring relationship). Will provide articles, resources on professional geropsychology etc.
- Exploring ways in which the Mentoring Committee might be a resource to people pursuing ABGERO.

## Website Committee Update

*Submitted by David King, PhD, Website Coordinator*

In conjunction with the launch of the new SCG website at [www.geropsychology.org](http://www.geropsychology.org), we have also been working to strengthen the division's presence on popular social media platforms (namely, Facebook and Twitter). As part of this endeavor, we recently surveyed division members for feedback on their social media preferences and usage. Here are a few things we learned:

- (1) Although about 60% of members who responded to our survey were Facebook users, only a quarter of those individuals had 'liked' the SCG dedicated Facebook page. In comparison, less than 25% of members were Twitter users, with none having liked the Twitter Feed prior to the survey. These statistics are in line with large population surveys of social media use in North America, in so much that Facebook is a far more popular platform than Twitter.
- (2) Regarding preferred content on Facebook, job opportunities and conference announcements topped the list of what members would like to see posted, followed closely by relevant news stories, publications, and funding opportunities.
- (3) Similar preferences were reported for Twitter, with jobs, publications, and conferences topping the list. Also noted was the opportunity to connect with the general public and/or professionals from other disciplines, with the goal of positioning SCG as an expert source for geropsychology information. This is in line with Twitter's primary role in the world of social media. It is far more effective at these tasks compared to Facebook.

To offer recommendations based on points 2 and 3, it would seem reasonable to maintain the Facebook page for geropsychology-relevant announcements and news articles that are germane to members only, while Twitter could offer the division an opportunity to branch out and connect with both the public and allied professionals. This approach would offer the most effective use of both services.

- (4) Lastly, the majority of members who responded to the survey agreed that the Facebook page should remain administered, rather than being open for comments and posts from all members who have 'liked' the page. Reasons included (a) maintaining appropriate content and a sense of professionalism, (b) avoiding advertisements, solicitations, and self-promotions, and (c) previous experiences with problems in such online forums. As such, it is recommended that the dedicated SCG Facebook page continue to be administered as is, in order to avoid these problems and the possibility of it becoming a nuisance to members.

A few members also expressed concern over the use of social media, so let me clarify a few things. First, Facebook and Twitter are intended to be supplemental resources to the SCG website and listserv, not replacements. We recognize that not all members are users of social media, and by no means will these outlets serve as primary venues for dissemination and communication. Further, any privacy concerns can be addressed on an individual basis by adjusting your profile settings on either platform.

That said, social media platforms such as Facebook and Twitter continue to play increasingly important roles in the operation of organizations today. In order to continue to evolve and remain contemporary in the eyes of new members, it is essential that the division develop and maintain a strong social media presence.

We appreciate those members who participated in the social media survey—the information helped to confirm SCG’s current approach, as well as offer additional points of consideration moving forward.

If you have not yet liked the SCG Facebook page, please visit [www.facebook.com/ClinicalGeropsychology](http://www.facebook.com/ClinicalGeropsychology) and click the LIKE button. If you’re a Twitter user, follow the division at [www.twitter.com/clingeropsych](http://www.twitter.com/clingeropsych).

## APA Office on Aging and Committee on Aging (CONA) Update

*Submitted by Deborah DiGilio, MPH, Director, APA Office on Aging*

It is nice to take a break from Convention Planning to update you on some of what is going on here at APA. I will focus this column on convention events and some of the things that CONA has been working on since your last newsletter.

The Office on Aging has once again this year prepared the [Aging Issues at Convention booklet](#) that lists *all* programming related to aging. CONA sponsored and cosponsored events this year include:

- Speed Mentoring Workshop: Building Research Careers in Geropsychology and Neuropsychology (Session 2101), Friday, August 8<sup>th</sup> 9:00 am - 10:50 am, Convention Center, East Salon C. Thanks to Divisions 20 and 40 for allocating convention program hours!
- The Coming of Age of APA's Committee on Aging: Influencing Aging Research, Practice, and Policy (Session 3237), Saturday, August 9<sup>th</sup> 12:00 noon - 1:50 pm, Convention Center, Room 144C. Thanks to Division 20 for allocating convention program hours!
- CONA Internship Networking Event, Saturday, August 9<sup>th</sup> 4:00 pm - 4:50 pm, Supreme Court Room, Marriott Marquis Washington Hotel. Thanks to COPGTP for cosponsoring!
- 2014 CONA Conversation Hour: Engaging Aging Through Art, Saturday, August 9<sup>th</sup> 5:00 pm - 5:50 pm, Supreme Court Room, Marriott Marquis Washington Hotel
- The 2014 CONA Award for the Advancement of Psychology and Aging will be presented to Dr. Sara Honn Qualls at the outset of the Conversation Hour.
- Risk and Resilience: Overcoming the Odds of Community Violence, Friday, August 8<sup>th</sup> 1:00 PM - 2:50 pm, Convention Center, Street Level, Room 140B. Thanks to CONA’s parent board, the Board for the Advancement of Psychology in the Public Interest for allocating convention hours!

CONA continues its work and advocacy for increased efforts related to build the geriatric workforce and to promote cognitive health. Related to workforce development, CONA has been working in collaboration with APA Office of Continuing Education to plan a number of offerings. At convention, the all-day pre-convention 7-CE credit workshop, *What Psychologists Should Know about Working with Older Adults* will be offered with Drs. Kelly Carney, Margaret Norris, Forrest Scogin and Glenn Smith as presenters. It will also be recorded for an online offering (last recorded in 2008!). Aging topics are also being added to the APA Clinician Corner CE series. Dr. Manfred Diehl presented *Promoting Healthy and Successful Adult Development and Aging* (in June; now available online) and *Caregiver Family Therapy: An Integrative Intervention for Family Caregivers* will be offered in November by Dr. Sara Qualls. In terms of educational materials, CONA recently developed an online resource, *What Mental Health Providers Should Know About Working with Older Adults*. It is a revision of the 1997 *What Psychologists Should Know about Working*

with Older Adults brochure (developed by a Presidential Working Group of then APA President Norman Abeles, PhD) that was expanded to provide resources, tools and information for work with older adults, and to summarize the guidance offered in the [APA Guidelines for Psychological Practice with Older Adults](#).

CONA also conceptualized and participated in a very well attended Congressional briefing earlier this month titled, "Can dementia be prevented? Cutting edge research and interventions." CONA chair-elect Dr. Glenn Smith presented along with Drs. Margaret Gatz and Robert Wilson. The room was full with a mix of Congressional staff, federal agency staff, and advocacy representatives who stayed past the time allocated to ask many questions. Dr. Roberta Downing of the Public Interest Government Relations Office, who is responsible for aging policy, coordinated the briefing along with Patricia Kobor of the Science Government Relations Office and my Office.

CONA also is involved in educating the public about psychology and aging. The recently updated [Prolonging Vitality: Insights from Psychological Science](#) provides examples of how the science of psychology contributes to a deeper understanding and provides solutions to individual and societal challenges associated with an aging society. CONA members are also frequent contributors to the Public Interest Directorate blog, [Psychology Benefits Society](#). This year, Dr. Kimberly Hiroto posted a blog, [If You're Ageist and You Know It, Raise Your Hand](#) and Dr. Karen Roberto contributed [What You Should Know About Elder Abuse: Protecting Our Future Selves](#). Plans are underway to collaborate with the Committee on Lesbian, Gay, Bisexual and Transgender Concerns and the Committee on Psychology and AIDS on future blogs. Related to public education, I thought this might be a good place to mention that I, being a public health educator by training, try to offer educational programming on aging topics for APA employees at least once a year. The "brown bag lunch" I offered this month was a combination of aging facts and myths, ageism, strengths and challenges of older adults, and local, state and national resources for older adults and caregivers. It is often one of the most well attended lunch offerings.

Finally, if you have not served on CONA and would like to or if you think a colleague should consider serving, I would encourage you to self-nominate or encourage others to. As you can see it is a productive (but also enjoyable) committee. See the [Call for Nominations](#) for details. The deadline for submissions is August 29, 2014.

I look forward to seeing those of you who will be attending convention real soon! I look forward to hearing from everyone else if you ever have a comment, a suggestion, or need for an assist!

## Society of Clinical Psychology (Division 12) Update

*Submitted by Michele J. Karel, PhD  
Section 2 Representative*

Here are several programming updates from the Society of Clinical Psychology (SCP).

### APA Convention

If you are planning to attend the APA convention in DC, please join the **SCP Awards Ceremony and Social Hour** on Thursday, August 7<sup>th</sup> from 6:00-7:50 pm. The celebration will be held in the Renaissance Hotel, Ballroom West B. The event is sponsored by Hogrefe Publishing and will feature a student poster session, a raffle, and much more! Members and non-members are welcome!

Also, SCP President Dr. David Tolin's address, **Empirically Supported Treatments: What's Working and What's Not**, will be on Friday, August 8<sup>th</sup>, 5:00-5:50, Convention Center room 145B.

### Continuing Education Webinar Series

You may have seen several recent e-mail announcements I shared with our listserv, regarding the new SCP CE webinar initiative. The first webinar is scheduled for Wednesday, July 30, from 12:00-1:30 ET; Dr. Terry Keane will present on Recent Advances in the Assessment and Treatment of PTSD. For more information and to register, see <http://www.div12.org/wteebinar-series/>

Future offerings include:

- September 17, 2014: Applying for Internship (Drs. Stephen McCutcheon, Allison Ponce, Mitch Prinstein, & Randi Streisand)
- October 7, 2014: Integrated Primary Care (Drs. Barbara Cubic & Cathy Schuman)
- December 2014: Working with Older Adults (Dr. Antonette Zeiss); date TBA

We are thrilled that Dr. Zeiss will represent our Section in providing a webinar on working with older adults. Please let me ([Michele.Karel@va.gov](mailto:Michele.Karel@va.gov)) or our Section CE Chair, Michelle Hilgeman ([Michelle.Hilgeman@va.gov](mailto:Michelle.Hilgeman@va.gov)), know if you have suggestions for other leading geropsychologists to participate in this series (and, certainly, if you would be interested yourself).

### Special Interest Groups

SCP recently surveyed its membership regarding potential Special Interest Group (SIG) topics. SIGs would not be quite as formal as the SCP sections, but would allow for networking and resource-sharing among those with similar professional interests. The membership survey found the top three areas of interest to be:

- Application of evidence based treatments in practice
- Teaching of clinical psychology
- Being a clinical supervisor

If you are a SCP member, stay tuned for further information about forming and joining these new SIGs.

### Section Updates/Blogs on SCP website (<http://www.div12.org/>)

In an effort to highlight the activities and accomplishments of the SCP Sections and its members, SCP is seeking "Section News" blogs to be featured on the website, to rotate every few weeks. Therefore, it would be an idea if each section could contribute an update every few months. As I recently shared with our listserv, I posted an update at the SCP website on the National Partnership to Improve Dementia Care in Nursing Homes, in collaboration with the SCG and Psychologists in Long Term Care public policy committee. See <http://www.div12.org/national-partnership-to-improve-dementia-care-in-nursing-homes-how-can-psychologists-get-involved/>

PLEASE do let me know if you have any initiatives, programs, or updates you would like to share with the large Division 12 community of clinical psychologists. It is a great opportunity for us to "get the word out" about important issues in geropsychology.

**SCP resources: Do consider joining SCP if you are not a member.** It is important for each Section to have a certain percentage of Section members belonging to the Division. SCP membership includes:

- Subscription to bimonthly journal, *Clinical Psychology: Science and Practice*
- Electronic distribution of quarterly SCP publication, *The Clinical Psychologist*
- SCP listserv (it is not a very busy list but has some very interesting discussions)
- Also, per above, check out the website, which has many resources: <http://www.div12.org/>

### Did You Know...

- That the Society has two Facebook pages?
  - One is for all members: <https://www.facebook.com/#!/ClinicalGeropsychology>
  - The second is for student members: <https://www.facebook.com/groups/53793187809/>
- That you should encourage your colleagues and students to join the Society? Please distribute the membership form on the next page to encourage others to join!
- We publish announcements of recent members' achievements in research (publications, grants, awards), clinical work (awards, recognition), teaching, and public policy. Please send information concerning your own achievements or those of a colleague to either Joe or Christine.

### *2014 Officers of the Society of Clinical Geropsychology*

**President:** Brian Yochim

**President Elect:** Margie Norris

**Past President:** Amy Fiske

**Secretary:** Sherry Beaudreau

**Treasurer:** Norm O'Rourke

**Division 12 Representative:** Michele Karel

**Student Representatives:** Annie Mueller and Elissa Kozlov

**Nominations and Elections Committee:** Amy Fiske

**Mentoring Committee Chair:** Julia Kasl-Godley

**Membership Committee:** Alisa O'Riley Hannum (Chair) and Nicole Torrence

**Newsletter Editors:** Christine Gould and Joseph Dzierzewski

**Awards Committee Chair:** Gregory Hinrichsen

**Continuing Education Committee Chair:** Michelle Hilgeman

**Diversity Committee:** Yvette Tazeau (chair) and Tiffany Rideaux

**Evidence Based Practice Committee Chair:** Forrest Scogin

**Geropsychology Education Task Force:** Erin Emery

**Interdivisional Healthcare Committee Chairs:** Margie Norris and Cheryl Shigaki

**Public Policy Committee:** Margie Norris and Mary Lewis

**Training Committee Chair:** Erin Emery

**Website Coordinator:** David King

APA Division 12, Section II: The Society of Clinical Geropsychology  
MEMBERSHIP DUES FORM

<b>Name (Print)</b>	<b>Degree</b>	<b>Membership Status</b> (Please check one)  _____ <b>New Member</b> _____ <b>Renewal</b>
<b>APA Member No.</b> (Required) _____ <small>You must be a member of APA to join Section II</small>		
<b>Street Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Phone</b> ( ) ( )	<b>Fax</b> ( ) ( )	<b>Cell</b> ( ) ( )
<b>Email:</b> _____ <small>Note: Your email address is crucial for our records and, therefore, strongly encouraged</small> _____ <b>Check here to OPT OUT of the LISTSERV</b>  _____ <b>Check here to OPT OUT of the membership directory</b>		
<b>Are you a member of APA Division 12 (The Society of Clinical Psychology)</b> ____ Yes _____ Yes—student member _____ No		
<b>Please list other Divisions and Societies you are affiliated with:</b>		
<b>Please list your special interests within geropsychology:</b>		
<b>Please list your primary emphasis as a geropsychologist</b> (defined as 51% or greater)  _____ <b>Clinical Practice</b> _____ <b>Research</b> _____ <b>Teaching</b> _____ <b>Administration</b>		
<b>Payment of Dues (USD) Please select one:</b> ____ \$35—one year membership _____ \$10—one year student membership ____ \$100—three year membership _____ Emeritus members are dues exempt		\$ _____
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