Clinical Geropsychology News

Society of Clinical Geropsychology

APA Division 12, Section II Volume 24, Issue 1

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INSIDE*

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Please contact Elissa Kozlov Elk2020@med.cornell.edu or Brenna Renn, at BNRenn@uw.edu if you wish to comment on the contents of this Newsletter.

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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

Benjamin Mast, PhD, ABPP

In the fall of 2014 I had the pleasure of going through the board certification process. There have now been 57 psychologists who have been officially recognized as Board Certified in Geropsychology by the American Board of Professional Psychology since 2014. Everyone I've talked to that went through the board certification process describes it as useful and surprisingly enjoyable. One of the main reasons often cited is that the self-study process forces the candidate to reflect on their career and professional development including milestones and influences along the way.

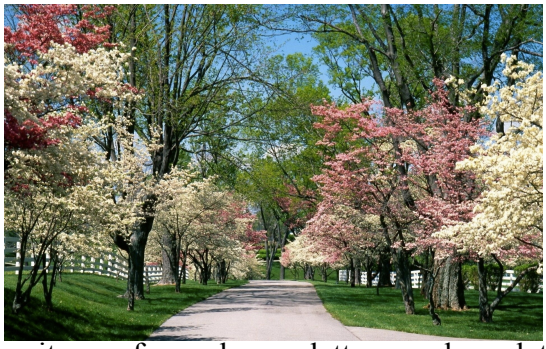
Many of us began in geropsychology because (1) we believed that older adults deserve better care and treatment than they would get if our specialty didn't exist, and (2) we recognized that older people deserve honor, respect, and our best efforts, regardless of their background, age, ability, or even the diagnoses they carry. Others were drawn to geropsychology because we were deeply affected by older people we met, whose lives influenced our own and prompted us to continue onward intellectual curiosity and advocacy.

During my presidential year, I plan to provide formal mechanisms for clinical geropsychologists across career stages to share the stories of their careers and the older adults who inspired them. I want the next generation of geropsychologists to benefit from our collective experience and better understand the variety of career paths they can take. Through the stories of our careers and the people who inspired us, I hope we can communicate what makes clinical geropsychology special and continue to attract others into our growing field.

In this version of the newsletter you'll find an interview with Dr. Kelley Carney in which she describes her career and some of the key events and people who influenced her path. I hope you will take a few minutes to read her story and share it with a student or trainee.

I would also like to encourage you to help address some of the pipeline issues in geropsychology by filling out a new online survey developed by Dr. Rebecca Allen, Caitlin Tighe, Hillary Dorman (University of Alabama) and Dr. Jessica Strong (VA Boston Healthcare System). This survey aims to better understand educational/training experiences, career interests, and factors driving the career interests and career paths of professional geropsychologists, and is open to geropsychologists at all levels, including graduate students. You can find the study at http://bit.ly/2oQj5FP or at copgtp.org.

Comments from the Editors: Elissa & Brenna



Welcome to the 2017 Spring edition of the Clinical Geropsychology News! We've added two new columns. The first is called the Research Round Up, in which members have the opportunity to provide a brief synopsis of a recently published article that they think everyone would be interested in. In this issue, see Allison Midden's submission detailing recent work by Bodner and colleagues (2017) describing the relationship between changes in subjective age and changes in attitudes toward one's own aging. We will need volunteers to write one for each newsletter, so please let us know if you're interested! The second column is part of president Ben Mast's initiative – Career Pathways. In this column, Dr. Mast will interview members to illuminate how they found themselves in their current career, starting with his interview with Dr. Kelley Carney. Lastly, this is our inaugural edition as SCG newsletter editors. If you have any ideas for how we can improve the newsletter, we would love to hear them. Please feel free to email us at any point at ELK2020@med.cornell.edu or BNRENN@uw.edu.

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Call for Nominations for Elected Positions

Sherry A. Beaudreau, Ph.D., ABPP
Chair, Committee on Nominations and Elections

The Society of Clinical Geropsychology (SCG) is seeking nominations for two elected positions this year: Secretary and President-Elect.

Please consider serving our field in one of these SCG leadership roles! We welcome all nominations, including self-nominations. Elections will be held in May and electronic ballots will be sent to Divisional and Affiliate Members. Please send your nominations to Dr. Sherry Beaudreau at sherryb@stanford.edu. **Nominations are due May 8, 2017**.

The following provides information about the positions:

Secretary:

The Secretary is an Officer of SCG and a member of the Board of Directors with the right to vote. The Secretary is elected for a term of three years. During this term, the Secretary's primary duties include attending the Section Board meeting at APA convention and at GSA, and taking part in regular telephone conference call of Board members. The Secretary takes minutes of Board meetings/conference call and committee meetings. In this role, the Secretary is also responsible for setting up board meeting conference call lines for the year, distributing call-in information along with meeting reminders to the board, and distributing minutes of previous Board meetings for amendments and approval. The Secretary also maintains an updated Officers list.

President-Elect:

The President-Elect is an Officer of SCG and a member of the Board of Directors with the right to vote. The President-Elect organizes a social event for SCG at the APA convention. As an Officer, the President-Elect attends all Board meetings, including those held at the APA convention, as well as the Board conference calls, which are held approximately once per month. The President-Elect shall be a Divisional or Affiliate Member of SCG, and is elected for a term of one year starting January 1, 2018. This term is followed by one year (2019) as President of SCG and then one year as Past-President (2020).

In anticipation of becoming SCG President, the following information is provided. The President plans and conducts Board meetings including regular conference calls and the Board and Business meetings at the APA convention. The President 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. The President also 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 also takes charge in responding to time-sensitive issues in the field of Clinical Geropsychology.

Thank you for your consideration in nominating yourself or others for these critical SCG leadership roles.

Member Spotlight

Full Member Spotlight: Laura Lipkin, PhD

Year joined Society of Clinical Geropsychology: Hmmm, not sure, but I have emails dating back to 2009 in my Inbox....

Hometown: My office is in Bala Cynwyd, PA -- a near suburb of Philadelphia, PA.

Current Professional title and affiliation: Clinical Psychologist in private practice. Licensed in the state of Pennsylvania.

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

A: I was seeking colleagues for informal peer "consultation" and ways to stay up to date on issues and regulations in the field.

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

A: Clinical gerontology work is richly meaningful, but demanding, and having professional resources to discuss with and learn from has been invaluable. The Listserv brings shared clinical challenges and advocacy issues into focus -- and the help it offers navigating Medicare regulations is a life-saver to the solo practitioner.

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

A: I am one of those who slid into it backwards. Early in my doctoral studies I had a fellowship at The Children's Hospital of Philadelphia (CHOP) working with neonates and young infants. Later in my graduate studies I did training in Neuropsychology. When I completed my internship in 1982, I longed to stay on the staff of what was then a wonderful psychiatric teaching hospital. To my delight, I was offered a staff psychologist position at the hospital, but it was on the Older Adult Inpatient Psychiatric Unit and I had no formal background in working with older adults. The Director of Psychology argued that I was a "developmentalist" because of my prior CHOP fellowship, and that I knew something about Neuropsychology and organicity, so I was more "qualified" than many to work with older adults. Luckily a colleague and friend, Sally Haimo, Ph.D., opened a door for me to get some real training in Geropsychology by arranging for me to sit in on seminars at Philadelphia Geriatrics Center. My interest deepened as I met the clinical needs of patients, prepared coursework for Psychology Interns, and taught in the Gerontology Master's degree program at St. Joseph's University.

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

A: Well -- my dissertation was a study of Rorschach responses in older adult women as a test of a theory of late-onset depression and -- while not the most pragmatic of dissertation topic choices -- it allowed me to read wonderful literature and collect rich Rorschach data from fascinating groups of women.

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

A: Two mentoring experiences of note. The first was "shadowing" some of the training experiences offered by the Psychology Department of what was then Philadelphia Geriatrics Center (under then Director Bill Whelihan, Ph.D.) which got my feet wet in the field of Clinical Geropsychology and served as a wonderful and enticing introduction to the field. The second was from the inspiring David L. Gutmann, Ph.D., a pioneer in Geropsychology, who offered kind and enthusiastic mentorship of my dissertation work.

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

A: I have been a Clinical Psychologist in private outpatient practice, treating adults and couples, for over thirty years. About half of my outpatient psychotherapy patients are older adults. I also serve as consulting psychologist to two long-term care facilities where levels of care range from Skilled to Independent Living. At these LTC facilities I provide initial evaluations, ongoing psychotherapy, and staff consultation. I have coordinated a Clinical Geropsychology Peer Supervision Group in the Philadelphia area for many years and teach mini-courses and workshops from time to time. Fun fact: I am also a Relational Psychoanalyst and a relational psychoanalytic perspective informs much of my clinical work.

Q: Tell us about your most recent activities.

A: Last year I taught a mini-course for the Institute for Relational Psychoanalysis of Philadelphia on applying relational psychoanalytic principles to consulting work in organizations, particularly health care settings. It was an exciting opportunity to think about and articulate how my theoretical perspective informs my consulting work in LTC and then to collaborate with the students to extend these ideas to other settings including a cancer treatment program, substance abuse treatment center, and a LGBT community center.

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

A: I love working with older adult women -- often widowed -- as they address their losses, reconfigure their lives, and develop new vitality. I also really enjoy working with long-married couples as they navigate late-life challenges.

Q: Do you have any tips for emerging geropsychologists?

A: Try to get some solid coursework in normative adult development and the pathology of aging. Really try to grasp the arc of you patients' lives -- it will deepen the work and enrich you own life.

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

A: I volunteer time with The Children's Hospital of Philadelphia Neurofibromatosis (NF) Family Association running programs which help children with this genetic disorder and associated chronic health issues transition to greater responsibility for their health care and self-advocacy. I captain a

Dragon Boat Team which competes in the Philadelphia International Dragon Boat Regatta and also try to spend as much time as I can kayaking. My daughters and I strive to visit the most unusual museums we can find in any city we visit (with our greatest triumph to date being the only visitors of the year to a small museum in Denver)

Student Member Spotlight: Lisa Mieskowski

Year joined: 2013

Hometown: Strongsville, Ohio

Current academic affiliation: The University of Alabama, Tuscaloosa

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

A: Now that I think about it, my introduction to Division 12/II was a bit of a "cart before the horse" situation... Shortly after starting my graduate program at the University of Alabama, I heard some of the faculty and graduate students were helping out on a membership drive for 12/II. I was bright-eyed and bushy tailed, and I jumped at the chance to help out with something related to the field of aging (even if I wasn't yet a member myself). Through contact with recent and current members of 12/II, I was reminded, in a very literal way, how clinical geropsychology is a relatively small but growing field. Seeing all those member names on paper made the concept of networking more exciting, as well as more tangible. Unsurprisingly, I joined shortly after helping with the drive.

Although I admittedly became less bright-eyed and bushy tailed as my interests in aging focused and became more specialized, I still find connecting with other professionals (with similar and dissimilar interests) in the field of geropsychology exciting. I stay in 12/II because there is always something I can learn from those who came before me, my contemporaries entering the professional sphere, and those students who come after me. Staying current on training opportunities, research, and issues relevant to clinical practice with older adults helps me maintain both a breadth and depth of knowledge in geropsychology.

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

A: My membership with Division 12/II has helped me connect to other members; especially at conferences. At APA, as well as GSA, I have attended informal and formal 12/II events. I have had the pleasure to meet (and re-meet) some of my fellow members. This gave me multiple opportunities to connect with other students in the field, faculty outside my department, and practitioners and researchers across the country. Putting a face (or faces) on the scope of opportunities and paths available to me after graduate school gave me a healthy perspective on what "next steps" I should take when applying to internship sites. I expect staying active with 12/II will help me stay current with my contemporaries and lead me toward job opportunities as well after internship and post-doc.

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

A: My undergraduate college did not have anyone specializing in psychology and aging. However, there were several researchers (faculty and graduate students) examining age-related issues who I was fortunate to work with during my time at Ohio University. My developmental coursework primarily focused on adults and the younger half of the lifespan, and I found myself increasingly drawn toward continued work with older adults. Through my involvement in various health psychology labs as a research assistant, I got to work with a database composed of older adults living with HIV and consider their cancer screening behaviors, as well as consider and explore interventions aimed at improving health and well-being in adults across the lifespan (from diabetes to access to medical/mental health care issues). Next, I sought out an RA position exploring the relationship between cognitive ability and driving performance (in a driving simulator) in an older adult sample. Later, I obtained a position working as a recruitment coordinator within a medical college's gerontology department. My interest in working in the field of geropsychology grew steadily over time, and was further solidified by a realization of how many adults would be entering the "older adult" age range in the near future.

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

A: I have been lucky to have several. At UA my formal mentor is Professor Forrest Scogin (PhD). His sense of humor, knowledge of psychology, and experience in the field of geropsychology has given me the confidence to try new and/or challenging things, as well as question what I think I think I "know." To me, a good mentor is someone who will ask you the "tough questions," but also give you the time to problem-solve things yourself before supplying you with the answer. Through my work with him, I have learned to trust in my ability to figure things out. I have also learned to value and strive for competence and quality, not perfection, while maintaining a sense of humility. I have learned a lot of things from him, but his down-to-earth attitude toward learning and teaching is perhaps the quality I most hope to carry-forward into my future career.

I have also worked closely with Dr. Rebecca Allen over the years. Although she hasn't served as my official mentor, our mutual love for coffee, community interventions (both local and in rural areas), and health-related issues in aging (from caregiving to cancer screening) brought us together almost immediately. Professionally, Dr. Allen has introduced me to researchers and practitioners across the country. She has also been instrumental in introducing me to interdisciplinary/multidisciplinary teams here at UA. Through my work with Dr. Allen, I have developed and fostered the ability to work productively as a contributing and knowledgeable team-member.

Together, my mentors equipped me with the confidence and skill to work *within* the field of geropsychology; not just as a skilled researcher and clinician, but as a contributing and *human* member of a team.

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

A: I had the opportunity to work in a geriatric psychiatric center while at UA. Working at the Mary Starke Harper Center was the first real exposure I had to working with severe mental illness. By co-leading groups, I observed how SMI and age-related changes interacted and learned how to address some of the associated challenges in an inpatient setting. By connecting with the patients there, I also learned to

recognize and work with diversity issues. Not only was I much younger than the individuals I was working with, but we often came from very different backgrounds. Working there was, by far, one of the most rewarding experiences I have had while at UA. I honed my ability to connect with people across generational, SES, racial/ethnic, gender/sex, mental health, and regional differences. I worked as part of a multidisciplinary team. I learned to accept that some issues were beyond what I could do to fix them and still recognize how I could provide meaningful help. Overall, the wisdom and generativity I found working with the patients at Harper continues to inspire and drive my interest in the providing psychotherapeutic services within the field of clinical geropsychology.

Q: Tell us about your most recent activities.

A: I am currently collecting data on my dissertation. My project focuses on well-being (quality of life) and a self-administered treatment within an adult sample. I am interested in working with adults across the lifespan who may have access to care issues (e.g., financial, geographic, availability of services) or stigma against mental health care. Therefore, I wanted my dissertation to focus on something that could be used in rural and urban areas, as well as within or outside of medical and mental health settings. My project embraces middle-age and older because I believe developing a tool for intervention that is engaging and applicable to a wide age range of adults would be provide an adaptable and attractive resource to adults aging in community settings. This year is also my final year of coursework at UA. As such, a good portion of this year was spent researching, applying to, and interviewing at potential internship sites. I am excited to see where this next stage takes me!

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

A: While I consider myself a lifelong learner, I am looking forward to shedding my student role for awhile and practicing in the field. After my internship at the Milwaukee VA, I plan to apply for postdoctoral fellowships and then pursue a career in the VA or medical center where I can work with both adults and older adults living with mental health concerns. Ideally, I hope to find a position where I can balance my passion for providing psychotherapy to adults across the lifespan with my desire to help established evidence-based treatments through research in clinical intervention. I am also interested in telemental health and better extending mental health services to rural-dwelling populations.

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

A: My hobbies and interests range from geology to the Japanese language to watching TV shows and movies (the good, the bad, and the delightfully horrible) with friends. When I have the time and resources to do so, I like to travel; especially to other countries or places of geological significance. More often, I inflict my corny sense of humor on my friends and family; enjoy the local nature by walking at least once a week at our local arboretum; and indulge myself in the occasional bout of procrasti-baking (e.g., pumpkin muffins, homemade bread, kimchi pancakes). I also have a bit of bleeding heart when it comes to animals---so no one was surprised when I befriended some stray kittens outside my apartment complex. Both of my cats were previous stray kittens in need of a home, so I am doing my best to get these critters some veterinary care. Hopefully I will find them forever homes along the way too.

Career Pathways – Kelly Carney, PhD

Submitted by Benjamin Mast, PhD, ABPP

Ben: Tell us about your current work in clinical geropsychology.

Kelly: Currently, I have the privilege to serve in a work role that is tailored to my passion and expertise, and is therefore an ideal position for me. Phoebe Ministries, my current employer, invited me to join their organization in 2012 to conceptualize, launch, manage and lead the Phoebe Center for Excellence in Dementia Care (CEDC). As the CEDC took shape, we identified three goals that guide our work: Elevate and standardize best practices in dementia care across the Phoebe continuum of services, demonstrate industry leadership in the creation and dissemination of innovative dementia care strategies and develop an array of community based services and supports for individuals with cognitive impairment and their caregivers.

In my role as Executive Director of the CEDC, I have the opportunity to work with professionals from a range of disciplines who are committed to enhancing quality of care and quality of life for older adults affected by cognitive impairment. Together, we have developed several innovative dementia care practices. Phoebe's Continuing Care Retirement Communities (CCRC's) serve as our labs as we develop new conceptual models for care, and we have been fortunate to partner with research leaders in Geropsychology and other geriatric care disciplines to investigate and disseminate the outcomes associated with our "signature initiatives". To date, we have developed new dementia care models for spiritual care, short-term rehabilitation, mental health and brain health. In addition, we have developed a myriad of resources to support the front line staff serving individuals with cognitive impairment across the disease continuing, including training, policies and procedures, tools to guide life review and cognitive assessment. , For example, we have developed a manual titled "Guidelines to Excellence in Dementia Care" that has been adopted by the Alzheimer's Foundation of America as the foundation for a training program to support their Excellence in Dementia Care certification program.

Ben: When did you decide to pursue a career in aging?

Kelly: One of the most influential experiences took place in the year after I graduated from college. I decided to take a year to engage in volunteer work before going to graduate school and joined a program called Holy Cross Associates, a one year, faith based volunteer program. My assignment as a Holy Cross Associate was with Project Linkage, a community based organization serving older adults in Portland, OR. In my role at Project Linkage, I was given a variety of administrative and fundraising tasks, but I was also charged with providing hands on service to a number of elders served by the organization. For example, each week I washed floors for a lady with a back injury, visited with an isolated gentleman who had suffered several strokes and was not able to speak, and made friendly visits to a home bound 90-year-old woman, Alice, whose only outings were to sing at a local night club every Saturday night. Alice and I enjoyed a weekly cup of tea over our visits and she shared her life story with me, as well as singing an occasional song from her night club act. Through my encounters with Alice, and all the other Project Linkage clients, I learned that I truly enjoyed working with older adults, and more importantly, I realized how richly rewarding interactions with elders can be. These folks served as the inspiration for my present career.

Ben: What were some key training experiences that influenced your current work as a geropsychologist?

Kelly: Based upon this inspiration, when I entered graduate school, I had the intention of specializing in geriatric care. Within the Doctorate in Counseling Psychology program at Southern Illinois University, each student was required to have a minor concentration. At that time, there was no minor in gerontology, so I worked with my advisor to develop a multidisciplinary minor program that incorporated classes from several other graduate departments, including public policy and health. I also sought out and engaged in clinical training and volunteer opportunities that provided me with experience in working with older adults. For example, I completed a one year practicum at a local VA hospital and served as a volunteer with our local Hospice. The training and experiences I received through my minor further solidified my desire and commitment to work with older adults.

As a result, when I applied for pre-doctoral internships, I applied only to those programs that offered a specialized track in Geropsychology. I accepted an internship at the VA in West Haven, CT, filling the only slot for a Geropsychology intern, with secondary training assignments in Health Psychology and Neuropsychology. The Geropsychology training position was supervised by a Dr. David Johnson, a psychologist who had begun his career as an activity director. As a result of his early career experiences, Dr. Johnson was vocal proponent of the benefits of community engagement and interdisciplinary collaboration in supporting the mental health of older adults. Within the Nursing Home Care Unit where we worked, Dr. Johnson had implemented a weekly "Community Meeting", during which every veteran on the unit participated, along with every single staff member on the unit, in a gathering with food, conversation and group decision making about events on the unit. During these community meetings, we observed even the most confused and isolated veterans come to life as they engaged with their peers in this gathering. On the way to one of my first community meetings, I met Dr. Margaret Drickamer, a geriatrician and the medical director of the unit. As we walked to the meeting, Dr. Drickamer pushed the wheelchair of a resident and said to me "Don't ever think you are above any task that helps a patient on this unit. We work as a team here". Drs. Johnson and Drickamer taught me two of my most important professional lessons. The helped me to appreciate the importance of interdisciplinary teamwork and the power of community and engagement in caring for older adults.

In the first decade following receipt of my license, my work roles helped me to refine my clinical assessment and treatment skills. In addition, I gained valuable insights into some of the system related issues that affect older adults and I developed the administrative and business related skills that would allow me to embark on my own path toward creating change for elders. Also, in this first decade of professional practice, I was a very busy mom struggling to balance work and home life. As a result of all these factors, these first ten years might best be referred to as the "latency" stage of my professional development. The ground work had been laid and an intellectual metamorphosis was taking place, but on an outward level, there were few remarkable accomplishments to note. I worked, I learned and I tried to make a difference in my small corner of the world, but I always knew that someday I wanted to do more.

That "something more" presented itself approximately 10 years ago when I was invited to serve on the advisory committee for the Pennsylvania Behavioral Health and Aging Coalition (PABHAC), a grass roots organization intended to provide advocacy, education and resources in support of older adults with behavioral health needs. I served on this committee for several years, eventually serving as President and ultimately hiring the first full time Executive Director for the organization to support its expansion. Following that experience, I was privileged to serve as a member of the American Psychological Association Committee on Aging. To this day, I am not entirely certain what clerical error occurred that

resulted in my appointment to CONA, but I am immensely grateful for whatever turn of events conspired to provide me with the opportunity to serve on CONA. If my first decade of professional life was the latency stage, CONA represented my coming of age. Through CONA I became familiar with the myriad factors that influence the profession of Geropsychology and the wellbeing of older adults and to participate in advocacy work on behalf of elders. Debbie DiGilio, who is the font of all Geropsychology information, was a marvelous teacher and guide, helping all of the members on CONA to share their special skills, expertise and insights in support of APA's strategic mission and the mission of CONA. My term on CONA served to orient me to the "big picture" of Geropsychology, presented me with an opportunity to work with leaders in our field and solidified my resolve to serve as a thought leader in Geropsychology on behalf of frail elders in long term care.

Ben: Any advice for students and early career psychologists interested in geropsychology?

Kelly: Working with older adults is perhaps one of the most fulfilling and personally growthful specialties one can pursue in psychology. Older people are survivors. They have a deep reservoir of experience, insight and wisdom to draw from as they encounter the challenges of life, and when we companion them at the end of their journey, we learn from them. Geropsychology is a great career for professionals who are committed both to helping others and to personal growth and evolution. As we meet the needs of elders, we learn what it is to be live life well, be resilient in the face of adversity, and value the things in life that are most meaningful at any age.

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 Elissa Kozlov (ELK2020@med.cornell.edu) or Brenna Renn (bnrenn@uw.edu).

Member News

Roni Beth Tower, PhD, ABPP - Following retirement from her career as a clinical, research and academic psychologist, she has become an author! Her memoir, *Miracle at Midlife: A Transatlantic Romance* was published in October, when she also inaugurated her blog, Life, Refracted, at *PsychologyToday.com*, Other news about her encore career is on her website.

Erin E. Emery-Tiburcio, PhD, ABPP - NEW CATCH-ON online education is available!
CATCH-ON is excited to announce the release of six new modules that focus on Alzheimer's Disease and Related Dementias (ADRD):

- Three modules on the unique needs of people with dementia during hospitalization
- Three modules on understanding and managing behavioral symptoms of dementia

Please visit CATCH-ON to enroll today! Completing each set of three modules provides 1 free CE/CME/CNE or Certificate of Completion.
You can also take CATCH-ON Basics Modules which include:

- Normal Aging: Address the changes older adults can experience with their muscle mass, vision, hearing, taste and smell, cognition, sleep patterns and metabolism.

- Evaluating Memory Concerns: Understand the process of getting a dementia diagnosis from a healthcare team and resources for addressing a family member's ongoing care-related needs.
- Working in Interprofessional Teams: Discuss the reasons an interprofessional team can provide better care for an older adult with multiple chronic conditions (MCC) and identify the roles and responsibilities of possible common team members.
- Managing Multiple Chronic Conditions (MCC): Discuss the impact and challenges of MCC and a holistic approach to treatment that prioritizes the older adult's quality of life.

Completing each 10-minute module provides .25 free CE/CME/CNE or Certificate of Completion. The modules are also available for older adults and families, and can be found here.

Recent Member Publications

Stucky, K.J., & Bush, S.S. (2017). *The Neuropsychology Fact-Finding Casebook: A Training and Study Resource*. New York: Oxford University Press.

Renn, B. N., & Areán, P. A. (2017) Psychosocial treatment options for major depressive disorder in older adults. *Current Treatment Options in Psychiatry*, *4*(1), 1-12. doi: 10.1007/s40501-017-0100-6

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Book Announcements

Nancy A. Pachana, PhD, FAPS, FASSA -
Ageing: A Very Short Introduction *https://www.amazon.com/Ageing-Very-Short-Introduction-Introductions-ebook/dp/B01LLWC6Y8*
"...discusses the lifelong dynamic changes in biological, psychological, and social functioning involved in ageing... Understanding the process of ageing is not only important for individuals but also for societies and nations if the full potential of those entering later life is to be realized."

The Student Voice

Submitted by Allison Midden, MS & Kelly O'Malley, MA

Happy Spring! It's that time of year when we begin to notice transitions, transitions in the season, the length of the day, the semester, and even our training needs. For this month's Student Voice, Allison and I wanted to share some thoughts about two of the biggest transitions we, as psychology graduate students, face at the end of our training—internship and postdoc. We formatted this entry as a Q&A between Allison and I. Having recently completed both processes, I wanted to share with you my thoughts and experiences, and some resources that may help you on your training journey, and Allison was kind

enough to share her burning 😉 questions about the whole process. We hope you find this information useful and helpful as you begin to think about your coming transitions!

Allison: How is the application timeline different? For internships, the timeline is pretty much set and the same for all sites; is that true for post-doc?

Kelly: Not really. Some fellowships (e.g., research focused postdocs) have rolling due dates; neuropsychology positions typically have earlier due dates than clinical sites because of their interview process. The due dates for clinical postdoc applications is generally later (from mid-December to early January) than internship applications (early to mid-November).

Notification day for postdoc is also different from internship. Some sites have agreed to use the Universal Notification Day (UND), which is similar to internship match day but with some significant differences: 1) You can receive multiple offers from multiple sites. 2) You can request a reciprocal offer from a different site. 3) You receive your initial offer via phone, not email. If the site you are applying to does not use the UND, it can even be possible to secure a position before UND.

Allison: How did you search for post-doc sites? What were you looking for in a site? How did that differ from what you were looking for in an internship site?

Kelly: I searched for post-doc sites using Universal Psychology Postdoctoral Directory (https://www.appic.org/About-APPIC/Universal-Psychology-Postdoctoral-Directory). This is a centralized site for postdoctoral positions, much like the APPIC site for internship. I also learned about sites through listservs (Division 20 or SCG) and kept emails from past years about postdoc positions that interested me so I could research them further when the time came.

I approached postdoc as time for me to hone and refine my Geropsychology skills and define my Geropsychology identity. For internship, I was looking to broaden my Geropsychology experience to settings and populations I was less familiar with. My interest for postdoc was to develop depth, whereas for internship I was looking for breadth.

Allison: Are postdoc interview days conducted in a similar manner to internship interview days?

Kelly: Yes, in-person postdoc interviews are surprisingly similar to internship interviews! In both cases, the format of the in-person interview can vary significantly by site; some may offer a full or half day program that includes a program interview, time for Q&A with current fellows and/or faculty, and one-on-one interviews. Other sites may only offer time for one on one interviews. One difference between internship and postdoc interviews is that postdoctoral positions offer more flexibility in the types of interview formats. For example, phone and Skype interviews can be common for postdoctoral interviews.

Allison: What materials do you typically have to submit with a post-doc application? How do they differ from internship?

Kelly: There is also no set application format (like that for internship). Some sites request a cover letter, some a personal statement, and some may request both. All will want your CV and letters of recommendation, and some may want a letter from the internship training director. It is important to

check each site's requirements and application procedures (e.g., are they using APPA CAS (see below) or other submission process) in the program brochure. If you have questions about what to submit, don't hesitate to contact the training director or track coordinator.

There is a centralized application site, APPA CAS (https://appicpostdoc.liaisoncas.com/applicant-ux/#/login), that many, but not all, postdoc sites use. This is where you can upload your materials and submit them directly to the site you are applying to.

Allison: How many post-doc sites did you apply to? How many (out of all of them, not just those to which you applied) were relevant to you and your interests?

Kelly: I applied to 5 sites; I believe 6-8 is the average. All of the sites I applied to were highly relevant to me, my interests, and my career goals.

Allison: What would you have liked to have known going into the internship application process? What about the post-doc process?

Kelly: I can't think of anything else I would have like to have known going into the internship process. For postdoc, I would have liked to have known about the different application due dates based on emphasis (research, neuro, and clinical), how quickly I would need to start thinking about and applying for postdoc one internship started, and how the process of getting offers was different.

Our lives involve many transitions that can be exciting, intimidating, and/or nerve-racking. Hopefully, this Q&A provided you with some details about two major career transitions and this information will help you to feel more prepared when it comes time for your transitions.

Research Round Up

Submitted by Allison Midden, MS

Subjective age, which is most simply defined as the age one feels, has been shown to be predictive of health and survival (Westerhof & Wurm, 2015). Though several studies have been conducted on the impact of subjective age, Bodner, Ayalon, Avidor, and Palgi (2017) identified a need for an investigation of the relationship between changes in subjective age and changes in attitudes toward one's own aging (ATOA). As attitudes can be altered, if a relationship is found, then this could present an avenue for intervention.

To investigate this question, Bodner et al. (2017) used data collected by the Health and Retirement Study, which is a nationally representative survey conducted every other year with individuals over 50 years old. They used data from participants (n = 4174, 60.4% female, mean age = 67.97 years) who completed two waves of the survey (2008 and 2012), providing responses on a psychosocial questionnaire and to a question regarding subjective age. Subjective age was measured using a single question regarding how old the participants felt and ATOA was measured using five questions from the Philadelphia Geriatric Center Morale Scale (Lawton, 1975); information on demographics, medical conditions, physical functioning, and depressive symptoms was also collected.

Changes in subjective age were balanced (i.e., consistent with the passage of time) for 24.7% of the sample; 39.1% had a relative decrease (change of less than 3 years) in subjective age and 36.2% had

an accelerated increase (increase of more than 5 years). In addition to several differences and relationships found between the groups and amongst the variables, a relationship was identified between the two variables of interest, which is the finding that will be discussed here. An increase in positive ATOA from 2008 to 2012 was associated with a relative decrease in subjective age; a decrease in positive ATOA was related to an accelerated increase in subjective age. These relationships remained significant even after controlling for covariates (e.g., socioeconomic, functioning, and health variables).

Bodner et al.'s (2017) results demonstrate that, for the majority of older adults, subjective age changes at a rate different from chronological age, supporting previous findings indicating that, in elders, there is a gap between the age one is versus the age one feels. The researchers aimed to further clarify the relationship between two aspects of self-representations of the aging process: subjective age and ATOA. They found that the two are related and simultaneously changing over time. Based on their analytical approach and use of only two time points, Bodner et al. (2017) were not able to report on the temporal order of these two variables, which is a question that future research should address. That said, their findings suggest that it is important to maintain positive ATOA and that there may be benefits to interventions targeted at improving these attitudes.

Bodner, E., Ayalon, L., Avidor, S., & Palgi, Y. (2016). Accelerated increase and relative decrease in subjective age and changes in attitudes toward own aging over a 4-year period: results from the Health and Retirement Study. *European Journal of Ageing*, *14*(1), 1–11. http://doi.org/10.1007/s10433-016-0383-2

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Committee Updates

Education and eLearning Committee Update

Submitted by Meghan Marty, PhD

Merged Education Committees:

As of January 2017, the Continuing Education (CE) Committee and Geropsychology Education Task Force have merged into one committee. Historically, the CE Committee had focused on training for licensed psychologists and the Geropsychology Education Task Force had focused on identifying and filling gaps in undergraduate and graduate training. Thus, the purpose of the Lifetime Learning Committee is to promote clinical geropsychology educational opportunities for psychology trainees and psychologists at any stage of their career. Current members of the committee include Erin Emery-Tiburico, PhD, ABPP; Michelle Hilgeman, PhD; Andrea June, PhD; and Meghan Marty, PhD. If you are interested in joining us, please contact Meghan Marty at meghan@meghanmarty.com

Society of Clinical Psychology (Division 12) CE Webinars:

Our colleagues in Division 12 are continuing to offer a series of webinars that feature speakers from each of its sections. The SCG Lifetime Learning Committee is interested in promoting offerings on aging-related content. If you are have expertise in an area of geropsychology that may also be of interest to the wider SCP community and would like to present for this series, please contact Meghan Marty at meghan@meghanmarty.com

Free CE Opportunities:

In December 2016, APA announced a new program exclusively for members, where you can earn up to 5 CE credits at NO COST as a part of your APA membership. You simply read articles of your choice from the APA *Monitor On Psychology's* "CE Corner" series and take a brief on-line test. In addition to more general topics, current available programs that may be of interest to SCG members include "Aging, with Grace" and "Competent, Affirming Practice with Older Lesbian and Gay Adults." Visit the CE Corner website for more information.

Collaborative Action Team training for Community Health – Older adult Network (CATCH-ON) continues to offer on-line educational modules for professionals, with a variety of aging-related topics, including evaluating memory concerns, normal aging, managing multiple chronic conditions, interprofessional teams, person-centered dementia care, and treatment of behavioral changes in persons with dementia. For more information, visit the CATCH-ON website or contact Erin Emery-Tiburico at Erin_Emery@rush.edu

Membership Committee Update

Submitted by Nicole Torrence, PhD & Kelly O'Malley, MA

Membership Update

- Total Paid Members: 129
- Total Paid Regular Members (including Emeritus members): 122
- Total Paid Student Members: 7

We appreciate everyone's patience as we work to standardize and streamline our membership renewal process. We are making progress in the direction and hope the new process will be in place by the time membership renewals are due for 2018. As a reminder, we now have a standard timeline for membership dues. Annual memberships expire at the end of the year and membership dues should be paid by the end of December. There is a one month grace period, but we'd like to encourage everyone to renew by the end of December. So, if you haven't renewed your membership for 2017, please follow this link (https://www.surveymonkey.com/r/12II) and renew today! If renewing by mail, please make checks payable to Kimberly Hiroto, PhD, VA Hospice and Palliative Care Center, VA Palo Alto Health Care System (116B), 3801 Miranda Avenue, Palo Alto, CA 94304.

Public Policy Committee (Joint committee with PLTC) Update

Submitted by Cecilia Poon, PhD

In addition to returning members Kelly Carney, PhD and Cecilia Poon, PhD, we welcome Alan Duretz from the PLTC (Psychologists in Long-Term Care) and student members Kelly O'Malley and Rachel Weiskittle to the PPC this year.

Kelly O'Malley is currently a pre-doctoral intern at Puget Sound VA American Lake Division in Tacoma, WA. She is this year's SCG student representative, and a student member on the Membership Committee and the Nominations and Awards Committee. She is also the inaugural student member on the VA Psychology Training Council's Administrative Committee. Kelly completed an externship at APA's Office on Aging with Debbie DiGilio, PhD in 2015, and will be starting postdoctoral residency at VA Boston this summer. Rachel Weiskittle is a fourth-year clinical psychology graduate student at Virginia Commonwealth University. She works at Piedmont Geriatric Hospital and for the Richmond Health and Wellness Program, which provides health services to underserved older adults. Both Kelly and Rachel have a strong interest in public policy and advocacy work.

Medicare LCD and PO&E links will be updated on the SCG website and GeroCentral later this month. Many of us who provide services to the geriatric and long-term care communities are connected to Medicare Part B by default. One way to help inform changes in the system is to participate in our local MAC's PO&E (Provider Outreach and Education) committees. Our PPC member Alan Duretz has been active with the Florida PO&E for years. He commented that representation of psychologists is needed to let the MACs know that while we may be small in number and small in relative cost to the system, we are not small in our desire to have our contribution recognized and respected.

The PPC is planning a brief online survey to understand SCG/PLTC members' current public policy interests and how they would like to be involved in public policy work related to older adults and caregivers.

The PPC continues to seek interested members who have public policy advocacy as an interest, and would encourage any SCG member to contact Cecilia (cepoon@nebraskamed.com) for more information about involvement on the committee.

Society of Clinical Psychology (Division 12) Update

Submitted by Victor Molinari, PhD, ABPP
Section 2 Representative

I attended the spring board meeting of SCP in beautiful Santa Fe, NM on February 4-5. There are a number of interesting issues that were addressed that have relevance to the SCG membership:

1. SCP is developing a new website, and it should be functional soon.
2. The SCP president, Michael Otto, is spearheading a task force that is addressing evidence-based treatments for mental disorders. The scheme will be transdiagnositc and will showcase topographical representations of treatments featuring length of intervention, type of intervention, and effect size. Dr. Otto has asked each specialty to begin the process of identifying the interventions that have the most evidence.
3. The SCP mentorship program is thriving under the able guidance of Michele Karel. There are now 13 APA mentors, and 37/39 mentees have been matched.
4. The Dissemination & Implementation website is up and running. Looks very good. See for yourself: https://www.div12.org/implementation/
5. The SCP president-elect's (Gary VandenBos) 2018 presidential initiative will be on violence prevention.
6. All sections of SCP are asked to encourage their section members to become full members of Division 12.
7. A clinical psychology graduate student summit is being planned at Howard University.
8. Please join the March for Science in DC on April 22!

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 board meeting minutes are available on the 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.
- 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 Elissa or Brenna.

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, VA Hospice and Palliative Care Center, VA Palo Alto Health Care System (116B), 3801 Miranda Avenue, Palo Alto, CA 94304.		