

Clinical Geropsychology News

Society of Clinical Geropsychology

APA Division 12, Section II

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Please contact Christine Gould at Christine.Gould@va.gov or Joseph Dzierzewski, at Joseph.Dzierzewski@va.gov if you wish to comment on the contents of this Newsletter.

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

President's Column

Margie Norris, PhD



I am delighted to serve as President of the Society of Clinical Geropsychology! I truly believe that the collegial spirit of geropsychologists distinguishes us as an unrivaled group. Geropsychologists stand out for being professional partners who work together as a team, not for self-serving purposes, but rather for the advancement of our profession. This distinction is precious, and one that I hope we will always cherish and preserve. Serving on the SCG Board for

several years now has been an exhilarating and heartening experience for this very reason. The leadership of SCG is made up of a remarkable group of colleagues. Everybody selflessly gives of their time and skills, works together in a full spirit of cooperation, and is motivated by their passion to cultivate the profession of clinical geropsychology and its future.

Because I value and respect the leaders of SCG, I want to take the opportunity in this newsletter to sing their praises. My hope is that all our members will become familiar with our officers, committee chairs, and committee members. Please, look through the highlighted list of our leaders in this newsletter. You will likely be pleasantly surprised at our extensive list of leaders, thirty in all, and several in multiple roles!

This directory of our leaders tells you where to turn when you have any question related to SCG: Who should you contact to renew your membership? Who on the Public Policy Committee might know answers to your Medicare questions? What is the Division of Clinical Psychology doing to address the mental health needs of older adults? Who updates information on our website? How do you follow SCG on Facebook? Who should you contact to nominate a colleague for an award? What is SCG doing to bring attention to the mental health needs of minority older adults?

As you become familiar with who does what in SCG, please give these folks a round of applause, express your thanks to them, buy them a beer at our upcoming APA convention, feel inspired by them, and of course, don't be shy about asking if they need any help! This newsletter also includes announcements of committee openings and I encourage SCG members to consider helping with one of these needs. If a committee that is not listed on the announced openings inspires you, by all means, contact the chair. All the chairs are pleased to hear from others with interest and expertise in their committee's charge.

As I hope is apparent, I am quite impressed and intrigued with the success of SCG (as well as our professional cousins CONA and PLTC). This fascination with our success motivates my Presidential Initiative. Our history of great presidential initiatives made the task of choosing another initiative seem rather daunting, until I thought that tying the initiatives together might be an interesting glimpse into our history. A review of our past initiatives further sparked the idea to look back at our history in additional ways. I have a minor-league interest in history and strongly believe that we mold our future far better when we are schooled in our past. A mere cursory review of our history, especially our recent past, reveals considerable accomplishments: membership growth, approval of board certification in clinical geropsychology (thank you, Victor!), active engagement in advocacy efforts, strong involvement of our student and early-career geropsychologists in leadership roles, and participation in social media venues. And this list was from what I could spontaneously come up with in five minutes. Imagine if we did a more thorough review of our history!

Thus, my Presidential Initiative is to launch a review of SCG's growth and accomplishments. I will attempt to reconstruct our history, at least much of it, from two sources. First, our 32 past Officers since 1994, the inaugural year of SCG, will be surveyed. This group includes past-presidents, treasurers, secretaries, and representatives to the Division of Clinical Psychology. These past SCG leaders will be asked about major SCG accomplishments, ongoing aspirational objectives, outcomes and impacts of past presidential initiatives, and perceived barriers to the SCG mission. In addition, past SCG newsletters will be reviewed to add more detail to our history.

At the 2015 convention Presidential Address for SCG, I plan to present the survey data and newsletter review. This background will then guide a membership discussion of our goals and future strategies for meeting our organization's mission: "To foster the mental health and wellness of older adults through science, practice, education and advocacy and to advance the field of professional geropsychology."

In closing, I believe our past and present leaders, as well as our members, are a highly collegial and effective professional group. We work very well together as a community. Yet, we can always do more and we can learn from our past. Many thanks to all of you who have played a part in our success, and many thanks, in advance, to those of you who will decide to join this esteemed group of leaders!

Comments from the Editors: Christine and Joe



Welcome to the 2015 Spring edition of the Clinical Geropsychology News! As the snow melts and flowers begin to bloom, we hope you take a few moments to peruse the current issue of the SCG Newsletter.

- Now is a great time to get more involved in the Society! Please see the calls for committee openings and nominations for elected positions.
- Check out an interesting piece on Dr. Nancy Pachana's visit to Thursday Island in the Torres Strait Islands on page 5.
- Make sure to see all the wonderful accomplishments of our

members in the Announcements and Members News section. Congratulations to everyone on their recent awards, publications, and grants.



A ROUND OF APPLAUSE FOR SCG LEADERS!

Society of Clinical Geropsychology Officers Committee Chairs and Members – 2015



OFFICERS:

President	Margie Norris, Ph.D.
Past President	Brian Yochim, Ph.D., ABPP
President-Elect	Sherry A. Beaudreau, Ph.D., ABPP
Secretary	Kaci Fairchild, Ph.D., ABPP
Treasurer	Kimberly Hiroto, Ph.D.
Section Representative to Division of Clinical Psychology	Michel Karel, Ph.D., ABPP
Student Representatives	Elissa Kozlov, M.S. Brenna Renn, M.A.

COMMITTEES:

Membership Committee	Alisa O'Riley Hannum, Ph.D., Chair Nicole Torrence, M.A. Brenna Renn, M.A., Student Member
Communications Committee	Christine Gould, Ph.D., Chair
Newsletter Editors	Joseph Dzierzewski, Ph.D. Christine Gould, Ph.D.
Social Media	Annie Mueller, Ph.D.
Webmaster	Vicky Liou-Johnson, M.S.
Public Policy Committee (joint committee with PLTC)	Mary Lewis, Ph.D., ABPP, Chair Margie Norris, Ph.D.

	Cecilia Poon, Ph.D. Kelly Carney, Ph.D.
Representatives to APA Interdivisional Healthcare Committee	Cheryl Shigaki, Ph.D. Erin Cassidy-Eagle, Ph.D., CBSM
Geropsychology Education and eLearning Committee	Erin E. Emery-Tiburcio, Ph.D., ABPP, Chair Erin Woodhead, Ph.D. Laurin Mack, Ph.D.
Continuing Education Committee	Michelle Hilgeman, Ph.D., Chair Andrea June, Ph.D. Meghan Marty, Ph.D.
Diversity Committee	Yvette Tazeau, Ph.D., Chair Tiffany Rideaux, Ph.D., Member
Mentoring Committee	Julie Kasl-Godley, Ph.D., Chair
Awards and Recognition Committee	Amy Fiske, Ph.D., Chair Michele Karel, Ph.D., ABPP Erin Emery-Tiburcio, Ph.D. Brenna Renn, M.A., Student Member
Nominations and Elections Committee	Brian Yochim, Ph.D., ABPP, Chair Margie Norris, Ph.D. Sherry A. Beaudreau, Ph.D., ABPP
APA Program Committee	Sherry A. Beaudreau, Ph.D., ABPP
Evidence-Based Practice Committee	Forrest Scogin, Ph.D., Chair
Archivist	Sherry A. Beaudreau, Ph.D., ABPP

Call for Nominations for Elected Positions
Brian Yochim, PhD, ABPP
Chair, Committee on Nominations and Elections

There are two positions on the Board of Directors to be filled in the spring election: President, and Section Representative to the Society of Clinical Psychology (SCP; Division 12).

President: The President plans and conducts Board meetings including regular teleconferences and a meeting at the APA convention. She/he maintains contact with Committee Chairs, Student Representatives, and others playing leadership roles in the Society. He/she writes columns for three editions of the Newsletter throughout the year. She/he takes a leading role in planning and conducting the Society-related programming at the APA convention. The President should undertake a Presidential Initiative during his/her term and has discretionary funds available for this purpose. The President should also take charge in responding to time-sensitive issues in the field of Clinical Geropsychology. Service in this role also includes one year as President-Elect (2016) and one year as Past-President (2018), with 2017 being the year of Presidency, with each term starting January 1.

Section Representative to the Society of Clinical Psychology (SCP; Division 12): The Section Representative to SCP represents the field of Clinical Geropsychology to the larger SCP and serves as a liaison between the two groups. Specifically, she/he attends meetings of the SCP Board of Directors, typically held in January/February and at the APA convention, and participates in their conference calls. He/she prepares an update on the Society of Clinical Geropsychology for the SCP quarterly newsletter. The Section Representative also prepares an annual report on our Society for the SCP Annual Report and for APA. In

general, the Section Representative seeks ways for Clinical Geropsychology to be represented and involved in ongoing activities of the SCP. The Section Representative will serve a three-year term starting January 1, 2016.

Please consider serving our field in one of these two roles. We are seeking nominations, including self-nominations, for these two important positions. Elections will be held this spring and electronic ballots will be sent to members. Please send your nominations to Brian Yochim at YochimB@NJHealth.org.

SCG Committee Openings

The **Communication Committee** and the **Public Policy Committee** are each looking for a new member to join their committees.

The **Communication Committee** aims to increase the visibility of SCG through social media and a web presence. The next step toward achieving this goal is adding content to the [SCG website](#). Adding content will also move the website up in web search results. The new committee member would work with the Chair (Christine Gould), newsletter editors (Christine Gould/Joe Dzierzewski), social media overseer (Annie Mueller), and webmaster (Vicky Liou-Johnson) to select existing content (e.g., newsletter articles, social media posts) to add to the website. The new member would also help write descriptions of SCG to add to the website. We welcome new ideas, suggestions, creativity, and initiative! Please contact Christine at christine.gould@va.gov if you are interested in joining the committee.

The **Public Policy Committee**, a combined SCG and PLTC committee, advocates for policies that improve older adults' access to mental health care and informs our members about policies that impact mental health coverage and reimbursement. The committee is seeking an additional member who has interest in and familiarity with Medicare Local Coverage Determinations (LCDs). LCDs are regularly revised and those that impact psychological services are posted on the SCG, PLTC, and GeroCentral websites. The committee needs assistance in following the LCDs updates. In addition, geropsychology has recently partnered with the IOPC (Inter-Agency Practice Committee), which reviews LCDs and challenges those regulations that create barriers to psychological and assessment services. The Public Policy Committee is looking for a member who will seek input from SCG and PLTC members about LCD policies that are limiting the services they provide to older adults. If you are interested in assisting the committee on these important endeavors, please contact the Public Policy Chair, Mary Lewis at marylewisphd@gmail.com.

Member Submissions

MEASURING LATE-LIFE ILLNESSES IN THE TORRES STRAIT

Nancy Pachana, Ph.D., FASSA

*School of Psychology, The University of Queensland
Brisbane QLD 4702 Australia*

In early March, 2015, I was fortunate enough to be invited along on a research trip to the Torres Strait Islands, specifically Thursday Island, where colleagues of mine from James Cook University were preparing for a prevalence survey of dementia and associated illnesses of later life in these islands. The project involves collaboration with Community Shire Councils and community elders, plus key stakeholders such as the Primary Health Care Centres and community organizations in the Torres Strait.

The Torres Strait are a group of 14 inhabited islands and 2 remote North Queensland Peninsula Area communities, part of a group of 274 islands of varying size located between the tip of Cape York in Far North Queensland, Australia, and Papua New Guinea and Indonesia. According to 2011 Australian census data, the population of the Torres Strait Islands was 4,248, of whom 3,856 were Torres Strait Islanders.

Data from both large studies of Aboriginal Australians as well as pilot work in the Torres Strait by Sarah Russell (neuropsychologist), Eddy Strivens (geriatrician) and colleagues, has demonstrated that Aboriginal and Torres Strait Islander people are vulnerable to dementia and other age-related illnesses such as dementia, hypertension, and related risk factors such as falls and psychiatric co-morbidities such as depression and anxiety.

The real interest in persons on Thursday Island was evident in the good turnout for events such as a talk on strategies to cope with behaviours of concern in persons with dementia at the Star of the Sea Nursing Home. With million dollar views and a great focus on person-centred care, the facility was home to a number of persons from throughout the Torres Strait. Vibrant crafts and traditional dishes were part of this facility's attempt to maintain meaning in residents' lives. Two Dementia Behaviour Management and Advisory Service (DBMAS) consultants from Alzheimer's Australia also accompanied us to the nursing facility.



I also participated in an educational broadcast on Radio 4MW, "Meriba Wakai", discussing healthy ageing, risk and protective factors for dementia, and how to recognise the signs of normal as opposed to abnormal memory changes in later life.

The Torres Strait is a visually stunning and incredibly remote area, with an increasingly ageing population. People on the islands are hungry for information, but without data, health professionals are limited in the advice they can give, and policy decisions are limited in their targeted efficacy. The study that Drs Russell and Strivens are carrying out will mean that more comprehensive data on adults over age 45 on the islands is available, particularly about dementia symptoms objectively measures with culturally appropriate tools, and paired with physical exam data. I am pleased that our Geriatric Anxiety Inventory is included in this survey, and was glad to know, in speaking with several Torres Strait health professionals, that they felt it was culturally appropriate and relatively straight-forward to give, in their eyes.

I look forward to continuing my collaborations in the Torres Strait, and offer a big thanks ("big eso") to my colleagues who afforded me such an interesting experience.

References of Interest

Almeida, O., Flicker, L., Fenner, S., Smith, K., Hyde, Z. et al. (2014). The Kimberley Assessment of Depression of Older Indigenous Australians: Prevalence of Depressive Disorders, risk factors and validation of the KICA-Dep Scale, *PLoS ONE*, 9(4), e94983

LoGiudice, D, Smith, K, Thomas, J, Lautenschlager, N, Almeida, O, Atkinson & Flicker, L. (2006). Kimberley Indigenous Cognitive Assessment tool (KICA): development of a cognitive assessment tool for older indigenous Australians, *International Psychogeriatrics*, 18, 269-280.

Russell, S, Strivens, E, LoGiudice, D, Smith, K, Flicker, L & Helmes, E (in press). Dementia in the Torres Strait: a pilot project to estimate prevalence of dementia in Torres Strait Islanders, *Australian Journal of Rural Health*.

Smith, K, Flicker, L, Lautenschlager, N, Almeida, O, Atkinson, D, Dwyer, A & LoGiudice, D. (2008). High prevalence of dementia and cognitive impairment in Indigenous Australians, *Neurology*, 71, 1470-1473.



Member Spotlight



Full Member Spotlight: T.J. McCallum, Ph.D.

Associate Professor of Psychology, Case Western Reserve University

Year joined Society of Clinical Geropsychology: 2004

Hometown: Chicago, IL

Q: Why did you join the Society for Clinical Geropsychology?

A: I joined in order to remain connected with colleagues and to keep up to date with important changes in the field.

Q: How has membership in the Society for Clinical Geropsychology assisted you with your professional activities?

A: Membership has been especially helpful in giving my graduate students a better sense of how active and dynamic the field is presently.

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

By happenstance I took a job as a research assistant at Laguna-Honda (a nursing home in San Francisco). I immediately found that I immensely enjoyed working with older adults at the age of 23.

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

A: I was fortunate to have had an amazing cohort of aging students go through the program with me and we shared a number of memorable experiences. However, my most memorable experience was my graduation ceremony. This is because I was allowed to go through ceremonies early so that my Dad could attend. He passed away from cancer a few months after the ceremony and I am eternally grateful that he got to see me receive my doctorate.

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

A: I was fortunate to have had a number of great mentors, but my most important mentor was my graduate research advisor at USC, Bob Knight. Bob held my hand when needed, kicked my butt when needed and facilitated my growth as a person and as a clinical geropsychologist during graduate school. He has continued to offer invaluable advice and counsel in the decade since I graduated.

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

A: I am an Associate Professor in the Department of Psychological Sciences at Case Western Reserve University. I teach both graduate and undergraduate courses and serve as the clinical coordinator for adult placements throughout metropolitan Cleveland. I also work with doctoral students in my lab and with several aging-related organizations on campus.

Q: Tell us about your most recent activities.

A: I am a gerontechnologist, and I examine the intersection of aging, technology and health. We are presently working on a computer tablet-based avatar to assist older adults with chronic disease management with the goal of limiting hospital readmissions, as well as developing iPad courses for older adults that go beyond the basics and seek to increase elder engagement by facilitating creative flow and productive works.

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

A: I greatly enjoy working with older adults and witnessing their eventual realization that the technological tools available to them are immensely powerful and can help them better connect and engage with their chosen communities, as well as be creative and be productive in ways they may not have imagined.

Q: Do you have any tips for emerging geropsychologists?

A: In my lab we call receiving your doctorate getting your letters and/or getting your wings. My advice? Get your letters, find your niche and start flying! There is a lot of work to be done!

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

A: I enjoy traveling throughout the U.S. and occasionally abroad, urban hiking and exploration, non-urban hiking and exploration, eating local fare during my travels, hanging out with my sons, and walking my beloved daschund, Reese. I've also practiced various forms of meditation consistently for 25 years and various forms of yoga inconsistently for 10.



Student Member Spotlight: Domonique Casper
Psychology Intern at VA Palo Alto Health Care System

Graduate Student at The University of Iowa, Counseling Psychology program, College of Education, Department of Psychological and Quantitative Foundations.

Hometown: Sacramento, CA

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

A: As a counseling psychology student in a generalist graduate program, I joined Division 12 Section II to establish a specialized professional community in geropsychology. The opportunity to interact with

geropsychologists and students pursuing careers in geropsychology through the email listserv was a great opportunity to further explore the field.

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

A: Joining 12/II at an early stage of my clinical training kept me up to date with current events and developments (e.g. ABPP certification, research, and training). Membership in 12/II also provided me with deeper understanding of the field of geropsychology, which prompted me to seek support from my advisor to begin the process of self-directing my clinical training and develop skills and knowledge pertaining to geropsychology.

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

A: My interest in geropsychology began long before my graduate training did, specifically through my relationship with my grandmother, who provided me with encouragement and inspiration to achieve my life goals. I became drawn to older adult care during my second year practicum at a community based senior center. In my clinical work, I observed a strong sense of resiliency within the older adult clients. I believe that all humans have the capacity to develop strength and resilience through challenging and distressing life experiences, which can be drawn upon to address future stressors.

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

A: It is challenging for me to identify one important mentor in my career, because I have several. My grandmother and graduate advisor have been particularly important mentors. As previously mentioned, my grandmother provided me with encouragement, which lead to me becoming a first generation college student and later seek graduate education. Upon entering graduating education and training, my graduate advisor, Elizabeth Altmaier, Ph.D., served as a strong role model and supported my career aspirations.

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

A: Helping older adults identify and utilize their strengths and resiliency in everyday life is an overarching and continuous memorable experience that I have when providing psychotherapy with older adults.

Q: Tell us about your most recent activities.

A: Most recently I applied for post-doctoral training in geropsychology and was offered a clinical fellowship position at the VA Palo Alto Health Care System. I am currently preparing to defend my dissertation on suicide protective factors (reasons for living) in late life this April.

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

A: Post-graduation, I plan to complete post-doctoral training and become licensed. Following which, I plan to become ABPP certified in geropsychology. Ultimately, I would like to become a geropsychologist in the VA setting.

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

A: I enjoy laughing, cooking, traveling, sewing, playing tennis, spending time outdoors and in nature, and spending time with friends and family members.

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) or Joseph Dzierzewski (Joseph.Dzierzewski@va.gov).

Member News

Allison Ilem accepted a Geropsychologist position with Spectrum Health out of Grand Rapids, Michigan. The position is a newly created position in a large non-profit health care system that will cover both long-term care and PACE (Program of All-inclusive Care for the Elderly) settings.

After she finishes her postdoctoral fellowship, Lindsay Gerolimatos will begin an APA Congressional Fellow at the end of August.

Awards and Recognitions

Dr. Zweig and Ferkauf Graduate School of Psychology's Older Adult Program at Yeshiva University received the 2014 CoPGTP Innovative Training Award. Faculty of the Ferkauf Graduate School, the Albert Einstein College of Medicine, and the Jacobi Hospital Medical Center collaborate to offer pre-doctoral trainees didactic, research, and clinical training opportunities toward a clinical psychology doctoral "minor" in Geropsychology. Trainees may receive training in areas including: primary care, neuropsychology, and evidence-based therapeutic approaches. The program has been very successful in helping its students secure APA-approved internships since it began in 2002. The program also has been nationally recognized as a "Model" doctoral Geropsychology program by the APA in the Institute of Medicine Geriatrics Workforce Report.

Recent Member Publications

Iliem, A. A., Feliciano, L., & LeBlanc, L. A. (2015). Recognition of self-referent stimuli in people with dementia: Names and Pictures as prosthetic memory aids. *Clinical Gerontologist*, 38, 157-169. Doi: 10.1080/07317115.2014.990602

Lichtenberg, P.A., & Mast, B.T. (2015). *American Psychological Association Handbook of Clinical Geropsychology*. Washington, DC: American Psychological Association.

Mast, B.T. (2014). *Second Forgetting: Remembering the Power of the Gospel in Alzheimer's Disease*. Grand Rapids, MI: Zondervan/HarperCollins.

Mueller, A. E., Segal, D. L., Gavett, B., Marty, M. A., Yochim, B., June, A., & Coolidge, F. L. (in press). Geriatric Anxiety Scale: Item response theory analysis, differential item functioning, and creation of 10-item short form (GAS-10). *International Psychogeriatrics*.

Dzierzewski, J. M., Mitchell, M., Rodriguez, J.C., Fung, C. H., Jouldjian, S., Alessi, C. A., & Martin, J. L. (2015). Patterns And Predictors Of Sleep Quality Before, During And After Hospitalization In Older Adults. *Journal of Clinical Sleep Medicine*, 11(1), 45-51.

Segal, D. L., Gottschling, J., Marty, M., Meyer, W. J., & Coolidge, F. L. (in press). Relationships among depressive, passive-aggressive, sadistic and self-defeating personality disorder features with suicidal ideation and reasons for living among older adults. *Aging and Mental Health*.

*Yochim, B. P., Beaudreau, S. A., Fairchild, J. K., Yutsis, M. V., Raymond, N., Friedman, L., & Yesavage, J. (2015). A Verbal Naming Test for use with older adults: Development and initial validation. *Journal of the International Neuropsychological Society*, 21. doi: 10.1017/S1355617715000120

***Need a new word-finding measure for your assessment battery?** Yochim and colleagues developed a non-visual measure of word-finding to be used in the neuropsychological evaluation of older adults. This measure differs from existing measures in that it can also be used in patients with visual impairment or in tele-neuropsychological evaluations. This is also the first naming test to incorporate data on frequency of usage in everyday spoken language in its choice of stimuli and included words of low frequency to increase its sensitivity to word-finding problems. Copies of the measure are available in the article or by contacting Dr. Yochim at YochimB@NJHealth.org.

Recent Member Grants

Drs. Rebecca S. Allen Approved for a \$249,394 Engagement Award by the Patient-Centered Outcomes Research Institute

Tuscaloosa, AL (March 24, 2015) – A team at The University of Alabama has been approved for a Eugene Washington PCORI Engagement Award by the Patient-Centered Outcomes Research Institute (PCORI) to support development of community stakeholder groups and learn their advice on research and experiential learning opportunities in their communities. The project, entitled “Sharing Opinions and Advice about Research (SOAR) in the Deep South”, will be based in Sumter County and Holt and will last for two years.

Rebecca S. Allen, Ph.D., ABPP, College of Arts and Sciences, will lead the engagement project at The University of Alabama. The project, based in the University's Alabama Research Institute on Aging (ARIA), will focus on training our unique community partner groups in how to advise UA scholars on: 1) the selection of relevant research questions, 2) the development of culturally appropriate measures and interventions; and 3) the development of experiential learning opportunities in their communities through true partnership with UA research personnel. Additional UA personnel leading the project include Drs. Pamela Payne-Foster, College of Community Health Sciences, and JoAnn Oliver, Capstone College of Nursing, as well as Mr. Christopher Spencer, Center for Community-Based Partnerships.

“The SOAR project represents a tremendous resource to the community, as well as to the University and to ARIA. It will enable us not only to tailor our research to the community's stated needs, but to share resulting knowledge directly with those who can benefit from it the most.” – Dr. Patricia Parmelee, Director, Alabama Research Institute on Aging

“The Project SOAR team at UA is excited to begin our work with our Community Partners in Sumter County and Holt. We know that together Project SOAR will benefit communities and scholars in the Deep South.” – Dr. Rebecca Allen, Professor of Psychology

The project is part of a portfolio of projects approved for PCORI funding to help develop a skilled community of patients and other stakeholders from across the entire healthcare enterprise and to involve them meaningfully in every aspect of PCORI's work.

“This project was selected for Engagement Award funding not only for its commitment to engaging patients and other stakeholders, but also for its potential to increase the usefulness and trustworthiness of the information we produce and facilitate its dissemination and uptake,” said Jean Slutsky, PCORI's Chief Engagement and Dissemination Officer. “We look forward to following the project's progress and working with The University of Alabama to share the results.”

The SOAR project and the other projects approved for funding by the PCORI Engagement Award Program were selected through a highly competitive review process in which applications were assessed for their ability to meet PCORI's engagement goals and objectives, as well as program criteria. PCORI has awarded over \$5.0 million to support 25 projects to date through this program. For more information about PCORI's funding to support engagement efforts, visit <http://www.pcori.org/content/eugene-washington-pcori-engagement-awards/>.

PCORI is an independent, non-profit organization authorized by Congress in 2010 to fund comparative effectiveness research that will provide patients, their caregivers, and clinicians with the evidence needed to make better-informed health and healthcare decisions. PCORI is committed to seeking input from a broad range of stakeholders to guide its work.

The Student Voice

Careers in Aging
Elissa Kozlov and Brenna Renn
SCG Student Representatives

It is time to recruit for the aging workforce! With Careers in Aging Week quickly approaching (April 5th – April 11th), we thought now would be an ideal time to discuss the role graduate students in geropsychology can play in enhancing the gerontological workforce. As graduate students, we are uniquely poised to initiate outreach programs with undergraduates and ignite student interest in working with older adults. The Administration on Aging identified a critical need for mental and behavioral health professionals with experience and expertise working with geriatric populations, and we can play a role to recruit the next generation of gero-workers. The opportunity to work within the geriatric community reaches far beyond psychology, though. Burgeoning lawyers, financial advisers, doctors, economists, politicians, nurses, architects etc., can all choose to pursue careers working with older adults. As geropsychology graduate students, we can help undergraduates consider careers in aging through teaching, special interest groups, and outreach events.

As teaching assistants and lecturers, graduate students can supplement class materials with special lectures about issues related to aging. Even if you are not currently teaching your own class, you can volunteer to guest lecture on a topic related to aging. Classes provide a captive audience of undergraduates who may or may not have thought about how psychology and aging are related. There are resources online to help professors incorporate topics on aging into psychology courses. For example, Division 20's website features an Education section that contains syllabi, teaching tips, educational videos, and textbooks in adult development and aging. Aging issues are likely relevant to other health and social science courses as well; for example, you might be able to guest lecture in a nursing class about cognitive, emotional, or functional changes experienced in the aging process. Expose some undergraduates to the topics we are passionate about and you may end up recruiting some future members of the gero-workforce!

Outreach events on college campuses are a great informal opportunity to spread the gospel about working with older adults. Careers in Aging Week is an ideal time to launch an intensive campaign, but events can be planned year round for more diffuse outreach. You can plan a seminar and invite professionals from diverse fields to talk about what they do and why they chose to work with older adults. You can hand out flyers about the opportunities to get involved with aging research or volunteer activities. At Washington University, the Clinical Geropsychology Lab set up a table in the campus center and used the phone app AgingBooth to show students what they will look like in 50 years—this got the undergraduate students thinking about aging and the future!

Another way to spread interest and awareness of aging to other students is to become a Campus Ambassador for the Gerontological Society of America (GSA) or to create an aging interest group or club on your campus. GSA's Campus Ambassador website has information about creating a chapter and resources for activities and outreach. A less formal approach might be to create an aging club with other psychology and health sciences students at your university, or plan aging-related events for other student groups you are a part of. For example, you could organize an event at a local assisted living or skilled nursing facility and invite undergraduates to attend. Special interest groups at conferences and national organization are another great place to spread our passion about aging. For example, the Society of Behavioral Medicine (SBM) has an Aging Special Interest Group, in which students, psychologists, and other professionals (e.g., nursing, medicine, public health, and sports medicine) collaborate to address the unique issue of health behavior change among older adults. Similarly, the Association for Behavior Analysis International (ABAI), which often focuses on autism research and related developmental disabilities, has a Behavioral Gerontology Special Interest Group to foster behavior analytic research in aging. If you have a subspecialty within geropsychology that brings you to conferences other than GSA or APA, check to see if the organization has an aging-related special interest group. If not, you can likely create one, or collaborate with other student leaders to infuse aging topics into existing events and groups!

We would love to hear your reaction to these outreach ideas! Please share your thoughts, experiences, and other ideas and strategies to our Society of Clinical Geropsychology Facebook page, or email either of us (your 12/II student representatives) with questions or ideas.

Diversity Column

GeroDiversity Interview

Submitted by Yvette N. Tazeau, Ph.D. and Tiffany Rideaux, Psy.D.

We are pleased to feature another *GeroDiversity Interview*! The GeroDiversity column includes interviews of professionals-in-training (students) and seasoned professionals (academicians, researchers, clinicians) who represent diversity and/or are interested in diversity in geropsychology and its related fields. This interview is with researcher, Sherry A. Beaudreau, Ph.D., ABPP, who is also our Section's President-Elect.

A Researcher's View of GeroDiversity

Submitted by Yvette Tazeau, Ph.D.

Sherry A. Beaudreau, Ph.D., ABPP, is a licensed psychologist and is board certified in geropsychology. She serves as the Co-Director of the National VA Advanced Fellowship Program in Mental Illness Research and Treatment, and as a Clinical Associate Professor (Affiliated) in the Department of Psychiatry and Behavioral Sciences at Stanford University School of Medicine. She also has an appointment as Honorary Associate Professor at University of Queensland in Brisbane, Australia. She received her Ph.D. in Psychology from Washington University in St. Louis. She completed her clinical psychology internship at the VA Palo Alto Health Care System (VAPAHCS), and a research postdoctoral fellowship at the VAPAHCS Mental Illness Research Education and Clinical Center (MIRECC). She is a Fellow in the Behavioral and Social Sciences Section of the Gerontological Society of America (GSA). Dr. Beaudreau's clinical and clinical research interests focus primarily on understanding the relationship between late-life anxiety and cognitive impairment, and applying that knowledge to interventions aimed at reducing anxiety in older adults with varying cognitive abilities. She can be reached at sherryb@stanford.edu

YT: *What made you interested in geropsychology in general, and diversity issues in particular?*

SB: For geropsychology in general, I became interested when I was a research assistant at the Jamaica Plain VA in the Boston area, at the National Center for PTSD. I initially thought I would apply to graduate programs to pursue research interests in anxiety disorders or PTSD. I became interested in working with older adults after gaining experience in a weekly psychometric clinic with the World War II and Korean War Veterans. The older veterans were so different from the middle-aged or the much younger vets, who were mostly Vietnam era. So, I decided that it was the aging track I wanted for my focus. I trained at Washington University in St. Louis, and I had an amazing experience there working with Dr. Martha Storandt. The primary focus of that department is truly from a cognitive aging perspective and a lot of research there tends to be more experimental. It was invaluable experience for the work I am doing now. My VA and Stanford appointments are actually in psychiatry, which means it is much more of a clinical emphasis than what I was accustomed to in graduate school. My work now, therefore, concentrates not only on understanding the complex relation between anxiety and cognition, but also leveraging this knowledge to develop better clinical treatments in older adults.

Regarding gerodiversity issues, my maternal grandparents emigrated from Poland to North America just before WWII. They had few years of education and limited English. This posed a challenge to

communicating with their health care providers. For this reason, they heavily relied upon my mother to assist them with their healthcare appointments, interactions with doctors, and implementation and understanding of the treatment recommendations. This personal experience with a loved one certainly provided me with added sensitivity to the difficulties some diverse older adults face due to language barriers, the importance of family involvement in their care, and cultural views that affect willingness to follow through with a health provider's recommendations.

YT: What do you enjoy about working with diverse older adults?

SB: I like working with all older adults. I think that unless we are in a specific setting that serves a particular group of diverse, older adults, we may get less exposure to those groups. Most aspects of gerodiversity in my work have been through research. I have tried to increase diversity in my own work, and I think this is a challenge for all researchers. There is an excitement that I get when working with diverse older individuals, particularly if I have not previously worked with someone from that background. I also enjoy reading books and research articles about the diverse populations, and I also consult with knowledgeable colleagues so that I am better prepared when the person comes to their first appointment.

YT: Describe a typical day you might have that involves issues of gerodiversity.

SB: Though I have not had a primary focus on diversity in my research, more and more it has become an aspect of my work. I include gerodiversity as a variable whenever possible. The challenge to that has been, and one that most researchers seem to face (not only in aging research but for other age populations as well), we do not always get racial and ethnic diverse individuals to come in for our studies. What I have been doing though, as a way to increasingly add diversity as part of the work I am doing, is to foster trainee's research interests in diversity as applied to ongoing projects. These interests among trainees have included work with Latino and African American adults, and more recently in my lab, interests in Iranian and American Indian/Native Americans. An incredible model on how to embrace gerodiversity and do it well, particularly for researchers, is the work of Dr. Dolores Gallagher-Thompson. I am so impressed with her because she is such a great model for how to have a thriving research program devoted to in-depth treatment work with specific diverse older adult populations, something that will be more and more necessary for all our work.

YT: What tips can you provide to others who are interested in recruiting diverse participants for research studies?

SB: What I've learned along the way is that it is not enough to just do our recruitment in the same old ways that we have been doing it if we truly want to have a diverse population represented in our studies. There are some great articles out there; one of them Dr. Gallagher-Thompson has authored speaks to recruiting diverse, older adults for intervention research and it has really great suggestions (<http://www.ncbi.nlm.nih.gov/pubmed/12527535>). Some of the suggestions depend on what population you are interested in, and some are general things such as when language is an issue and that, as part of your research team, you include individuals who know the language, and preferably are part of that culture or ethnicity under study. Another important tip I learned from the article is that of working with community leaders. As researchers, we might sometimes assume that people are just going to come to participate in our studies, but there might be mistrust of the institution, issues with geographic location, or other issues that potential participants might be uncomfortable with for whatever reason, so it is good to build trust with the community, as well as find ways to communicate in ways that are acceptable to diverse communities. It is important to work with community leaders to find out what is acceptable for that community. We cannot make assumptions that people will just come to us - and that is the bottom line: we have some work to do to make sure our participants are diverse in our studies.

YT: If you had a large grant or other source of funds, how would you spend the money for issues of gerodiversity?

SB: That's a great question! I don't currently have a large grant, but in thinking about future grants, I am giving some thought to leveraging our resources so that we can bring in more ethnically and racially diverse veteran participants. It will entail doing outreach to neighboring towns, but a real challenge is that there are limited funds on grants and there is limited time on a study. The grant would need to have time for the investigator and other members of the team to do things like monthly community talks to forge those connections. Ideally, the funds would have someone on the research team whose main duties are for gerodiversity purposes, i.e., funds be allocated for a certain percentage of their time every week to working the community connections by coordinating and doing talks, getting out flyers, being available to answer call-in questions from the community, and coordinating the research team's discussion of the findings that might include using feedback to change an aspect of the protocol that is not working with the particular population. Having a dedicated gerodiversity person would be the ideal for any lab.

YT: What do you think will be an important issue for the field of gerodiversity in the next five to ten years?

SB: The Administration of Aging webpage on the U.S. Department of Health and Human Services website has different links about the minority older adult population (http://www.aoa.gov/Aging_Statistics/minority_aging/Index.aspx). What I think is extremely important for all of us to realize is that while in 2000 ethnic/racial minority older adults were 16% of the population, their numbers are expected to grow to 24% by 2020 - which is not that far away. In other words, one quarter of the older adults in our country will be an ethnic or racial minority, so I think we need to really face these facts.

And while it is probably true regarding other research populations, I think there is sometimes a tension between having knowledge about different gerodiverse populations and needing to be cautious to not apply that knowledge in too prescriptive a way. We do not want a "cookbook" approach; it's not what we want to do. What we want is to get to know the people that we are serving and to know that there is diversity within diverse groups. Even the terms we use to refer to these populations may not be ones members of those groups would use in referring to themselves. In research, how we code these things is important because there is diversity within diverse groups and we should not "lump" everyone together.

YT: What do you think the field of gerodiversity is doing well?

SB: In some ways, we are doing well studying diversity of older adults. I do think that in our field of geropsychology there is recognition of the importance of diversity. For example, I remember many years ago not finding enough information on LGBTQ individuals, and none on older adults who identify as LGBTQ. I was in graduate school and was trying to find information for a presentation and the information I found was quite limited. Now, this is a rapidly growing field, with more and more articles on LGBTQ older adults emerging. As a field, I think geropsychology is doing well to keep up on all the different areas, knowing that some of the diversity research challenges that we face are not unique to geropsychology and are probably similar to other areas of psychology.

YT: What do you hope to accomplish in your geropsychology career, and as it relates to issues of gerodiversity?

SB: In general, I would really like to continue to focus on research of improving interventions for older adults, particularly for treatments of anxiety, and also for depression. As it relates to issues of gerodiversity, I feel like a lot of what I can accomplish will happen through my ability to recruit diverse trainees who work with me. I have been fortunate that I have had a number of amazing trainees. I want to help support my trainees to have interest in gerodiversity, and also have diverse trainees working with me. I hope that for future grants, I will have somebody who is dedicated to the gerodiversity recruitment issue. This is very important because it is a way to also look in depth at associations or treatment outcomes within specific ethnic and racial minority groups. For example, if we were to discover that aspects of the treatment have reduced efficacy in some diverse populations, this could warrant treatment modifications or different versions of the treatment for gerodiverse individuals.

YT: You are President-Elect of our Society, do you want to add anything more about gerodiversity as related to that role?

SB: I am excited about my Presidential Initiative related to diversity. I want to put gerodiversity up on the ‘radar’ as an issue that is important to our Society. For example, I know that it has come up on our Board meeting calls that we want to capture the diversity of our own membership. Other ideas can include having awards for students to encourage prizes for papers and other projects that are related to gerodiversity. We want to promote students and trainees to be gerodiversity-sensitive for the population they will be serving and researching. Recently, I heard on National Public Radio (NPR) that U.S. ethnic and racial minorities will be the majority in 2042. I think demographers originally predicted this shift to majority status would happen in 2050, but this has accelerated faster than they thought, and older adults are a big part of this change.

(http://www.nytimes.com/2008/08/14/world/americas/14iht-census.1.15284537.html?_r=0)

Committee Updates

Communication Committee Update

Submitted by Christine Gould, PhD

The Communication Committee has been working to increase the visibility of the Society’s website – www.geropsychology.org – within search engine results (e.g., google, bing, or yahoo). The process of doing this is referred to as search engine optimization. Our strategy is three fold: 1) add content to the website to provide more information about geropsychology; 2) encourage members to link to the website from their own sites; and 3) include rotating content (e.g., blog posts, announcements) on the site. Our webmaster, Vicky Liou-Johnson, has assisted with this process by posting all the archived newsletters on the site. We are seeking a new committee member to help Vicky with increasing the visibility of our website.

If you are a Facebook user, please take a moment to “Like” the [Facebook page](#) and invite a friend to do the same! If you have an article or see a news item to share, please contact Annie Mueller, Social Media Overseer.

Geropsychology Education and eLearning Committee Update

Submitted by Erin E. Emery-Tiburcio, Ph.D., ABPP (chair)

The Education Task Force is completing revisions for the *Clinical Gerontologist* on a paper from our most recent study, entitled "Clinical and Counseling Psychology Graduate Students’ Expectations for Future Work with Older Adults," led by Dr. Erin Woodhead. Co-authors include Erin Emery-Tiburcio, Nancy Pachana,

Theresa Scott, Candy Connert, and Barry Edelstein. The committee also continues to update GeroCentral and welcomes ideas and resources to make the site as useful as possible for all.

Membership Committee Update

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

Membership Update

- Total Paid Members: 235
 - Total Paid Regular Members (including Emeritus members): 210
 - Total Paid Student Members: 24

Since our last newsletter report, regular members have decreased by 5 and student members have decreased by 13. In terms of activities, the membership committee will be starting a student membership drive this Spring.

Interdivisional Healthcare Committee (IHC) Update

Submitted by Cheryl L. Shigaki, PhD, ABPP

*Report from the Interdivisional Healthcare Committee (IHC)
Mid-year Meeting, January 24, 2015*



Attendees:

Rob Glueckauf – IHC Chair, Division 22 (Rehabilitation Psychology)

Cheryl L Shigaki – IHC Secretary, Div 12, Sect 2 (Society for Clinical Geropsychology)

Erin Cassidy-Eagle – Div 12, Sect 2 (Society for Clinical Geropsychology)

Barry Nierenberg – Division 22 (Rehabilitation)

Dan Bruns – Division 38 (Health Psychology)

Bill Gunn - Division 38 (Health Psychology)

Scott Porter – Division 40 (Neuropsychology)

Stephen Gillaspay – Division 54 (Pediatric)

Lynn Bufka – APA-PD, Assistant Executive Director, Practice Research and Policy

Randy Phelps – APA, Senior Advisor for Health Care Financing

By phone:

Matt Bitsko – Division 17 (Counseling Psychology)

Doug Tynan (APA Center for Psychology and Health)

ACOEM / Social Security Administration Research Initiative:

The Social Security Administration (SSA) has concerns about their approach to disability benefits. The American College of Occupational and Employment Medicine (ACOEM) is encouraging the SSA to consider a biopsychosocial/interdisciplinary approach with a strong functional orientation. This would include a significant role for psychology. There appears to be bi-partisan support within the Senate Finance Committee for efforts to demonstrate greater efficiency and reduce costs. ACOEM would like to do a demonstration project of a biopsychosocial/functional model of care (i.e. apply the guidelines ACOEM has developed in this population). ACOEM would like to work with the IHC and APA, and demonstrate buy-in for the biopsychosocial model from the field of psychology. Note, the IHC is independent of the APA. The IHC has voted to support the ACOEM in its exploration of a SSA research proposal. The APA also will explore areas in which it could be involved.

Updates from APA on Medicare, Medicaid, and the H&B Codes

H&B codes: Regarding reimbursement rates, high use in Medicare populations would drive a review of code values. However, use has been flat and therefore, it is unlikely that they will be undergoing a review. Note, three Medicare carriers are now reimbursing H&B codes for Social Workers, despite Medicare specifically not allowing Social Workers to bill the codes. The H&B codes are now being billed much more frequently in Medicaid. This may be due to utilization by master's level providers at CMH centers.

Missouri Medicaid: The Director of Missouri's Medicaid program has decided that psychologists and social workers must have specialized training if they want to work within a "medical home" and bill H&B services. They are looking at paying H&B at \$20/unit for psychologists. All H&B codes have utilization limitations (some quite small). The APA's agenda is to increase the presence of psychologists in Medicaid and to address the restrictions anticipated in MO. The IHC welcomes information about psychologists in Medicaid in other states.

Brief Behavioral Screening: One way Medicare will address the ACA "Meaningful use" mandate will be to reimburse screening services for individuals with certain health conditions. This screening can be done by physicians, nurses and psychologists, but is reimbursed at a very low rate (\$4.12 per screening episode); specific measures are provided. A positive screen should prompt a primary care provider to make a "mental health" referral, though not necessarily to a psychologist. However, this initiative does provide an opportunity to promote psychology's value in healthcare.

H&B Survey Update: Survey data on H&B code use, collected through a joint effort between APA Division 38 and the Society for Behavioral Medicine, is being analyzed. It is likely that a short white paper about the findings will be distributed through State associations.

CMS targets Neuropsychology: CMS has been concerned about billing among neuropsychologists, and has been targeted neuropsychologists and physicians with high cost services for high expenditure screening. This caused enough pushback from physicians that CMS dropped the screening when the 2015 Final Rule came out. APA expects that the problem will come up again, however.

APAs Clinical Practice Guidelines and Evidence-based Practice

APA Guidelines: The APA has a draft PTSD guideline that is coming in first half of 2015. A second guideline development panel is working on depression in older adults and third guideline in the works addresses childhood obesity. In addition to developing its own guidelines, the APA has been asked to become a partner with US Preventive Services Task Force, which also is developing guidelines for treatment of childhood obesity in primary care settings.

Evidence-based Practice: The IHC and APA representatives discussed APAs approach to developing, disseminating information, and implementing evidence-based practice. APA's policy statement on evidence-based practice reflects the IOM and says that evidence-based practice relies on best available evidence, clinician expertise, and patient values and preferences. It was recognized that EBP will be important in Patient-centered Medical Homes (PCMHs). Also, there is need to align EBPs with accreditation practices. However, it was noted that the US Department of Education has requirements that constrain flexibility of training programs.

Briefing Sheets

The IHC and Division 38 have been instrumental in identifying individuals to draft briefing sheets about a variety of health conditions. These were originally used to assist in educating policy-makers about psychology's role in healthcare. The APA would like new briefing sheets to focus on primary care and prevention, with a plan for making these accessible via the new APA Center for Psychology and Health. IHC will work with the CPH to identify topics and target audiences.

Reports from IHC Representatives on Divisional Issues

Division 12-2: The SCG continues to monitor Medicare legislation, such as a draft bill proposing to reimburse telehealth visits at the same rate as in-person visits.

Division 22: APA President-elect, Barry Anton is planning his "Presidential (Invited) Summit: Global Approaches to Integrated Care." Little is known at this point regarding what he hopes to accomplish and how divisions might be involved or invited.

Division 38: Provided information about the Integrated Primary Care Psychology Curriculum. This will be available in the fall of 2015 via the Division 38 website. The curriculum provides 4 foundation modules and 11 topic modules. The modules will be free. The modules can be used *in toto* as a full-semester course, or in part, to supplement other training. Pilot testing is currently underway. The modules are designed to be "plug and play, but are modifiable.

Division 38 also is considering developing their own set of briefing sheets, and may target highly specific patient groups (e.g. hepatitis).

Division 40: They have been discussing and working on resolving issues related to the current lack of uniformity between neuropsychology training programs. Also they are working on improving reimbursement for neuropsychological services given concern about the large differences in reimbursement rates (e.g., disparity between states). Also, Dr. Porter expressed the growing interest within Neuropsychology regarding mentoring and multicultural issues (training overseas).

Division 54: They are looking at developing a document for competencies for pediatric psychologists in primary care.

IHC Website

A subcommittee was identified to start the process of developing a website for the IHC.

Public Policy Committee Update
Submitted by Margie Norris, PhD, Committee Co-Chair

LCDs HAVE BEEN UPDATED!

The Public Policy Committee for SCG and PLTC (Cecilia Poon, Mary Lewis, and Margie Norris) has just completed updates for all the LCDs that psychologists use including Psychology, Testing and Assessment, Health & Behavior, and Incident To Services! These will be posted on the SCG, PLTC, and GeroCentral websites. Please make use of them and contact us with any questions you may have about the links and updates!

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

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

The Office on Aging continues to be busy with activities pertaining to its mission, which is to promote the application of psychological knowledge to issues affecting the health and well-being of older adults. For individuals new to the Society, my office provides consultation and information to APA entities, psychologists, other professionals, policymakers and the public, and establishes linkages with health and aging organizations to work cooperatively to address the needs and support the strengths of older adults, their families and caregivers. I am also the APA staff liaison to the Committee on Aging (CONA) and support their efforts. Here is a sampling of recent activities.

The Office on Aging:

- In collaboration with the members of the 2010 Presidential Task Force, updated the 165+ webpages comprising the [APA Family Caregivers Briefcase](#).
- Developed a resource sheet, *Psychological Practice with Older Adults and their Caregivers* that was distributed to all State, Provincial and Territorial Psychological Associations and state licensing boards. In response to a number of follow-up requests, I wrote “[Psychology and Aging: Resources for an Ever-Growing Population’s Needs](#)” which was included in the California Psychology Licensing Board’s state-wide newsletter, and republished as a [Practitioner Pointer](#) column in the Practice Directorate’s *Practice Update*.
- Conducted a Brown Bag Lunch presentation for APA employees on issues and resources related to optimal aging and family caregiving and organized a “Go Casual for Older Adults Day.” Go casual days allow employees to wear denim (an APA no-no) if they give a donation to a charity, in this case, two DC based Senior Services organizations.
- Developed two issues of the [APA Aging Issues Newsletter](#) received by over 3,000 subscribers.
- Provided comments for inclusion in APA’s response to the Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Plan, *Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015-2018*, and encouraged APA groups and others including the National Coalition on Mental Health and Aging to do likewise as the initial draft plan included no reference to older adults.
- With Dr. Victor Molinari and his student, Rosalyn Roker, MBA, MA, coauthored “[Older Adults with Schizophrenia and Their Caregivers – An Often Invisible Population](#)” for the World Federation for Mental Health in celebration of 2014 World Mental Health Day.
- Collaborated with the [Eldercare Workforce Alliance](#) (EWA) on a [Congressional briefing](#), sponsored by the Senate Special Committee on Aging. *It Takes A Team! What we will need to meet needs of older adults and their family caregivers*. Andrew Heck, PsyD, ABPP was a member of the panel that included a nurse, social worker, physician, family caregiver and a direct care worker.
- Represent APA and psychology through my roles as Board member of the National Alliance on Caregiving, Executive Committee member of the National Coalition on Mental Health and Aging, and a member of EWA’s Coordinating Council.

CONA:

- Greeted its two newest members, Drs. Margaret Norris and Patricia Parmelee, at its first meeting 2015 on March 27-29. Current members are: Drs. Glenn Smith (chair), Lisa Brown, Brian Carpenter, and Kimberly Hiroto.
- Proactively advocated for the representation of psychological science and practice in the 2015 White House Conference on Aging (WHCoA). CONA 2012-2014 member, Dr. Karen Roberto continues to work with Deborah on these efforts including the development of the APA Resolution on the 2015 White House Conference on Aging, submission to the White House of eight white papers, two for each of the four WHCOA priority issues. Retirement Security papers were prepared by Drs. Joseph Quinn and Kevin Cahill, and Jacquelyn Boone James, Christina Matz-Costa, and Michael Smyer; Healthy Aging by Drs. Becca Levy and Glenn Smith; Long-term Services and Supports by Drs. Sara Czaja and Sara Qualls; and Elder Justice by Drs. Peter Lichtenberg and Karen Roberto. The papers will also serve as Division 20/CONA convention symposium and future journal articles. Names were also submitted of psychologists willing to participate in the invitation only WHCoA regional forums (remaining ones are Seattle on April 2nd, Cleveland on April 27th and Boston on May 28th. Thus far, Dr. Susan McCurry was selected for the Seattle forum.
- Secured APA endorsement of the Partnership for Health in Aging's Multidisciplinary Competencies in the Care of Older Adults at the Completion of the Entry-level Health Professional Degree.
- Developed a blog series on aging for the Public Interest Directorate's blog Psychology Benefits Society
- Provided continued guidance and input to the planning of the Agency for Healthcare Research and Quality (AHRQ) *Systematic Review of Non pharmacologic Interventions for Agitation and Aggression in Dementia*, a variation of the study that CONA proposed to the agency last year.
- CONA Early career member, Kimberly Hiroto, PhD served as co-chair of the *Presidential Task Force on Psychologist Involvement Patient Centered Medical Homes*.
- Continued work with Greg Neimeyer, PhD, Associate Executive Director, APA Office of Continuing Education to expand CE offerings on aging-related topics.
- Will offer two new pre-convention half-day CE workshops, *Expanding Your Practice to Include Work with Older Adults* (Drs. Margaret Norris and Greg Hinrichsen, presenters) and *Behavioral Strategies for Dementia Prevention* (Drs. Glenn Smith and Kelly Murphy) for the 2015 APA Convention.
- Submitted nominations for other APA Boards and Committees.

Keep abreast of current Office and CONA activities by subscribing to the APA Aging Issues Newsletter and checking the Office on Aging webpage regularly. If you have questions or concerns, please contact me at ddigilio@apa.org.

<h2 style="margin: 0;">Society of Clinical Psychology (Division 12) Update</h2>

*Submitted by Michele J. Karel, PhD (Michele.Karel@va.gov)
Section 2 Representative*

On February 7 and 8, I attended the annual SCP Board meeting held in Boston, amidst towering snow piles and anticipating yet another storm's arrival. It was a productive meeting including strategic planning for the Division and review of many pertinent issues. One highlight was dinner at the historic Algonquin Club of Boston (<http://www.algonquinclub.com>) on Saturday evening. The highlight of that evening was celebrating Lynn Peterson's 20 years of service as SCP's Administrative Officer. Lynn has been the backbone of the organization and it has been a privilege for me to work with her. As we celebrated Lynn's contributions, we

welcomed Tara Craighead as the new Administrative Officer. Tara has big shoes to fill and it was clear that she will do an exceptional job.

Here are my notes from that meeting.

In attendance:

Terry Keane, Ph.D., President
 Brad Karlin, Ph.D., President-elect
 David Tolin, Ph.D., Past President
 Jon Weinand, Ph.D., Treasurer
 John Linton, Ph.D., ABPP, Secretary
 Danny Wedding, Ph.D., APA Council Representative
 Guillermo Bernal, Ph.D., APA Council Representative
 Kenneth Sher, Ph.D., APA Council Representative
 Mark Sobell, Ph.D., ABPP, APA Council Representative
 Michele Karel, Ph.D., Section 2 Representative
 David Smith, Ph.D., Section 3 Representative
 Elaine Burke, Psy.D., Section 4 Representative
 Fred Leong, Ph.D., Section 6 Representative
 Marc Hillbrand, Ph.D., Section 7 Representative
 Sharon Berry, Ph.D., Section 8 Representative
 Paul Arbisi, Ph.D., Section 9 Representative
 Natalia Potapova, M.S., Section 10 Representative
 Cheryl Boyce, Ph.D., Member at Large
 J. Gayle Beck, Ph.D., Editor *CP:SP*
 Damion Grasso, Ph.D., Web Editor
 Tara Craighead, Administrative Officer
 Lynn Peterson, Administrative Officer

1. SCP 2015 awards
 - a. Awardees were announced. See <http://www.div12.org/2015-award-recipients/>
2. Hogrefe book series: *Advanced in Psychotherapy – Evidence-Based Practice*; update by Series Editor, Dr. Danny Wedding
 - a. 32 books published, a dozen in the pipeline, sold 33,000 books in the series, translations into multiple languages
 - b. See <http://www.hogrefe.com/program/advances-in-psychotherapy-evidence-based-practice.html> for list of books
 - c. **Any ideas for geropsychology topics/authors to be included?** If so, Dr. Wedding would be eager to talk with you! I'd be glad to connect you.
3. *Clinical Psychology: Science and Practice*, update by Dr. Gayle Beck
 - a. Application to be included in PubMed was decline for 2nd year in a row; part of issue is not enough mention of IRB reviews in articles, which is not generally applicable for the review papers featured in this journal; will reapply in 2017
 - b. Linking between journal authors and CE webinar series; asking authors to present
 - c. Looking for series themes; may consider an issue on assessment
4. Strategic planning

- a. Following work at Board meeting at APA in August, draft of mission statement and three primary goals were reviewed; they will be run by Div 12 membership for comment.
 - b. DRAFT mission statement: *SCP advances the integration of science and practice of clinical psychology to promote behavioral health and well-being in a diverse, multicultural, and global society.*
 - c. Presentation by firm that manages SCP funds re: investment strategies; Board discussion that SCP could emphasize growth more so than it has historically
 - d. Finance Committee to follow up with Strategic Planning Committee
5. Budget review
- a. Operating budget approved
6. Hospitality suite at APA Convention
- a. Suite in 2014 was very much underutilized – not a good use of Division funds.
 - b. Will explore potential partnerships with other Divisions for co-sponsoring space
 - c. Sections to let Administrative Officer know about needs for gathering space in 2015, to help in planning
7. CE webinar series
- a. Is happening monthly, with great speakers; see <http://www.div12.org/dashboard/webinar-series/>
 - b. Budget discussion: Division 12 funded the initiative for 2013, 2014, and 2015, but effort did not begin until 2014; Board approved to move funds forward to 2016
8. Membership
- a. Membership is stable, with 2086 full members, 46 early clinical psychologist members, and 348 student members; many “unpaid” members on listserv, etc.
 - b. Ongoing concerns about aging membership and difficulty growing early career membership; discussed opportunities such as mentoring programs, meetings with luminaries, SCP representation at “first time at APA convention” event
 - c. Student membership – discussed whether students might have discount to join multiple Sections. Membership committee and Administrative Officer to work on this issue.
9. Fellowship Committee
- a. Greater numbers of applicants would be welcome
 - b. Encourage members to apply! See <http://www.div12.org/fellowship-committee/> for list of Division 12 Fellows and application instructions
10. Committee on Science and Practice
- a. Expanded information on ESTs at website, open to all at present: <http://www.div12.org/psychological-treatments/treatments/>
 - b. Repository of assessment tools (for members)
 - c. EST definition: Per Dr. David Tolin, proposal to re-define standards for rating treatments as empirically supported. The Board supported the motion with the caveat that further input from Sections and related organizational stakeholders will be sought. If significant concerns, the motion would be brought back to the Board for reconsideration. (Of note, Dr. Forrest Scogin, Chair of SCG Evidence-Based Practice Committee, will be reviewing this issue with committee).
11. Website
- a. Board thanked Dr. Damion Grasso for all his work updating the site

- b. 4 blogs: Division news, Section news, Clinical bulletin, Student updates; it is challenging to keep this information updated; eager for contributions by Sections
- c. Desire to expand website subcommittee
- d. Note that SCP is no longer processing Section membership applications at the Division website, rather linking to Section membership information

12. President's inquiry regarding American Psychological Foundation

- a. Dr. Terry Keane discussed work of APF (<http://www.apa.org/apf/>) which "provides financial support for innovative research and programs for students and early career psychologists working to make a difference in people's lives"
- b. Dr. Keane spoke of crisis of funding for young investigators and critical support offered by APF grants
- c. He asked Board to consider that SCP become an active member of APF group (other APA Divisions have contributed generously). Board recommended outreach to membership for further information-sharing and discussion.

13. 2016 Presidential Initiatives – Dr. Brad Karlin

- a. Geropsychologist and SCG member Dr. Brad Karlin is SCP President-elect!
- b. Dr. Karlin spoke of 3 broad areas of focus for his presidential year
 - i. **Attention to mental health needs of older adults**
 - ii. Implementation/dissemination of evidence-based psychotherapies
 - iii. Value of SCP membership and growing mentorship program

14. Planning an SCP conference

- a. Board discussed pros/cons of establishing a Division 12 conference and options for doing so
- b. As a membership benefit, to address special interests/needs
- c. Potential of national conference with special themes (e.g., mentoring, professional development, dissemination) and/or regional one-day conferences focused on students (following success of such in Boston in 2014)
- d. Board suggested creating a feasibility committee

15. APA Council of Representatives

- a. Div 12 Council Representatives summarized ongoing challenges re: APA leadership reorganization; issues of representation for the association. How to have a more nimble organization without disenfranchising groups.
- b. Division Boards asked to share sense of three major issues for field of psychology, for APA to consider. Board discussed and shared these 3 themes:
 - i. Role of psychology in integrated health care
 - ii. Preparing workforce to address needs of diverse populations (e.g., ethnic minorities, older adults), including recruiting people from diverse backgrounds into field of psychology
 - iii. Sustainability of research/scholarship in psychology and workforce development for young scholars; interprofessional research enterprises

16. Research support for practitioners: Proposal by Dr. David Tolin

- a. Survey of SCP practicing members showed high level of interest to engage/participate in research; how to support this interest?
- b. Proposal to offer some type of consultation service by SCP researchers
- c. Board approved unfunded pilot project for this year

17. Psychological Clinical Science Accreditation System (PCSAS) alternative accreditation system
- a. See <http://www.pcsas.org/>
 - b. Lively discussion of this issue; at present time, SCP does not support PCSAS as alternative accreditation to APA
 - c. Concern that it would not be in students' best interests to graduate from programs without APA accreditation – would not have access to any federally funded internships, such as VA.
18. Special Interest Group (SIG) update
- a. Two SIGs have just been established, with outreach to membership to sign up
 - i. Evidence –based practice
 - ii. Teaching of clinical psychology

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 all the archived newsletters are available on the Society website?
 - <http://www.geropsychology.org>
- 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.

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

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