

Clinical Geropsychology News

Society of Clinical Geropsychology

APA Division 12, Section II Volume 22, Issue 3

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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

Margie Norris, PhD



The Aging of Society of Clinical Geropsychology: Where We Have Been
Presidential Address (Part I)

My Presidential Address at the APA convention reported on my presidential initiative to review the Society of Clinical Geropsychology's history, growth, and accomplishments for the purpose of learning important lessons about where SCG needs to

focus for future successes. These lessons for building our future are reported in my first article in this newsletter. This article summarizes the history of SCG based on a review of all our past newsletters (which, by the way, are all now loaded on our [website](#)). The newsletters seemed an obvious and accessible method for learning what we have accomplished, what issues we have debated, who have been our leaders, and which proposals or goals have not yet come to fruition. My summary notes from the newsletters were so lengthy that I clearly had to find a means of reducing the information. I opted for highlighting some the most important events, people, and issues for each of our past years. I also referred to "Historical Perspectives on Clinical Geropsychology" by Norman Abeles (published in *APA Handbook of Clinical Geropsychology*) to supplement some information that was missing from the newsletters.

First, I want to pay tribute to our founding members. The Section's Ad Hoc Steering Committee included: Barry Edelstein, Margy Gatz, George Niederehe, George Striker, Dolores Gallagher-Thompson, Alfred Kazniak, Michael Smyer, and Linda Teri. Our inaugural Officers in 1994 were: President – Michael Smyer, Secretary – Norm Abeles, Treasurer – Sara Qualls, Division 12 Representative – George Niederehe, and President Elect – Al Kazniak.

Years in Review

1994

- 213 initial members! Annual membership fee was \$10, students paid \$5.
- 28% members were in private practice, 24% in university academic departments, 16% in university medical schools, 20% other hospital settings, 4% mental health centers, 8% other.
- Members identified the following major goals for 12/II: 30% public policy/public education, 25% promote research by lobbying for funding, 25% maintain a focus on clinical practice and service delivery issues, 25% provide CE for members, 20% standards, credentialing, specialization, 20% networking and communication among members, 13% graduate training, 11% inter-organizational and intra-APA linkages, 9% more convention programming time and publication avenues.
- George Niederehe chaired a task force to define the qualifications of clinical geropsychology.
- Norman Abeles chaired a work group on clinical geropsychology as an ABPP specialty.
- Barry Edelstein explained electronic mail: This can be accomplished “via a network called Internet”. “It operates via what is called a listserver”. The “Clinical Geropsychology Network” set up at WVU.
- Preconvention workshop on “Gaining Competencies in The Practice of Geropsychology” – Peter Lichtenberg, Bob Knight, Sara Qualls, and Michael Salamon.

1995

- Norm Abeles was elected APA President (1997-1998) with a commitment to making aging a presidential priority.
- For \$15 member could join the 12/II network service in order to have email.

1996

- President George Niederehe proposed that the section “needs to start looking outward” and thus, developed the Public Policy Group - ad hoc committee to look at Medicare reimbursement, federal & state regulation of LTC facilities, the plight of managed care, benefits to the public from our profession, support of training programs.
- APA Practice Directorate sought Section's input on Medicare Carrier's policies that restrict reimbursement of psychotherapy services for patients with dementia and residents of LTC.
- APA established Ad Hoc Committee on Issues of the Older Adult -- forerunner to having a standing committee on older adults.
- The Board considering whether to develop a “Home Page on the Internet World Wide Web”. But most of our members are not “technologically sophisticated in these matters”.

1997

- 12/II and Division of Adult Development and Aging applied for recognition of clinical geropsychology as proficiency on March 1, 1997. Work on the petition began in 1992 spearheaded by Linda Teri, George Niederehe, Margy Gatz, George Taylor, Barry Edelstein, Paula Hartman-Stein, Michael Duffy, Dolores Gallagher-Thompson, Greg Hinrichsen, and Forrest Scogin.
- Susan Cooley was first chair of the Public Policy Committee.
- APA President Norm Abeles proposed continuing Committee on Aging within the Public interest Directorate to the APA Board of Directors and Council of Representatives.
- Newsletter posted names of 43 new members to 12/II since 1996. (Should we still be doing this?)

1998

- Proposal for geropsychology to be recognized as proficiency was approved!!
- Kudos to Lawton Powell who chaired the ad hoc committee that developed the proposal to formulate CONA and Norm Abeles who worked tirelessly as APA President to bring it into fruition.
- First CONA meeting, original members: Steve Zarit, Margy Gatz, Michael Duffy, Jacqueline Goodchilds, Manual Miranda, and Anderson Smith.

1999

- President Tony Zeiss proposed a review of 12/II governance, what is happening with dues, increase membership, refining Bylaws, our role in D12 with Section II becoming one of the larger sections, and the need to be more visible and influential in APA by nominating people for APA awards and committees.
- Newsletter expanded from 2 to 3 issues annually.
- The first Section's Distinguished Achievement Award was granted to Norm Abeles and George Niederehe.
- Rebecca Allen-Burge started our website!

2000

- 2 Bylaws changes passed: 1) Election to membership will be decided by a majority vote of the Membership Committee rather than the Board of Directors. 2) Establish the Committee on Awards and Recognition as a standing committee to consist of Past-President (Chair) and 2 members selected from Past-Presidents (we don't do this now). The committee would oversee the Section awards program and nominating Section members for D12 and APA awards.
- Developed the first Procedures Manual to delineate responsibilities of role of each Officer and Committee Chair.
- Renewal form showed dues up to \$15 (student \$5). No announcement of increase in the newsletter.

2001

- Bylaws amendment to make the Public Policy Committee a Standing Committee was approved.
- M. Powell Lawton, Director Emeritus of Polisher Research Institute of Philadelphia Geriatric Center, died Jan 29, 2001 of a brain tumor. His legacy was honored by comments from many of his colleagues and former students.
- APA Practice Directorate formed a Medicare Task Force.
- Bylaws amendment to make the Public Policy Committee a Standing Committee was approved.

2002

- President Sara Qualls identified "developmental tasks" for 12/II: 1) expand the array of practitioners with appropriate training, 2) clarify knowledge and skills for proficiency in geropsychology and create mechanisms for practitioners to acquire these, 3) be politically active and advocate for policies that support access to services, quality standards for service, training opportunities, and research support, 4) build strength in our identity as a discipline "yet tear down walls of disciplinary castles".
- Section's distinguished contribution award was named the M. Lawton Powell Award. Martha Storandt named the first recipient.
- Section announced new award: Distinguished Clinical Mentorship Award, granted to Barry Edelstein.
- Treasurer published thanks to those 21 members who made contributions to the Section. Many more were to come.

2003

- First mention of whether we should become our own Division.
- Bylaws amendment to no longer require 12/II members to be APA members was defeated by 75% of those voting.
- Practice Guidelines passed APA Council of Representatives.
- ABA / APA began collaboration on competency assessment.
- Working group to discuss ABBP specialty was formed, spearheaded by Bob Knight.
- Thanks to 41 members who contributed to the coffers!
- Treasury balance running around \$10,000; suggested we start providing financial support for the student reps attend convention.

2004

- 309 members included a 29% increase since 2003, reversed the trend of decline in last few years.
- Scogin spearheaded EBT Task Force on depression, anxiety, sleep disturbance, dementia related behavior problems and caregiving.
- New addition to website: CE listings offered around the country.
- 2004 American Psychologist published "Guidelines for Psychological Practice with Older Adults".
- New and current members can join online using encrypted credit card.
- Newsletter distributed electronically, resulting in saving the large costs of postage fees.
- Commission for Recognition of Specialties and Proficiencies in Professional Psychology denied Petition for APA Specialty due to lack of coherent training model. Began planning conference to define training model.
- President's conference call will explore whether our dues should be increased.

2005

- Barry Edelstein's Presidential goals: 1) infuse geropsychology training in all counseling and clinical programs and internship programs. "The time has come to attend to the training and education of non-gero clinicians"; 2) work with CONA, Division 20, and PPC to pursue funding for research training in geropsychology; and 3) establish ad hoc committee on cultural diversity.
- Treasury report: our expenses have exceeded our income "almost every year".
- Board voted to raise dues to \$25 for members and \$10 for students.

2006

- 416 members! Membership increase due in large part to trying to recapture past members who did not renew.
- Proposed new budget line item for President's Initiatives (this is often not used).
- Revisited question of whether members must be APA members.
- National Conference on Training in Professional Geropsychology held in Colorado Springs (aka Pikes Peak Conference).
- Board meetings will no longer be held at the GSA convention.
- Approved Bylaws amendment to change name to Society of Clinical Geropsychology.
- Section given 3 hours at convention, reduced from 5-6.
- Contributions to section were \$1244!

2007

- Forrest Scogin's Presidential initiative: contact private foundations to explore funding pre-doctoral training in clinical geropsychology.
- Consider talking with publisher about a section-sponsored journal.
- Finances remain "solid"; balance was \$14,133.
- Question rose if the past-president should continue to chair the awards committee.
- First mention of the "Aging Leadership Team" to include the SCG President, CONA, Division 20 President, and 3 Division 20 members of Council of Representatives.
- Interdivisional Healthcare Committee (IHC) reports begin.

2008

- Suzanne Meeks' Presidential initiative: "the branding of clinical geropsychology". We need to be Society of Clinical Geropsychology, not "12/II".
- Section convention hours down to 4.
- Diversity Committee looking for a more focused agenda: 1) identifying aging and diversity resources and making these available on the web, 2) encouraging interest in diversity issues among early career psychologists.
- MIPPA passed. Finally, Medicare MH Parity! The Medicare Mental Health Parity Coalition worked for years on this legislature.
- Board approved the option of a 3-year society membership to take effect in 2009.
- Meeks gave data on publication rate of membership, 40% of members published, on average 4+ articles per year.

2009

- Jon Rose's Presidential goal was to improve our website.
- 3 Bylaw amendments passed: 1) Change composition of Awards and Recognition Committee from 4 presidents (past to elect) to appointments by President including senior, mid-career, and early-career psychologists to enhance committee's diversity; 2) emailing ballots allowed in addition to postal mail; 3) counting of ballots for bylaws amendments shortened to 30 days after mailing. 21% of members voted.
- Exploring online CE opportunities.
- About 1/3 of membership renewals were opting for the 3 year renewal.
- Board members agreed to assist in following up with members who did not renew. Discussed ways to retain students as they transition to professional jobs.

2010

- David Powers' Presidential focus on growth and advocacy: ask members to do one more activity for the society and identify one new member for SCG.

- Geropsychology recognized as a specialty. Kudos to Bob Knight!
- Yvette Tazeau became new chair of Diversity Committee.
- Improvements to website including online renewals, links to CE providers.
- Budget surplus was realized for past 3 years.
- Approved increasing student award to \$350.

2011

- Martha Crowther / Erin Emery
- Members were reminded that dues paid after Oct 31 2011 would be credited for 2012 membership.
- Members (62%) voted to move forward in supporting ABPP in geropsychology; 90 in favor, 21 opposed.
- Online renewal allowed payments through Paypal or credit card via Paypal.
- Website included list of paid members so people could see if they are paid up.
- 99 members had not renewed!

2012

- Erin Emery's Presidential Initiative: proposed gerocentral.org (later called gerocentral.org), an internet clearinghouse originally planned to bring together resources for geropsychologists, generalists, trainees, information on competencies, training and mentoring, clinician's toolbox, webinars, collaborations. Funded by \$5000 grant!
- Membership losing renewals from students as they transition to professional jobs.
- SCG on [Facebook](https://www.facebook.com/scg)!
- Detailed description of member demographics and membership priorities reported.

2013

- 20th anniversary of SCG! Our birthday was noted to be May 19, 1993.
- Reminded of our initial stated purposes of Section: "Support and encourage the evolution and development of the subspecialty of clinical geropsychology in both its scientific and professional aspects; increase scientific understanding of the mental health of older adults; promote the development of models for the delivery of psychological services to older adults as well as other ways of enhancing the welfare and mental health of older adults; foster collaboration and the sharing of information among clinical geropsychologists; increase the quality and availability of training opportunities in clinical geropsychology."
- Amy Fiske's Presidential Initiative: develop a strategic planning process; resulted in our Mission statement: "Fostering the mental health and wellness of older adults through science, practice, education, and advocacy."
- In 1994 we had an initial 213 members, of these only 56 remained in 2013. Where are the other 157?
- "Until the new, accessible website is available for members to check *when their dues are up*, we still struggle as a Division to remain up to date on payments." (A decline in membership within the same year appeared to be an outcome of "anytime" renewal!)
- Renewal form shows dues increase from \$25 to \$35 (\$100 for 3 years), \$10 for students. No announcement of a dues increase appeared in the newsletter.
- MAC links for LCDs uploaded on *Members Only* section of website.
- Changes in APA accreditation process may require training with older adults, as trainees are required to work with other diverse populations. (What happened to this?)

2014

- Brian Yochim's Presidential initiative: increase visibility of SCG and geropsychology.
- Formed new Communications Committee to oversee the newsletter, website, social media (Twitter, Facebook), listserv, archives, contributions to other websites, and informational brochures.
- Launching of the new www.geropsychology.org website – a more professional appearance, member login for "my profile", built in voting system, membership renewal via PayPal or credit card. *Automatic reminders* sent one month and one week before dues must be updated (The renewal of dues error continued.)
- Annie Mueller and Elissa Kozlov created new Wikipedia pages for [Clinical Geropsychology](https://en.wikipedia.org/wiki/Clinical_Geropsychology) and SCG.
- The Barry Edelstein Psychology Graduate Research Award was established.
- 2 hours allotted at convention with new program system.
- ABPP in Geropsychology granted in December 2014! Many thanks to Victor Molinari!!
- 54 board certified geropsychologists... and growing!

*The Aging of Society of Clinical Geropsychology:
Where We Have Been and Where Are We Going?
Presidential Address (Part II)*

This article, “The Aging of the Society of Clinical Geropsychology: Where We Have Been and Where Are We Going?” is based on my Presidential Address, delivered at the 2015 APA convention. Unlike my address at the convention, this article starts at the end -- the end being the lessons, issues, questions, and warnings that resulted from my historical review of SCG. I begin here with Part II: “Where Are We Going?” because I recognize that many people are more interested in our future than our past.

As I told the Board, almost a year ago, I hoped to step back in my Presidency, look at where we, as a Society, have been, and hopefully from that reflection, learn some important lessons about where we need to be going. At the time, I really wasn't sure the lengthy process of looking back would pay off. But now, after reviewing all of our past newsletters, I did, indeed, learn quite a lot about SCG, our maturation, our leadership history, and many implications for our future. I am an enthusiast of history, but of course, this probe was not merely for my personal reflection of the SCG. My purpose is to share the learned lessons with the membership.

The highlights of our past are briefly summarized in the later article (Part I) in this newsletter, “Where We Have Been”. It is the backbone of this article. So, what did the newsletter review reveal?

I. Membership

I was very dismayed to see that our membership numbers have been steadily declining in recent years. In 1994, our inaugural year, we had 213 members – an impressive number for our infancy. Our membership steadily grew into the 300s by 2004, and peaked at 416 in 2006! Wow, 416 geropsychologists united together – now, that is inspiring! But, quite unfortunately, our membership then steadily decreased for 5 years, until 2011 when it slumped to an all-time low of 197 members. Our numbers then picked up again for several years and returned back to the mid-300s. But since 2011, we again faced a decline in membership. We are currently down to 245, too low when a goal of 300-350 seems reasonable.

How and why did this happen? First, let's look at our success in the past and learn from it. When we reached our peak in 2006, this was due in large part to Bob Intrieri's intense efforts to contact lapsed members and seek their membership renewals. Board members helped in making the contacts and the efforts paid off in spades. We need to do this again. Board members and other SCG leaders contacting lapsed members worked well in past and it has the potential for high returns again.

For our future outlook and over the long haul, we need to develop strategies for renewing our full members, renewing our student members, and recruiting new members. And, these goals are accomplished differently. I suggest that we put as much muscle as possible into our already hardworking and committed Membership Committee and ask people on the committee in the future to be assigned to these different goals: retaining full members, retaining our “on-the-road again” students, and recruiting new members.

II. Dues

Perhaps our most grievous error that was uncovered in my review is that we are not collecting our dues in the manner stipulated by our Bylaws. Years ago, we somehow slipped into the mistaken notion that members can pay their dues anytime during the year and then renew their membership one year from their individual payment date. Dues are not paid anytime throughout the year! As we recently posted on the listserv, such a renewal system causes huge headaches in determining when renewals are due, and it also creates a cash flow problem for our budget.

According to our Bylaws, “Dues payments shall be due by the December 1 preceding the calendar year to which they apply.” Thus, at your reading of this newsletter, please put the enclosed renewal notice for

your SCG dues in with your December bills (regardless of how recently you might have paid your 2015 dues). Paying your dues on time makes the workload for our Treasurer and Membership Chair infinitely easier (and you also have the business deduction for the 2015 tax year)!

III. Bylaws

Every organization needs to occasionally review their Bylaws for updates and improvements that may be needed. On a more regular basis, I strongly encourage new Presidents to review the Bylaws at the beginning of their term. Officers and committee chairs should also familiarize themselves with the Bylaws, especially the sections most pertinent to their work. These annual reviews will help prevent unintentional digressions from the Bylaws (such as when dues are paid...).

Our Bylaws have been amended roughly every 3 years, most recently in 2012. I highly recommend that SCG form a Bylaws Committee to review them for amendments to bring to the membership for vote. Issues that caught my attention are:

- (1) The Bylaws stipulate that the Membership Committee currently must include the SCG Secretary. This makes little sense, so not surprisingly; we have not really adhered to this practice. In its place, I suggest we make the Treasurer a requisite member of the Membership Committee. As the recipient of our dues, the Treasurer must coordinate with the Membership Committee to ensure that we have a current and accurate list of who has or has not paid their dues. Putting this structure in place with the Membership Committee will foster their collective effort that is so necessary.
- (2) The Bylaws distinguishes between Officers, the Board, and an Executive Subcommittee of the Board. The distinction between the Officers and Board is straightforward. The Officers are elected positions: President, Past-President, President-Elect, Secretary, Treasurer, and Representative to the Society of Clinical Psychology (SCP). The Board consists of the Officers, the newsletter editor and committee chairs. Officers vote on matters taken up at meetings, whereas other Board members serve in an advisory capacity – an invaluable role as I have seen. However, the Executive Subcommittee is a mystery. It includes the President, Past-President, President-Elect, Secretary, and Treasurer; that is, all the Officers except the Representative to SCP. To my knowledge, we have never made any distinction in the function of the Officers and Executive Subcommittee. The Bylaws do not help to distinguish their duties from the duties of the Officers. I propose that the Executive Subcommittee of the Board serves no role or function in our governance and this should be eliminated from the Bylaws.
- (3) According to our Bylaws, “Membership dues are established each year by the Board of Directors”. Perhaps others, like myself, are not comfortable with this process for establishing dues. A change in dues (always an increase, never a reduction) needs more transparency. Perhaps minimally the Board should be required to solicit membership discussion of a proposed dues change prior to the Board’s annual establishment of dues.

IV. Specific tasks

We have several specific and miscellaneous tasks and issues that we need to tackle:

- (1) Our number of allotted convention hours through SCP used to be 3 - 4, more recently it was reduced to 2, and in 2016 we are given a mere 1 hour. The challenge posed by this reduction at convention concerns the Lawton Powell address, which we greatly value. If we use our single hour for the Presidential Address, our only means of getting the Lawton Powell address into the convention schedule is for the awardee to submit it under the regular convention programming system. Given the accomplishments and notoriety of our award recipients, there is a good chance of it being accepted, but there is no guarantee.

2) We need to establish a standardized system for reporting our income, expenses, annual gains or losses, budget, and balance at mid-year and end of year. There is no benefit to having each new Treasurer reinvent this wheel every 3 years, as we have done in the past.

3) We have been very fortunate to be receiving contributions from generous members for many years. But we have never earmarked the use of these contributions to SCG. We should do this, and we could consider having more than one fund to which members can contribute, which may boost members' inspirations for donations.

(4) Other questions have come up regarding our dues. First, we have had some problems with PayPal and the board has discussed whether we should find a different electronic payment system. Perhaps we should we return to credit card payment online despite the fees involved. Second, we need to establish consequences for late payments. According to our Bylaws, a member is considered to have resigned if they fail to pay their dues for 2 consecutive years. But what about the members who pay late? In February? Or in May? These late payments create headaches for the Treasurer, Membership Committee, and budget. Options we can consider are late fees, being dropped from the listserv until payment is received, or maybe other consequences. They all have pluses and minuses. Look for more discussion on the matter and feel free to chime in if you have a suggestion.

V. Building Our Future

Last, and by no means least, the review of past newsletters inevitably raised several questions about how we might build our future. A declining membership is certainly not one way to do this. Here are a few thoughts I have from my review; however, I enthusiastically invite others, especially our more senior members and leaders, to add to this discussion.

(1) Our students and early career members are our future leaders. We need to hang onto those who have been active in SCG and demonstrated their dedication to the geropsychology profession. For example, I hope we can track our past Student Representatives and Student Research Award winners. It was quite interesting to see many names of Student Representatives and Student Research Award recipients who subsequently became Officers of SCG. It was also surprising to see completely unfamiliar names of past Student Reps and award winners. Why and how did we lose these high achievers? All Board members need to be fostering the next generation of Board members. We need to do this for our future (and also because we depend on students and early career colleagues to keep us current on technology).

(2) The Geropsychology workforce shortage is a constant challenge to our profession. Related to this complex undertaking, we have discussed numerous times in the past if we should and can put pressure on the APA accreditation process to require some minimal geropsychology education. This question needs to be revisited. Since our inception, we have been discussing and brainstorming on ways to offer continuing education to both geropsychology and non-gero colleagues. Along these lines, please take a few minutes to complete the survey that was recently distributed on the SCG listserv. Members' input is invaluable.

(3) Very few VA geropsychologists were at the 2015 convention. What will happen to our business and board meetings at convention if the VA's disapproval for professional travel remains? This could be a serious problem for SCG meetings.

(4) I saved a personal pet peeve for last. Only 2 of 22 presidents were from independent practice. And the same pattern exists among all our leaders – Officers, Board members, Committee Chairs and Members. I view this as a failure to meet one of our diversity needs. Our membership is made up of geropsychologists from many work settings, the most common in no particular order, are VA hospitals and other medical settings, university-affiliated hospitals, academic departments, and independent private practice.

I strongly believe that we need to address why we have so few members from independent practice among our leadership. Two reasons come to mind. First, service work is not part of day-to-day earning endeavors of solo practitioners. Any and all service work is done at night and on weekends, almost never during the regular workday. Second, far fewer self-employed geropsychologists attend convention due to the costs of travel, not to mention the loss of income while not seeing patients. Witness last year at convention when the VA pulled travel funds. Every year a private practice psychologist attends the convention it costs roughly \$1000 out of pocket, plus the loss in income. No wonder we don't have enough leaders from private practice. Ask yourself if you would attend convention on a regular basis if you had to pay the ~\$1000 to attend the convention, plus you were docked your pay for each workday you were gone. We need to address this issue. In this day of high-tech communications we should be able to conduct "distant" Board meetings so those unable to be present at the convention can still attend our Board and business meetings. Nominally, we should be reaching out to our private practice members and encouraging and supporting them to join our leadership.

I greatly value history. I believe if we don't pay attention to our history, we inevitably repeat mistakes, learn very little, reinvent the wheel, and thus, we likely fall short of who we could be. Our history of accomplishments, highlighted in my second article in this newsletter, speaks to our triumphs. Yet, we can move geropsychology even further into excellence if we keep a spotlight on our shortcomings and accept the challenges to meet our aspirations!

Comments from the Editors: Christine and Joe



Welcome to the 2015 Fall 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 members' presentations at the upcoming Gerontological Society of American (GSA) convention.
- The Member Announcements section contains a number of important announcements regarding dues and new information posted on the website.
- Two members are highlighted in the Member Spotlight. If you see either of the highlighted members at the upcoming GSA conference, say "hello!"
- Congratulations to everyone on their recent publications and grants.



to Allison Midden as the new student representative!

The SCG board would like to welcome Allison Midden, our new student representative. Allison is a doctoral candidate at the University of Louisville. Allison brings strong leadership skills to the SCG board. We are confident that she will bring student members' perspectives on education, training and new member recruitment to SCG. Please see Allison's introduction of herself on p. 14-15 of this newsletter. Welcome, Allison! We all look forward to working with you!

– Submitted by Margie Norris



Many thanks to Elissa Kozlov!

On behalf of all of the SCG members, I want to extend our heartfelt gratitude to Elissa Kozlov for her service to SCG as our Student Representative. Elissa, you did an extraordinary job, always offering valuable input to the Board from the perspective of our students. You were willing to go the extra mile and take on additional tasks. Our student members were very well served by you and we offer you a big round of applause! At the same time, I want to congratulate you on joining our Mentoring Committee. What a delight it is for us to keep you involved in the SCG leadership! Many thanks, Elissa!

– Submitted by Margie Norris

Member Spotlight



Full Member Spotlight: Adam P. Spira, Ph.D.

Associate Professor
Department of Mental Health
Johns Hopkins Bloomberg School of Public Health

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

A: I joined because Division 12 Section II is the home of clinical geropsychology within APA. There are so many great people in our professional community and the Society is a great way to stay connected with them and keep up with what's going on in the field.

Q: How has membership in SCG assisted you with your professional activities?

A: I've found the listserv to be an especially helpful way of staying current and learning what members are up to.

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

A: Several factors led to my interest in aging. Like many members of our community, I had positive experiences and relationships with older people growing up. It wasn't until I was in graduate school, however, that I became particularly interested in a career in aging, through a combination of mentorship and coursework.

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

A: That would have to be the time I spent as a practicum student at Hopemont Hospital in Terra Alta, West Virginia, with Dr. Barry Edelstein as my supervisor. It was my first clinical experience with older people, and I learned so much about working with older adults and serving as a member of an interdisciplinary team.

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

A: I have had several important mentors in my career. Barry Edelstein, who introduced me to Division 12, Section II, has been especially important. He's a wonderful researcher, clinician, and teacher—and he has a great sense of humor. Working with him as a graduate student is what solidified my commitment to working in aging. I was so fortunate to have him as my advisor.

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

A: I'm an associate professor in the Department of Mental Health within the Johns Hopkins Bloomberg School of Public Health. It's primarily a research position, but I also advise students in our research-focused doctoral and masters degree programs and I teach a course.

Q: Tell us about your most recent activities.

A: Over the last few years, I've become very interested in links between disturbed sleep and Alzheimer's disease (AD). There's growing evidence that sleep disturbance may actually promote the development of AD pathology, and my colleagues and I have been fortunate to receive funding from the National Institute on Aging (NIA) to investigate the association between poor sleep and the development of AD pathology.

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

A: My most memorable experience in aging research was the postdoctoral fellowship I completed in the Division of Geriatrics and the Department of Psychiatry at the University of California, San Francisco. Dr. Kristine Yaffe was my primary mentor in this T32 training program, and by working with her and taking courses in the Department of Epidemiology and Biostatistics, I learned a lot about applying epidemiologic methods to the study of late-life mental health. It was very useful because epidemiologists and physicians tend to approach research somewhat differently from psychologists, and being conversant in both approaches has broadened the range of colleagues with whom I can collaborate. The training I received from Kristine and other mentors at UCSF in research and grant writing led to a K Award from NIA that was very important for my career development.

Q: Do you have any tips for emerging geropsychologists?

1. Most importantly, no matter what your career goals, find a mentor who has accomplished what you want to accomplish and is willing to help you develop your career.

2. In terms of research, familiarize yourself with some publicly available sources of data from older adults. There are large observational studies of older people that just about anyone can access. Although the measures included might not always be ideal, once you're familiar with the strengths and limitations of various datasets, they can be used to efficiently answer important research questions and enhance your publication record.

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

A: My wife and I have a 14-month-old son. He's wonderful and keeps us very busy. I also play guitar, but haven't done so very much for last 14 months or so!



Student Member Spotlight: Caroline Merz

Third Year Clinical Psychology Doctoral Student
 School: Washington University in St. Louis
 Hometown: Pacific Palisades, CA

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

A: I joined 12/II for the opportunity to meet other researchers and clinicians in the field of aging. I thought it would be good exposure to other individuals interested in making a positive impact on the lives of older adults, as well as network with researchers with interests similar to mine. I am happy to say that the society has fulfilled these expectations, and I have since come to think of 12/II as my academic home.

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

A: Joining 12/II has given me exposure to the many career options that clinical geropsychologists have. I have met clinicians, researchers, administrators, and professors through the society. It has been a wonderful opportunity for me to hear about different professional paths, and has made me realize that there are many different ways to have a positive impact on the field of aging.

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

A: I became interested in aging when I worked for Julie Wetherell at the University of California San Diego. Julie hired me just two weeks after I graduated from Princeton, and I am so fortunate that she did because I quickly fell in love with working with older adults. Working for Julie was a wonderful experience and I am indebted to her for introducing me to the field that I now plan to devote my career to.

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

A: My mentor Brian Carpenter has had a profound effect on my career as an aspiring clinical geropsychologist. I don't have enough space to talk about all of the ways that Brian has helped me learn and grow, and how wonderful he is as a person. Suffice it to say that Brian's passion for psychology and aging is a constant inspiration to me. He has provided me with a positive and supportive learning environment, which has made my time working with him incredibly rewarding.

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

A: This past summer I became an official volunteer support group leader with the St. Louis chapter of the Alzheimer's Association. I co-lead a support group of individuals who have been diagnosed with early stage Alzheimer's disease. This has been a meaningful experience because it has put a face to a disease that has mostly been a research topic for me, exposing me to the more human side of what it is like to live with dementia.

Q: Tell us about your most recent activities.

A: I have recently become interested in ways to improve attitudes toward older adults, to reduce stigma, bias, stereotyping, and ageism. One of my current research projects that I'm excited about is looking at the effect of a gerontology course on undergraduates' perceptions of older adults, and whether the course is effective in getting students to change their attitudes toward aging. We will be following multiple cohorts of these students that take the course to see whether they are more likely to go into careers in aging.

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

A: After internship and postdoc, I would like to find a career that mimics the careers of my two mentors (Julie and Brian): a combination of research, clinical practice, and teaching. Later down the road, I see myself becoming involved in public policy work, using psychological research findings to inform policy practices that can have an effect on older adults on a large scale.

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

A: When I'm not busy with graduate school, I spend time with my Wheaten Terrier puppy, Winston. We like going on runs in the park by my house. I also enjoy a weekly trivia night with my clinical cohort and Saturday morning yoga.

Gerontological Society of America Meeting

Member Presentations

Wednesday, November 18th

6:00 PM - 8:00 PM, Atlantic Hall (D). Caroline Merz, Brian Carpenter, Susan Stark, Nancy Morrow-Howell. When I'm Sixty-Four: Evaluating the Impact of an Interdisciplinary Course on Aging for First-Year Undergraduates.

Thursday, November 19th

8:30-10:00 am, Europe 5. "Current Developments in Suicide Intervention and Prevention Among Older Adults" *Mental Health Practice and Aging Interest Group* symposium

Chair & Co-chair: Julie Lutz & Kimberly Morton

Presenters: Sylvie Lapierre, Kimberly Van Orden, & Marnin Heisel

Discussant: Yeates Conwell

12:15pm, Atlantic Hall (D). Hillman, J., Marvin, A., Kiely, J., & Anderson, C. Grandparental Beliefs, Information Sources, and Treatment Influence Regarding Childhood Autism.

1:30-3:00pm, Oceanic 2 (D). *Paper Session including authors* Carney, K., Makek, M. K., Lichtenberg, P. A., & Donlan, A. Neurocognitive Engagement Therapy (NET): Harnessing Best Practices in Dementia Care and Rehabilitation to Better Serve Individuals with Cognitive Impairment.

3:30-5:00 pm, Europe 5. "Individual- and Community-Level Risk Factors for Suicide in Older Adults Across Multiple Countries"

Chair & Co-chair: Kimberly Morton & Julie Lutz

Presenters: Danielle Jahn, Lydia Li, Julie Lutz & Kimberly Morton

Discussant: Amy Fiske

Annual 12/II Student Social at GSA in Orlando, FL!

Who: Students and faculty are encouraged to attend.

When: Thursday, November 19th from 5:00-6:00pm

Where: the Lounge at Il Mulino, Walt Disney World Swan Resort (note: this is the bar/lounge area of the Il Mulino New York Trattoria restaurant at the conference hotel)

What: Free food, cash bar, great conversation & networking!!!

Why: This event is a great opportunity to meet other geropsychologists-in-training.

RSVP: Please send an email to Brenna Renn (brenn@uccs.edu) if you are likely to attend.

Friday, November 20th

11:00 am – 12:30pm. Section Business Meetings and Award Presentations. SCG member Barry Edelstein will be awarded the Behavioral and Social Sciences mentorship award.

Saturday, November 21st

5:00 to 6:30pm, Southern Hemisphere II (D). Carney, K., Bary, T., & Patterson, S. L. The Community Care Team presentation is part of a symposium on Mental Health in Long Term Care

5:00 to 6:30pm, Northern Hemisphere E1 (D). From Urban Areas to Rural Communities: Tailoring Interventions for Rural Older Adults.

Presenters: Michelle Hilgeman, Terri Huh, Randall Rupper, Cassandra Ford, and Roger O’Sullivan.

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).

Announcements

Membership Renewals Due December 1st

This deadline is for all members regardless of when your 2015 dues were paid. For more information regarding when dues and the Section bylaws, see President Norris’s articles at the beginning of this newsletter.

How to renew?

- ✓ Log onto the website, geropsychology.org and pay using paypal.
- ✓ Print the membership application form at the end of the newsletter and mail with a check to Treasurer Kimberly Hiroto.

Board Meeting Minutes Available on [Website](#)

As part of our efforts to increase member awareness of and promote involvement in our division, the official minutes of each Executive Board meeting are now available in the Member’s area of our Division’s website. We encourage members to review these minutes to learn more about our continual efforts to strengthen the Division and promote the field of geropsychology.



We applaud and welcome new members to SCG committees!

Elissa Kozlov and **Nick Bott**, interns at the Palo Alto VA, have joined the mentoring committee. Julia Kasl-Godley, chair of the mentoring committee, is very grateful to have others assist her in this very important SCG function.

Katie Johanson, graduate student at University of Colorado at Colorado Springs, and **Charissa Hosseini**, graduate student at Palo Alto University, have joined the diversity committee. Yvette Tazeau (chair) and Tiffany Rideaux are thrilled to have their input and help.

Member News

Caroline Merz was awarded a scholarship called the Lichtenberg Scholarship in Geropsychology at Wash U for a second year.

Recent Member Grants

Kaci Fairchild, PhD, ABPP, from the Sierra Pacific MIRECC at VA Palo Alto Health Care System and Stanford University, has received funding from the Department of Defense in support of the “Combined Online Assistance for Caregiver Health (COACH)” project. As part of this project, caregivers of veterans with Traumatic Brain Injury or Dementia will participate in a physical exercise and caregiver skills training program that is delivered through mobile-based technology. Outcomes of interest include caregiver burden and depression as well as inflammatory markers associated with cardiovascular disease.

Kaci Fairchild, PhD, ABPP, from the Sierra Pacific MIRECC at VA Palo Alto Health Care System and Stanford University, has received funding from the Department of Veteran Affairs Rehabilitation Research and Development in support of the “Water-based Activity to Enhance Recall in Veterans (WATER-VET)” project. This project will examine the feasibility of a water-based physical exercise + cognitive training program for Veterans with amnesic Mild Cognitive Impairment.

Kaci Fairchild, PhD, ABPP, from the Sierra Pacific MIRECC at VA Palo Alto Health Care System and Stanford University, was awarded a New Investigator Research Grant from the Alzheimer’s Association. As part of this award, she will identify what biological mechanisms contribute to the effects of physical exercise on cognitive function.

With strong support from SCG members and leadership, SCG member **Erin Emery-Tiburcio, PhD, ABPP** and her colleague Robyn Golden recently received a grant from HRSA to develop a Geriatric Workforce Enhancement Program in partnership with statewide organizations. The Geriatric Workforce Enhancement Program of Illinois, now named *CATCH-ON (Collaborative Action Training for Community Health – Older adult Network)*, has two primary aims: (1) Educate older adults, families, caregivers, direct care workers, health professions providers, students, residents, fellows, and faculty about person-centered, culturally competent management of MCC among diverse older adults, especially those with cognitive decline, and ADRD.). This includes development, validation, and dissemination of region-wide and state-wide co-learning programs regarding management of MCC/ADRD. (2) Transform existing primary care systems to meet the needs of older adults with MCC/ADRD by implementing evidence-based programs that utilize provider, patient and community resources. Critical innovations to achieve these aims include: interactive, universally accessible *online modules* regarding MCC/ADRD for all learners, regional and state-wide *Learning Communities, Health Ambassadors* for community health, and including Health Ambassadors in creation of the new *CATCH-ON primary care model*.

Recent Member Publications

- Gooblar, J., Roe, C.M., Selsor, N.J., Gabel, M., & Morris, J.C. (2015). Attitudes of research participants and the general public regarding disclosure of Alzheimer disease research results. *JAMA Neurology*. Advance online publication. doi:10.1001/jamaneurol.2015.2875
- Kozlov, E., & Carpenter, BD. (in press). Variability in content and ecological validity of palliative care information web pages. *American Journal of Hospice and Palliative Medicine*.
- Woodhead, E.L., Emery-Tiburcio, E.E., Pachana, N.A., Scott, T.L., Konnert, C.A., & Edelstein, B.A. (2015). Clinical and counselling psychology graduate students' expectations for future work with older adults. *Clinical Gerontologist*, 38(5), 357-374. DOI: 10.1080/07317115.2015.1067271

The Student Voice

SCG Student Representative Introduction

Allison Midden, B.A.

Greetings from Louisville, KY! My name is Allison Midden, and I am the new student representative for Division 12/II. In addition to introducing myself to you via this SCG newsletter, I hope to have the opportunity to do so in person at the **GSA 12/II student social in Orlando (November 19th at the Lounge at Il Mulino from 5:00-6:00 PM)**!

I am a 2nd year Clinical Psychology PhD student at the University of Louisville under the mentorship of Benjamin Mast, PhD. In our laboratory, we conduct neuropsychological assessment research with older adults with and without cognitive impairment; we are currently exploring how the incorporation of a person-centered approach to dementia assessment impacts the experience of the patients and families and also how it may better inform our clinical feedback. My interest in this area was initially stimulated during my undergraduate career at Scripps College under the mentorship of Stacey Wood, PhD. It was there that I first conducted research with older adults and was first introduced to neuropsychological assessment tools and how they can target and measure specific domains of cognitive functioning to create a clinical picture. After graduating, I worked at Washington University in St. Louis doing Alzheimer's disease research under the direction of David Balota, PhD and Janet Duchek, PhD. That experience confirmed my interest in working with the older adult population, specifically those who are experiencing cognitive impairment. I am excited to continue pursuing this line of work at the University of Louisville!

With GSA approaching, I think it is important to highlight the value of networking. Sometimes it is difficult to know how to approach networking, especially as a graduate student who may not know many people outside of your specific program. That said, be courageous! Those who are attending these conferences are also gerontology enthusiasts who, like you, are there to learn and interact. When networking, it is helpful to be informed and to have a goal in mind. Review the program ahead of time and identify symposiums and speakers of interest to you. Then, speak with the researchers and clinicians; target your questions and conversation based on what you are hoping to learn. For example, if you are applying for an internship or postdoctoral position, then ask about the clinical and/or research opportunities available at a specific site. Finally, always remember to obtain contact information and follow up! Faculty and early career professionals are planning on attending the 12/II Student Social at GSA, so this would be a great place to mingle and practice networking in a relaxed environment.

I am looking forward to serving as your SCG student representative. As clinical geropsychologists, it is important that we support, assist, and encourage one another. My goal as the incoming student representative for 12/II is to promote and foster that sense of community. If you have any ideas or suggestions about how to improve the student experience for 12/II members or ways to recruit new members in order to broaden our community, please email me (allison.midden@louisville.edu) or Brenna Renn (brenn@uccs.edu); we are always happy to hear from you!

I look forward to meeting you in a couple of weeks!

Diversity Column

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

CALL FOR SUBMISSIONS: The Diversity Committee would love to hear from you!

In an effort to more accurately represent the GeroDiversity interests of the division, the Diversity Committee is seeking written submissions and ideas directly from the division members. We welcome submissions that provide information about resources and upcoming professional development events, or that detail your clinical experience related to GeroDiversity. The committee also appreciates your ideas about what you think would be helpful for us to feature in the newsletter. Please email submissions or ideas or if you have questions to Yvette Tazeau at ytazeau@ix.netcom.com and Tiffany Rideaux at tiffany.rideaux@gmail.com

*What's in a survey?
Tiffany Rideaux, Psy.D.*

“USA Today has come out with a new survey - apparently, three out of every four people make up 75% of the population.”

~ David Letterman

This quote by David Letterman reflects not only a sense of humor about surveys, but it hints at the importance of creating a survey with purpose and usefulness. A survey is a convenient method for collecting data from a large population, but without honed intention it can serve to be meaningless numbers. Working on the recent Diversity Committee survey raised my consciousness about surveys and how I use them in my work. As an instructor, I am finding that a brief questionnaire on the first day of class, which inquires about a student's access to resources such as stable transportation and housing, in addition to assessing the number of hours the student works, helps me early identify students who may later underperform in class. With the information from the questionnaire I can directly approach students and connect to campus resources and create a level of trust for the student to reach out for help before they become too overwhelmed later in the quarter. I have also used questionnaires to survey the students' level of motivation and confidence with regard to successfully completing the course. This survey had the surprising result that the students highly rated their motivation but had low confidence in their ability to succeed. My prior assumption was that students were not motivated. I now incorporate confidence building activities in the classroom. Thus, the purposeful use of surveys and questionnaires in the workplace can provide key information to target interventions.

The American Psychological Association (APA) released demographic information about the psychology workforce in July 2015. The APA Center for Workforce studies published the “2005-13: Demographics of the U.S. Psychology workforce.” Data was collected by the American Community Survey and provided an overview of the psychology workforce. Most notably, in 2013, active female psychologists outnumbered males 2:1 and there was an increase in younger, ethnic minority psychologists from 8.9% to 16.4%. The percentage of active psychologists doubled for African Americans, increased 79.5% for Asian

Americans, and 47.4% for Hispanic/Latinos. However, even with this increase in percentages, less than 20% of the psychology workforce is of ethnic minority representation. With the growing diversity of ethnic minorities in the U.S., it will be important for the profession to try to match the representation of the general population. The data allows the association to identify opportunities for growth.

Similarly, the recent survey sponsored by the SCG Diversity Committee represents an effort to identify opportunities for growth. The data will allow us to compare our composition of psychologists to the overall profession and to establish a baseline to track changes over time. Additionally, it will help us provide more purposeful resources for division members, including the psychologists in training. Thus, it is with great appreciation and gratitude that the Diversity Committee thanks division members for their time to complete the survey questions.

Article references and online resources:

APA Workforce Study: <http://apa.org/workforce/publications/13-dem-acr/index.aspx>

APA Workforce Study, Technical Document: <http://www.apa.org/workforce/publications/13-dem-acr/appendix-a.pdf>

Committee Updates

Communication Committee Update

Submitted by Christine Gould, PhD

The Communication Committee has gained a new member, Caroline Merz, who will help write content to include on the SCG website. If you have suggestions about information to be included on the website, please contact Caroline at christinecarolinemerz@gmail.com.

Facebook Update: Annie Mueller, PhD, SCG social media overseer has been doing a fantastic job posting content to the SCG Facebook page. She reports that the page has 456 likes. Facebook provides summaries and charts of how many individuals access our page and how many people "interact" (i.e., click through or share the post) with the page. When more people who view and interact with the post, other individuals are more likely to access our page for the first time (i.e., our audience expands). Human interest stories tend to be the most popular, and *up to 2700 individuals have viewed these stories on our page*. Posts that have photographs and posts that are published during mid-afternoon or evenings also tend to be the most popular.

Membership Committee Update

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

Membership Update

- Total Paid Members: 247
- Total Paid Regular Members (including Emeritus members): 205
- Total Paid Student Members: 42

It has been difficult to track our membership due to our website issues. We are hoping to have our membership roster up to date once everyone pays their 2016 dues on December 1st!

Public Policy Committee Update

Submitted by Margie Norris, PhD

COMING SOON! Please note that many MACs have recently revised their LCDs. The Public Policy Committee will be updating the LCD links posted on our website in the near future.

Society of Clinical Psychology (Division 12) Update

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

I will share a few SCP updates and highlight several articles in the recent issue of *The Clinical Psychologist*. Those of you who are Division 12 members may have already reviewed it but, if not, it's worth taking a look (you can find it here: <https://www.div12.org/wp-content/uploads/2015/10/TCP2015-Fall-Issue-2015-7.pdf>).

SCP updates

1. New SCP leadership. In January 2016, Dr. Brad Karlin will take on responsibilities as President of the Society of Clinical Psychology. Dr. Terry Keane, current President, will serve as Past President in 2016. Dr. Karlin is a geropsychologist and SCG member. As part of his Presidential initiative, he aims to highlight and raise awareness of mental health needs of older adults among the broader community of clinical psychologists in SCP. He plans active collaboration with the SCG Board and membership.
2. Division 12 Award winners. SCP sponsors a number of prestigious awards. 2015 winners are listed here: <http://www.div12.org/awards/division-12-award-winners-2015/>, with additional details published in the SCP newsletter (see link above). **Many geropsychologists are deserving of these SCP awards.** We hope you nominated your colleagues for the 2016 awards and, if not, let's start thinking about who we might nominate next year. If you have ideas, please contact Dr. Brian Yochim, 2016 Chair of Awards Committee, at yochimb@njhealth.org
3. Reminder - Section news at SCP website: The SCP homepage highlights Section contributions, and the webmaster is always looking for new contributions (i.e., a brief blog). SCG member Dr. Maggie Syme contributed the most recent blog, on Later Life Sexual Expression (see <http://www.div12.org/section-2-later-life-sexual-expression/>) which, as of this writing, remains posted at the home page. If you'd like to contribute, please let me know and I'll be glad to help facilitate your submission!

***The Clinical Psychologist* highlights**

SCP publishes its Society newsletter, *The Clinical Psychologist*, three times annually. This publication often has substantive articles of interest, in addition to updates from the President and the Sections, and frequent articles on ethics and diversity issues. I'd like to bring your attention to a few articles in the Fall 2015 issue (Disclosure: This is the only issue to which I did not contribute a Section 2 update during my tenure).

1. The Unified Protocol for Transdiagnostic Treatment of Emotional Disorders, by Jacqueline Bullis and David H. Barlow. From the abstract:

“...The Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (UP; Barlow et al., 2011) is an emotion-focused, cognitive-behavioral intervention designed to target transdiagnostic temperamental features. The present article provides a progress report on the UP’s efforts to increase the quality and availability of evidence-based psychological treatments and ultimately reduce the mental health treatment gap...”

2. Guidelines for identifying empirically supported treatments: Practice recommendations for clinical researchers and reviewers, by David F. Tolin, Evan M. Forman, E. David Klonsky, Dean McKay, and Brett Thombs.

The SCP criteria for empirically supported treatments, originally defined by Chambless et al. in 1998, has recently been updated. The level of recommendation for a given psychological treatment is now rated as weak, strong, or very strong, based on a modified version of the widely used Grading of Recommendations Assessment, Development, and Evaluation (GRADE) system. The article aims to guide researchers on strategies for producing and synthesizing data so that treatments may obtain recommendations based on the EST criteria. The authors acknowledge that the new criteria “raise the bar for determining that a treatment is empirically supported.” Of note, the SCG Evidence-Based Practice Committee, chaired by Dr. Forrest Scogin, is currently reviewing the new criteria and evaluating the impact of using the new system for evaluating geropsychology interventions.

Chambless, D. L., & Hollon, S. D. (1998). Defining empirically supported therapies. *J Consult Clin Psychol*, 66(1), 7-18. doi: 10.1037/0022-006X.66.1.7

Tolin, D. F., McKay, D., Forman, E. M., Klonsky, E. D., & Thombs, B. D. (in press). Empirically supported treatment: Recommendations for a new model. *Clinical Psychology: Science & Practice*.

3. Clinical Psychology: Science and Practice: A one-on-one conversation with the journal’s Editor-in-Chief about the scope, mission, and exciting changes for the journal. Dr. J. Gayle Beck interviewed by Dr. Jonathan Comer.

For anyone interested in publishing major reviews – meta-analytic or narrative – consider this journal. In this interview, Dr. Beck explains the journal mission and types of articles sought.

4. The American Psychological Foundation. SCP President, Dr. Terry Keane, devoted his column to a description of the work of the American Psychological Foundation (<http://www.apa.org/apf/>), its current capital campaign, and why he chooses to support its work (both philanthropically, and as a member of the Board of Trustees). From the APF website: “The American Psychological Foundation (APF) provides financial support for innovative research and programs for students and early career psychologists working to make a difference in people’s lives.” Check it out if interested.

Finally, I want to thank SCG for offering me what has been a tremendous opportunity to serve in this role as liaison to the SCP Board. It has been rewarding to work with the tremendously dedicated and talented people who lead our organization, SCG, and to get to know the similarly dedicated and talented leaders of SCP and to help facilitate communication between “Section 2” and “Division 12.” My term as Section 2 representative to the Division 12 Board ends on this New Year’s eve. I want to thank and welcome Victor Molinari for taking on this role starting in January 2016. He will serve SCG well!

Society for Clinical Geropsychology 2015 Award Recipients

Distinguished Clinical Mentorship Award

Dr. Brian Carpenter (Washington University in St. Louis)

Brian is an Associate Professor of Psychology at Washington University in St. Louis. His outstanding mentorship was evidenced by the many letters we received from current and former students. As one writer indicated, "he deserves to be recognized for his devotion to cultivating burgeoning geropsychologists who strive to be as passionate and involved in the field of aging as he is." Brian will receive the award at the SCG business meeting at the APA convention.



M. Powell Lawton Award for Distinguished Contributions to Clinical Geropsychology

Dr. Gregory Hinrichsen (Yeshiva University)

Greg has made notable contributions that have influenced the field of clinical geropsychology. He has held nearly every leadership position, including President of SCG, Chair of Committee on Aging (CONA), Chair of (Council of Professional Geropsychology Training Programs (CoPGPT). He has written extensively on public policy and aging, training in clinical geropsychology and the application of Interpersonal Therapy to work with older adults. In addition, Greg is well known as an outstanding colleague and mentor. Greg will receive the award at the SCG business meeting at this year's APA convention, and he will deliver the Lawton Award address at the 2016 convention.



Student Paper Award (not pictured)

Kellye Carver, "Influence of Grief among Parentally Bereaved Adults" (University of North Texas)



President-Elect Sherry Beaudreau, President Margie Norris and Past-President Brian Yochim pictured at APA 2015, in Toronto, CA.

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 (unless you are a student)				
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			\$ _____	
Added contributions to Section II: Donations are strictly voluntary but greatly appreciated			\$ _____	
Total amount enclosed: Please make checks in US dollars payable to APA Division 12, Section II			\$ _____	
Signature			Date	
Faculty Endorser (if joining as a student):		Signature		Date
Make your check payable to: "APA Division 12/II" Mail this form to Kimberly Hiroto, PhD, Puget Sound VA, American Lake Division , A-116-MHS-PC, 9600 Veterans Drive SW, Tacoma, WA 98493				