

Clinical Geropsychology News

Society of Clinical Geropsychology

APA Division 12, Section II Volume 25, Issue 2

July 31, 2018

INSIDE*

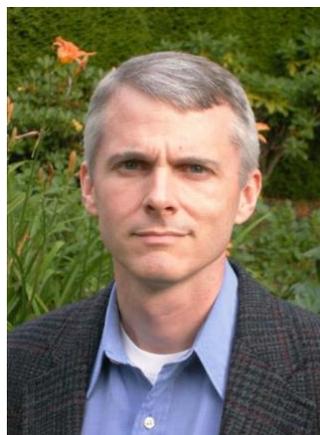
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 Please contact Elissa Kozlov at Elk2020@med.cornell.edu or Brenna Renn at BNRenn@uw.edu if you wish to comment on the contents of this Newsletter.

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

President’s Column

Doug Lane, PhD, ABPP



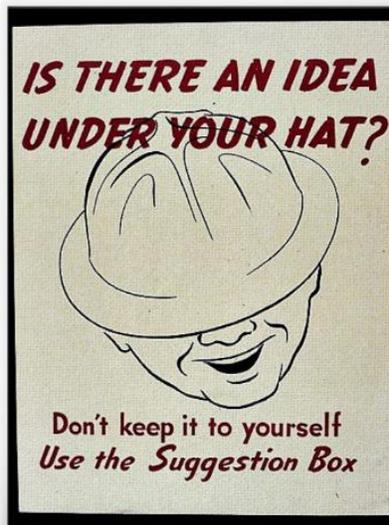
Greetings from the Board of the Society for Clinical Geropsychology! We hope that you all are enjoying your summer. We look forward to seeing as many of our members as can be there at the APA conference in San Francisco.

A major goal of the Board is to keep our Society “humming”—that is to say interesting, engaged, and always looking for new ways to explore and promote geropsychology and gerontology. But, our Society is far more than Board members—it is each member comprising it.

So! We are inviting any feedback, suggestions, comments, or musings that any member might have, as we work to make our Society better and better.

There are multiple ways to connect and submit feedback:

- 1) E-mail a Board member.
- 2) Join us for the presentation of the Society’s **Lawton Award to Dr. Michele Karel**, Thursday August 9th from 10:00-10:50 a.m., 306 Moscone Center.
- 3) Join us at the **Society Business Meeting**, Thursday August 9th from 3:00-4:00 p.m., Division 12 Hospitality Suite. As part of this time we will be presenting awards to multiple Society members.
- 4) Join us at the **12/2 Diversity Committee event** Saturday August 11th from 9:00-9:50 a.m. in the Division 12 Hospitality Suite.
- 5) Volunteer! If you have an issue or topic of interest, very likely we have someone working on that as well who would love your involvement.
- 6) Catch up with us at some of the aging-specific course offerings at the APA convention in San Francisco. The link below will take you to a nice summary of these from the APA Office on Aging: <http://www.apa.org/pi/aging/convention-sessions.pdf>.



We are not a “we” without you!

Call for a Student Representative!

The Society of Clinical Geropsychology is looking for a new student representative to serve a two-year term starting Fall 2018. We are interested in hearing from graduate students with a strong commitment to aging and clinical geropsychology.

To learn more about what SCG student representatives do, please see the Student Representative column in this newsletter or contact Kelly O’Malley (kelly.omalley@va.gov). If interested in being considered for this role, please contact President Doug Lane (douglas.lane@va.gov).

Comments from the Editors: Brenna & Elissa



Welcome to the peak of summer in the Northern Hemisphere! Students and those in academic settings are likely enjoying a slower pace, while interns and postdoctoral fellows are gearing up for their new placements. Hopefully the rest of us are enjoying some much needed vacation.

Regardless of where you are, we hope you're taking some time to enjoy the slower pace that comes with warm weather. However, if you're attending APA this August, remember that

Mark Twain once said, "The coldest winter I ever spent was a summer in San Francisco." Bring layers to stay comfortable at the conference, and check out the APA events featured throughout this newsletter—we'd love to see you at some SCG events in San Francisco! A special congratulations to our 2018 SCG Awards winners (see below) who will be honored at the Society Business Meeting.

As always, we are interested in hearing from you about how this newsletter can better serve the SCG community. If you have any suggestions or recommendations, please email us at any point at ELK2020@med.cornell.edu or BNRENN@uw.edu

Congratulations to our SCG Award Winners!

Congratulations to one of last year's award winners, **Nancy Pachana, PhD, FAPS, FASSA, 12/II President Elect, Excellence in Gerodiversity!**



(from left to right) Nancy Pachana, PhD, FAPS, FASSA, 12/II President Elect, receiving her 2017 SCG award plaque for Excellence in Gerodiversity. Presented by Dr. Sherry Ann Beaudreau on July 18, 2018 in Brisbane, Australia. Also pictured, Dr. Alan Pegna from the University Queensland.

Congratulations to all of the 2018 Award winners!

The Society of Clinical Geropsychology congratulates this year's award winners! Please join us at the SCG Business meeting at the APA Convention in San Francisco for our Awards ceremony to honor these recipients.

M. Powell Lawton Award for Lifetime Achievements in Geropsychology

Dr. Michael (Mick) A. Smyer, PhD

Professor of Psychology at Bucknell University in Lewisburg, PA
(also the very first President of SCG!)

Distinguished Clinical Mentorship Award (2 Awardees)

Dr. Martha R. Crowther, PhD, MPH

Professor & Interim Associate Dean in Community Medicine & Population Health
Family, Rural, and Internal Medicine
College of Community Health Sciences in Tuscaloosa, AL

and

Dr. Julia E. Kasl-Godley, PhD

Adjunct Faculty, Wright Institute
Staff Psychologist, CHE Behavioral Health Services
Psychologist Consultant, VA Palo Alto Health Care System

Todd "TJ" McCallum Gerodiversity Award for Excellence in Gerodiversity

Psychologist Award: Dolores Gallagher-Thompson, PhD, ABPP

Professor Emerita, Department of Behavioral Sciences, Stanford University School of Medicine,
Stanford, CA

Student Award: Hillary Rose Dorman, MA

Doctoral Student, University of Alabama, Tuscaloosa, AL

Student Paper Award

Matthew J. Wynn, BS

Doctoral Student, Washington University in St. Louis

*"Discourse Features Among Providers, Patients, and Companions and Their Effect on Outcomes of
Dementia Diagnosis Disclosure"*

Honorable Mention: Christine Juang, MA

Psychology Intern, VA Palo Alto Health Care System

"Understanding the Mechanisms of Change in a Lifestyle Intervention for Older Adults"

Member Spotlight

Full Member Spotlight: J. Shep Jeffreys, EdD, FT, CGP



Year Joined Society of Clinical Geropsychology: Not sure but it was a while ago...

Hometown: Columbia, MD

Current Professional Titles and Affiliations: Licensed Psychologist, Clinical Director, Loss and Grief Unit, The Family Center, Columbia, MD; Assistant Professor, Psychiatry and Behavioral Sciences, Johns Hopkins School of Medicine; Affiliate Assistant Professor, Pastoral Counseling, Loyola University Maryland; Department of Psychiatry, Howard County

General Hospital; Medical Ethics Committee, HCGH; Educational Affairs Committee, Maryland Psychological Association

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

1) Elders have many pre-death losses; 2) They represent the largest segment of our population in annual deaths; 3) Spouses and families of the chronically/terminally ill elders frequently need well trained grief therapists *both before and after death occurs*.

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

Membership provides me with additional information resources.

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

I have been receiving client referrals increasingly from the elder population and their families. Elders make up over 70% of the total annual deaths in the U.S.

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

My 12 years doing *Life, Death and Transition Workshops* with Elisabeth Kübler-Ross throughout the US, Canada and overseas. Also, my 12 years as Consulting Psychologist in the Johns Hopkins AIDS Service.

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

Dr. Kübler-Ross was a strong believer in the *Externalization* of stored pain and unfinished business. This has been an important part of my clinical work.

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

I see grief and loss clients from what might be called "usual and customary grief response" to more complicated, traumatic grief responses to loss. I have been teaching a graduate level *Loss & Bereavement*

course at Loyola University Maryland for the past 23 years. I have been doing a series of lectures for psychiatric residents on loss and grief in the General Hospital Psychiatry Division, Johns Hopkins Hospital for 30 years. I continue to train colleagues at The Family Center, and in various professional workshops in the area. I am a *Fellow in Thanatology, Association For Death Education and Counseling (ADEC)*. *Certified Group Psychotherapist, (CGP) American Group Psychotherapy Association.*

Q: Tell us about your most recent activities.

I established a grief group for women who have lost their life partners, led by one of my trained colleagues. We will soon offer a program for bereaved children, *Tears and Smiles*, led by other trained colleagues in The Family Center. I have also begun revising the second edition of my text: *Helping Grieving People --When tears are not enough* (Routledge, 2011).

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

Every one of my elder clients is a memorable experience. No two are the same and I am constantly amazed at the resilience of most elders.

Q: Do you have any tips for emerging geropsychologists?

Listen, listen and listen some more. Develop that close therapeutic alliance connection and be sure to take a hard look at your own loss history and aging process.

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

Working with community families and non-elder clients as well. Opera, Classical and Blue Grass Music. Writing. Out in nature. Watching certain stand-up comics. My wife, children and my grandchildren are my constant loves.

Student Member Spotlight: Victoria Liou-Johnson, PhD



Year joined Society of Clinical Geropsychology: Either 2013 or 2014

Hometown: Ann Arbor, MI /Saratoga, CA

Current affiliation: Postdoctoral Fellow at VA Pacific Islands Healthcare, Honolulu, HI (former doctoral student at Pacific Graduate School of Psychology at Palo Alto University, Palo Alto, CA)

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

Having had a gero focus through my master's and then my doctoral programs, I wanted to become more involved in professional groups with an older adult focus. During the second year of my doctoral program, I had the opportunity to become a member of the board as the Webmaster and Listserv moderator and jumped at the chance!

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

I have been given the opportunity to connect with the leaders of our field and learn about new and exciting research happening! I have had the opportunity to learn about other professional organizations in the gero field, which I have also become a part of, and I've also had several research and publishing opportunities because of SCG! SCG has been so impactful on my professional development and experiences.

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

It started very early in life for me, probably due to the fact that my grandparents were a large part of my life and helped to raise me, since my mother was a single professional parent. My grandmother was the charge nurse in a nursing home/skilled nursing facility and worked in the locked dementia floors. I spent my summers going to work with her and was fascinated that all of these people had "organic brain syndrome" (that term probably dates me, haha!) but had very different presentations. Having this experience early in life also made me comfortable in being around older adults, seeing the value in working with them, and becoming passionate about older adult issues. My curiosity about the different types of dementia really inspired me to pursue a career in gero-neuropsychology, which later became of personal salience when my grandmother - the same one who worked in dementia wards - was diagnosed with Alzheimer's.

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

I would say my grandparents were my first mentors, but professionally speaking, past-past SCG President, Dr. Sherry Beaudreau, and Dr. Joel Kramer have been instrumental in my trajectory in neurogeropsychology. I joined Dr. Beaudreau's lab at VA Palo Alto in my second year as a doctoral student; she was the one who alerted me to the board position with SCG. Dr. Beaudreau went on to become my dissertation chair and has continued to be a good sounding board for any issues and questions that I've had. Dr. Kramer was my supervisor at the Memory and Aging Center at UCSF in both clinical and research work. He has been a big factor in challenging me to continue learning, but also while demonstrating that the "psychologist" part of neuropsychologist really comes first.

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

Of course, all of my work with my patients is memorable. One that really stands out for me was my first long-term, older adult, therapy patient. She actually came to me as a neuropsychological assessment patient, referred by the therapist who she had been seeing intermittently for several years. I was lucky enough to be able to work with her individually for 1.5 years, simply due to the fact that I was a neuropsychology extern, so I was not required to carry the same therapy caseload as everyone else. The patient had struggled with bipolar disorder, anxiety, and chronic suicidality. Through our work, she finally got rid of her "plan" and "means" after 40+ years of having it readily available "just in case" things got worse. She was able to reconnect with her son and make amends with her daughter-in-law after 10 years of having a contentious relationship, which spawned from a simple misunderstanding and "mind-

reading.” Oh, and, she did not have dementia! I’m thankful that I was able to work with her for so long on an almost weekly basis!

Q: Tell us about your most recent activities.

Currently, I’m working as a postdoctoral resident at the VA Pacific Islands Healthcare System in Honolulu, Hawai’i. I am in the PTSD outpatient clinic, as well as being the neuropsychology resident. The first part of the year, I worked in the Community Living Center, which has short- and long-term care for disabled Veterans of all ages, but the majority of the population is older adults. I worked primarily with the long-term patients who were on hospice, but also conducted neuropsych evaluations while there. Now, my neuropsych evaluations are more typical outpatient referrals from providers in our station.

I also recently presented at AAGP on two case examples of older adult substance use treatment from the University of Colorado’s Center for Dependency, Addiction, and Rehabilitation; I was at the University of Colorado School of Medicine for internship. I still maintain research affiliation with UCSOM and am hoping to be able to analyze some outcome data from on older adults who have been in treatment at CeDAR and present those findings at another conference and/or write it up for publication. Not surprisingly, there isn’t much research on older adult substance treatment, despite it being a growing problem.

Q: Looking forward, what are your plans after postdoc?

I’m dealing with some health issues right now, which make it difficult to predict how things will go the rest of this year. However, the good news is that I have a few different offers and options for the next steps, but I just don’t know which one(s) will be best at the moment.

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

I have three kids at home, one who will be graduating from high school in a couple of years. All of my kids swim competitively, so most of my off-time is spent at swim meets with them. When we’re not at swim meets, we spend a good amount of time being active outdoors, usually in the water: surfing, paddling, swimming, diving, and/or spearfishing. We do also enjoy hiking, exploring, and spending time with family and friends. My other hobbies include reading (mostly listening to audiobooks during my long commute these days), horseback riding, playing tennis, photography, and painting.

Special Column: Student Opinion

Choose Your Own Adventures (Reflections on Postdoc)

Submitted by Kathryn Phillips, MS

In two weeks, I am taking the exciting next step in my training to pre-doctoral internship. While this is certainly an accomplishment to savor, I know that questions about what comes next will soon begin. I am in a PsyD program with a clinical emphasis, and throughout my training so far, completing a post-doctoral fellowship (post-doc) following an internship has typically been emphasized as the main

objective. A recent experience, however, highlighted the different professional paths that exist, and the internal debate trainees may have as they make decisions about the next step in their journey.

Earlier this year, my friends in our graduate cohort were texting with each other as we celebrated their matches to their first- or second-choice postdoctoral fellowship positions. However, one friend in our group made the decision that a post-doc was not the right choice for her and did not apply to any fellowships. I reached out to offer support as I had been in a similar situation last year when I made the decision to delay applying to internship. She was grateful that I had reached out and a part of her response highlighted for me that there are differing paths we can take on the way to becoming psychologists. She noted, “It feels weird to be going in a different direction than the people I’ve been on this path with for so long. But I would be unhappy just picking a post-doc just to have one.” I realized in this moment that I had been judging her choice and was concerned for her future, because I never stopped to consider that a post-doc is not a required step for everyone. Part of our professional development from student to intern to psychologist is the ability to think for ourselves and become increasingly independent from our advisors and mentors so that we may in turn someday advise and mentor others. It was a bold move my friend took to deviate from that path, but she is an intelligent, capable person who knew that there are other options.

When considering whether to complete a post-doc, and what sort of position to apply for, trainees have several options. Those focused on research and teaching may be able to step directly into a formal academic position without a post-doc. Yet it can be beneficial to have continued training and opportunities for publications and networking that a formal post-doc can provide. Students focused on clinical work may certainly benefit from the continued supervised hours in their path to licensure. Notably, certain states require post-doctoral experience for licensure for clinical psychologists, whereas others do not. In the long-term, psychologists may seek board certification, and the structured training and continuing supervised hours of a post-doc can help meet the necessary requirements to become a member of ABPP. It is imperative for students to take time to consider their short and long-term goals and design a post-internship plan that will meet these goals.

I am pursuing my PsyD, and thus my point of view is from a clinical perspective with an end-goal of being licensed to practice. I also see myself as a Geropsychologist, and thus a post-doc makes sense for me (especially knowing that I would like to achieve board certification in this specialty going forward). I know that I would do well to have further supervised training and experience as I continue the steps from student to professional. Specifically, it can be difficult for students to obtain formal, expertly supervised training in geropsychology while still at the practicum student level. Completing a specific geropsychology post-doc will allow me to continue to train in this clinical specialty. I think, however, that it is important for students to realize that though there are guidelines and suggestions, there are no rules. Part of what enriches our field is the incredible diversity of thought and experience. We should not do things just because we are “supposed to” or because it is what we perceive that everyone else does. Bravery and innovation drive positive changes as we move forward as a field and discipline.

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 & Awards

Paula E. Hartman-Stein, PhD will be honored at the upcoming APA Convention with the **2018 APA Award for Distinguished Professional Contributions to Independent Practice**. Dr. Hartman-Stein's address is on Saturday, August 11th, 1-1:50 pm, entitled *Practice of Geropsychology: An Early Leader in Integrated Care*. Dr. Hartman-Stein is a geriatric mental health consultant, Medicare correspondent for *The National Psychologist*, and Past President of SCG.

Meghan Marty, PhD, a licensed clinical psychologist (and SCG Board Member) in private practice in Portland, OR would like to invite you to consider participating in an on-line clinical peer consultation group, designed for clinicians who primarily work with older adults and their families. Meetings will be held via HIPAA-compliant on-line video chat, at no cost to participants, and are expected to take place monthly. Exact days and times for the meetings will be determined by group participants based on their availability. Indicate your interest in participating by contacting Dr. Marty at meghan@meghanmarty.com no later than Wednesday, August 1st and she will send you additional details once the deadline passes.

Recent Member Books & Publications

Beaudreau, S. A., Gould, C E., Mashal, N. M., Huh, J. W. T., & Fairchild, J. K. (in press). Application of problem solving therapy for late-life anxiety. *Cognitive and Behavioral Practice*.
<https://doi.org/10.1016/j.cbpra.2018.05.003>

Eades, A., **Segal, D. L.**, & Coolidge, F. L. (in press). Suicide risk factors among older adults: Exploring thwarted belongingness and perceived burdensomeness in relation to personality and self-esteem. *International Journal of Aging and Human Development*.

Harpur, P., Bronitt, S., Billings, P., Verreynne, M-L., & **Pachana, N.A.** (2018). Regulating 'fake' assistance animals – A comparative review of disability law in Australia and the United States. *Animal Law*, 24(1). Available at SSRN: <https://ssrn.com/abstract=3157434>

Kozlov, E, Cai, A, Sirey, JA, Ghesquiere, A, & Reid, MC (in press). Identifying palliative care needs among older adults in a non-clinical setting. *American Journal of Hospice and Palliative Medicine*.

Kozlov, E., & Reid, MC. (in press) Developing mHealth applications for older adults with pain: Seek out the stakeholders! *Pain Medicine*.

- Renn, B. N.**, Hundt, N. E., Sansgiry, S., Petersen, N. J., Kauth, M., Kunik, M. E., & Cully, J. A. (2018). Integrated brief cognitive behavioral therapy improves illness intrusiveness in veterans with chronic obstructive pulmonary disease. *Annals of Behavioral Medicine*, 52(8), 686-696. doi: 10.1093/abm/kax045
- Renn, B. N.**, Pratap, A., Atkins, D. C., Mooney, S. D., & Areán, P. A. (2018). Smartphone-based passive assessment of mobility in depression: Challenges and opportunities. *Mental Health and Physical Activity*, 14, 136-139. doi: 10.1016/j.mhpa.2018.04.003
- Roth, D. L., Brown, S. L., Rhodes, J. D., & **Haley, W. E.** (2018). Reduced mortality rates among caregivers: Does family caregiving provide a stress-buffering effect? *Psychology and Aging*, 33(4), 619-629. doi: 10.1037/pag000022
- Smith, R. W.**, Altman, J. K., **Meeks, S.**, & **Hinrichs, K. L.** (in press). Mental health care for LGBT older adults in long-term care settings: Competency, training, and barriers for mental health providers. *Clinical Gerontologist*. Available at: <https://www.tandfonline.com/doi/full/10.1080/07317115.2018.1485197>
- Yen, J.** (June 2017). Intergenerational Dialogue. In I.I. Silverman & E.B. Siegal, *Aging Wisely... The Wisdom of Our Elders* (pp. 173-176). Burlington, MA: Jones & Bartlett Learning.

Member Presentations at APA

- Poster [Session 2074]: Gould, C. E., Loup, J., Ma, F., Kuhn, E., Wetherell, J. L., Goldstein, M. K., Beaudreau, S. A., & O'Hara, R. Older Veterans' Technology Ownership and Preferences for Technology-Delivered Interventions. On Friday 8/10 from 9:00 to 9:50am.
- Symposium [Session 3253]: Veteran Mental Health and Functioning---Lifespan Perspectives and Evidence-Based Approaches. Chairs: Sherry Beaudreau & Christine Gould (co-chair). On Saturday 8/11 from 12:00-12:50 PM in Moscone Center/ Room 154 Upper Mezzanine-South Building. 12-II members Sherry Beaudreau and Michelle Hilgeman will be presenting.

The Student Voice

Submitted by Meghan McDarby, MA & Kelly O'Malley, PhD

Summer can be a great time of year. Many of us have a well-deserved break from a full class schedule and find ourselves with an abundance of time to dedicate to research and writing (my personal favorite!).

While summer is a great time for catching up on things that fell to the wayside, the break between semesters can also be a fantastic time to explore gero-volunteer activities. For this issue's column, we asked two students interested in aging to describe their volunteer experiences with older adults. We hope that their perspectives will offer insight into how volunteering might enhance your work with older adults.

GRADUATE STUDENT PROFILE:

Matthew Wynn is a third-year PhD student at Washington University in St. Louis. His research focuses primarily on the psychosocial effects of dementia and dementia diagnostic disclosure on people with dementia and their caregivers. He is broadly interested in learning what community-dwelling older adults know about dementia and studying efforts to increase awareness and knowledge.

Meghan: How did you decide that volunteering was something that you wanted to do in addition to your other demands as a graduate student?

Matt: When I started graduate school, I was spending a lot of time in front of the computer. I really missed the face-to-face interactions with people with dementia and caregivers. It was these interactions that strengthened my desire to work with this population and gave my work a sense of value. I decided that volunteering with the Alzheimer's Association, and facilitating support groups, would give me the opportunity to give back to the population I serve while maintaining the interactions that drew me to the field in the first place.

Meghan: Compared to other experiences you've had with older adults before, how would you say that your experiences leading these support groups have been similar or different?

Matt: The atmosphere is less formal than my previous work. I feel much less like a "professional" who they might look to for recommendations and more like a friend who they can talk to about the changes in their life.

Meghan: How has volunteering with the Alzheimer's Association added to your academic and clinical experiences as a graduate student?

Matt: I find that, sometimes, when you are doing research it is easy to get lost in the data. You start to view people as subjects and think about their emotions like numbers on a Likert scale. I always find my volunteering to be a great reminder that behind the data are real people and their day-to-day lives and challenges are much more complex than I think. This work really helps bring me back into reality, gives me some perspective from which to view my research, and adds clarity to my clinical work.

Meghan: Has it been difficult to balance your time working as a volunteer with competing school and personal demands?

Matt: I have not found it difficult balancing my volunteer time because I really do view it less as work and more like a social opportunity. It's also only once per month, but it still feels like I am contributing something to the Alzheimer's community.

Meghan: In what ways has your volunteer work shaped your work older adults in the clinical and research settings?

Matt: My volunteer work has certainly reinforced the idea that I am working towards the right goal and the right career for me. Meeting with my group every month and hearing about their lives, really gives me a sense of purpose and an accompanying sense of joy. Especially on days when I am tired before the meeting and maybe am not looking forward to it. When I leave those sessions, I feel I was helpful in some

way to someone who is so deserving of support. It really makes me proud to be on the path to becoming a clinical geropsychologist.

UNDERGRADUATE STUDENT PROFILE:

Erin Grohe is a senior at Cornell University. She is the activities coordinator for a campus student organization that organizes weekly visits to skilled-nursing and assisted-living communities. She has been involved with the organization since her freshman year and has been organizing the weekly visits for the past two years.

Meghan: How did you become interested in aging?

Erin: It likely stems from the close relationship I have with my grandparents. We actually talk on the phone twice daily. They are some of my best friends and my role models.

Meghan: What is it like to be a young person working with older adults?

Erin: I think for a lot of people, working with [older adults] is unappealing or intimidating. They worry that there will be nothing for them to talk about, or that they have nothing to relate to. Honestly, I have had some of my most insightful learning lessons and life discussions with the older residents I work with. It is with this knowledge that I work to spread awareness of ageism on campus and to counter ageism in the community.

Meghan: What have you learned about yourself from working with older adults?

Erin: I think working with older adults really forces one to examine their current way of life and hopes for their own future. I cannot tell you the number of times the shared experiences and stories has made me question my life. [It] helps me realize what I would want *my* stories to be when I'm their age.

Meghan: Do you find that it's different to learn about older adults in the classroom versus in real life settings?

Erin: [Classes] paint a more removed, one dimensional image of the aging process. Although we discuss inherent differences in the classroom, nothing could compare to the magnitude of variance in physical, cognitive, and social differences actually witnessed in a geriatric setting.

Meghan: How would you say that your experiences volunteering with older adults have been different from other volunteering activities, and what would you say to other students who are thinking about pursuing volunteer opportunities related to aging?

Erin: In each of my other volunteer experiences, I serve the role of mentor; in the context of volunteering with older adults, I am actually the one receiving mentorship. One major pull for volunteering with older individuals is the wealth of personal learning it can provide and the opportunity to form and grow a valuable and mutually beneficial friendship over the course of one's college career- who wouldn't want that.

P.S. Stay tuned for an announcement about the SCG Student Social at GSA in Boston this November! Details to follow in our fall column.

Diversity Column

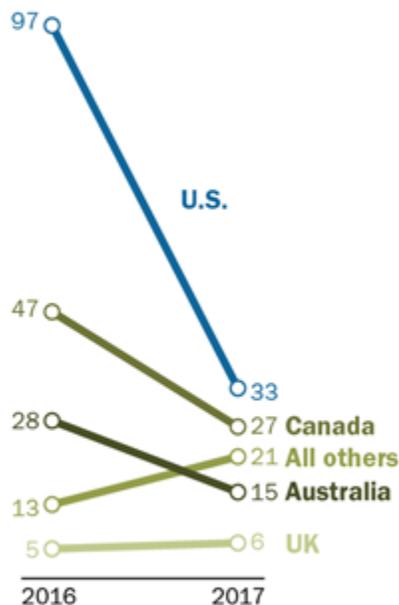
UPDATE ON INTERNATIONAL DIVERSITY

Submitted by Katie Johanson & Nancy A. Pachana, PhD, FAPS, FASSA

Refugees & Migrants

Many top nations resettling refugees saw decreases in 2017

Number of resettled refugees, in thousands



Source: Pew Research Center analysis of United Nations High Commissioner on Refugees data, accessed June 27, 2018.

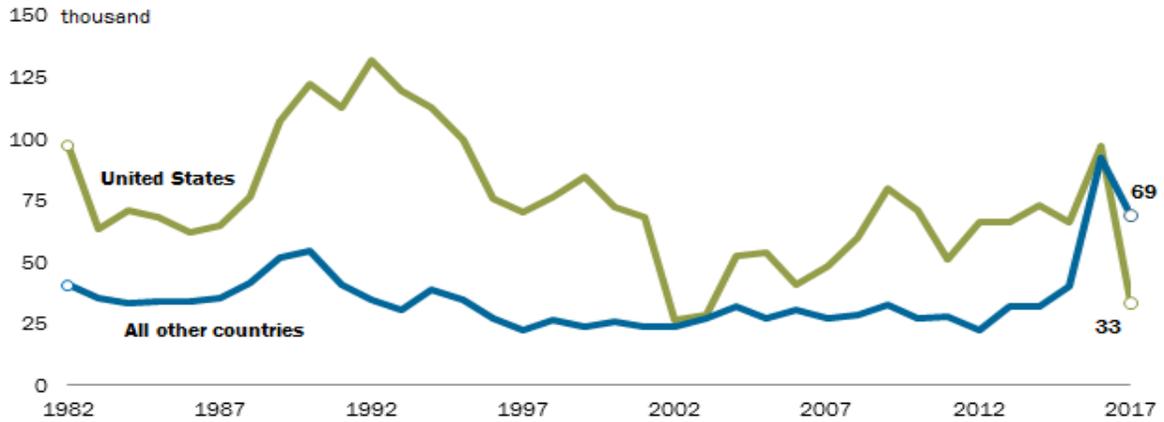
PEW RESEARCH CENTER

- Within the past 40 years, the United States has taken in approximately 75 percent of the world's refugees – until 2017, in which the U.S. took in fewer refugees than other countries combined since 1980 (Connor & Krogstad, 2018):
 - United States: 33,000
 - Canada: 27,000
 - Australia: 15,000
 - United Kingdom: 6,000
- Refugee stats (Connor & Krogstad, 2018):
 - Over half are from Syria/the Middle East/North Africa
 - Most of the remainder come from sub-Saharan Africa and Asia
- Recent political action by the Trump administration is estimated to make 2018 the lowest year for refugee resettlement in the U.S., particularly among the Muslim population (Connor & Krogstad, 2018)
- The mental health issues of displaced persons, including older refugees and migrants, have been widely recognized.
- APA has important resources to reach out to and assist this group:

<http://www.apa.org/monitor/2017/07-08/sanctuary-sidebar.aspx>

Number of refugees resettled in the U.S. falls below total from the rest of the world for the first time in 2017

Number of resettled refugees worldwide, in thousands



Source: Pew Research Center Analysis of United Nations High Commissioner on Refugees data, accessed June 27, 2018

Migration is an expanding global reality.

Migrants have grown from **2.8% to 3.4%** of the world's population.

The number of international migrants has **grown by 49%** since 2000.

International cooperation is essential as migration will most likely continue to increase.



Find out more:
<http://refugeesmigrants.un.org/migration-compact>
 Source: Report of the Secretary-General, *Making Migration Work for All*, 12 December 2017

There have been a number of recent excellent review articles on therapeutic approaches with refugees and asylum seekers, including with respect to PTSD (Thompson, Vidgen & Roberts, 2018), and cultural issues and mental health (Kartal and colleagues, 2018).

Attendant ethical issues have also received notice; an excellent article reviewing primary ethical issues and how to negotiate them was recently published by Singer and Fuentes (2018).

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- <https://refugeesmigrants.un.org/infographics>
- <http://www.apa.org/monitor/2017/07-08/sanctuary-sidebar.aspx>

Calling any and all psychologists interested in AGING, DIVERSITY, and INTERNATIONAL NETWORKING!

Join members of 12/II and other geropsychology colleagues for discussion, networking and planning on understanding and addressing the diversity of older adults, and increasing diversity and international outreach within our Society of Clinical Geropsychology.

WHEN: 9:00-9:50 a.m. on Saturday August 11th

WHERE: Division 12/II hospitality suite, Marriot Hotel (APA Conference Hotel)

NOTE: check hotel lobby for exact room location!

International colleagues particularly welcome.

You DO NOT need to be a member of our Division, or even a member of APA, to attend.

Special Section: Survey of ABGERO Members

Diversity among Board-Certified Geropsychology Specialists: Results of the 2017 ABGERO Survey *Submitted by Michelle E. Mlinac, PhD, ABPP, Shane S. Bush, PhD, ABPP, Victor A. Molinari, PhD, ABPP, & Adrian N. S. Badana, MPH, CPH*

On behalf of the American Board of Geropsychology, we wanted to share the results of a survey of ABGERO members we conducted in November 2017. This survey was part of broader efforts that ABPP as a whole is undertaking around these issues. We wanted to share these results with SCG members as they dovetail with ongoing efforts by SCG around geropsychology workforce development and gerodiversity.

Introduction

The importance of understanding diversity issues is well established and is considered a foundational competency in psychology in general (American Psychological Association [APA], 2017), in geropsychology specifically (APA Committee on Aging and its Working Group on Multicultural Competency in Geropsychology, 2009; Karel et al., 2015; Tazeau, 2011). Diversity is a broad concept that has at its core one's personal identity. As stated in APA's (2017) multicultural guidelines, "Psychologists strive to understand the need to become acquainted with aspects of identity... Identity has been thought to develop across contexts and time, and is shaped by cultural influences including age, generation, gender, ethnicity, race, religion, spirituality, language, sexual orientation, gender identity, social class, ability/disability status, national origin, immigration status, and historical as well as ongoing experiences of marginalization, among other variables" (p. 16).

Diversity in the geropsychology workforce fosters an understanding of the diverse older adult patient population and helps to ensure that older adults and their caregivers are able to access services that appreciate and reflect their own personal identities. Surveys have been conducted to determine the diversity of board certified specialists (Morris et al., 2012; Frost et al., 2018); and members of the Society of Clinical Geropsychology (SCG; APA Division 12, Section 2) (Hosseini, Johanson, & Rideaux, 2016)). The purpose of the present survey was to determine diversity among geropsychologists who are board certified by the American Board of Geropsychology (ABGERO), and to solicit their input around ways that ABGERO can promote inclusivity. The study reflects ongoing efforts to better meet the needs of both ABGERO specialists and the older adults that we serve.

Methods

In October 2017, the ABGERO Diversity Committee surveyed the 60 ABGERO diplomates about their demographics and ways that ABGERO can support efforts in diversity and inclusivity across geropsychology as a whole. These efforts are part of a broader initiative by ABPP as a whole to foster representation and inclusivity across the specialties. The current efforts also build on similar initiatives from geropsychology professional organizations such as SCG.

Results

The online survey received a high response rate (47 respondents out of 60 ABGERO diplomates, 78%). Demographically, 81% of respondents were between ages 35 and 64, with 15% of respondents being age 65 or above and 4% under age 35. With regard to gender identification, 64% identified as female and 36% identified as male; no respondents identified as transgender or reported another identification. With regard to self-identified ethnicity, 92% identified as Caucasian, while 8% identified as multi-racial or other. All respondents indicated they were US-born and that their first language was English. With regard to sexual orientation, 89% identified as heterosexual, while 9% identified as bisexual and 1% as gay. Forty percent of respondents endorsed being religious, 38% indicated they were “spiritual, but not religious”, the remainder endorsing being agnostic, atheist, or other. Among those self-identifying their religion, a majority (78%) indicated they were Christian, while the remaining represented other faiths including Judaism and Buddhism. Nine percent of respondents indicated they were active duty military members or veterans. Six percent of respondents reported having a disability.

Regarding education, credentialing, and work setting, 87% of respondents held Ph.D. degrees, while the rest of the respondents held Psy.D. degrees. Just one respondent began the ABPP application process through the Early Entry program. There was a relatively even split between those who did the Senior Option (46%) compared to those who did not (54%). Nineteen per cent of respondents reported being board certified in an additional specialty, most commonly Clinical Psychology. Respondents were asked to indicate all the locations in which they practice - 45% work in urban settings, 20% in rural settings, and 35% in suburban areas. A rough breakdown of United States (US) geographic regions yielded more providers practicing in the northeast/mid-Atlantic region (36%) and the west (including Alaska and Hawaii), while 16% practice in southern states and 14% practice in the Midwest. Regarding primary areas of practice, respondents endorsed a wide variety: Academia (29%), Veterans Affairs (VA) settings (community living centers 20%, Home-Based Primary Care (9%), other VA 16%), non-VA hospital/clinic 11%, and just 2% in non-VA long-term care settings.

Review and Recommendations

The demographics of the respondents appear similar to the gerodiversity membership survey conducted by SCG in 2015, which had 62 respondents from its membership (Hosseini et al., 2016). We expected considerable overlap between group members. Respondents to the current survey provided open-ended feedback which related to several themes: (1) age as an important diversity consideration that can commonly be overlooked outside geropsychology (both in terms of clinical care, and with regard to older psychologists); (2) the importance of developing a geropsychology workforce that is competent to treat individuals with different backgrounds, life experiences, and identities; (3) the need to problem-solve regarding barriers to entry for persons from underrepresented groups; and (4) the need to support multiple pathways to geropsychology competence. Respondents also identified the following ways to broaden efforts to strengthen the geropsychology workforce:

- (1) **Publicity and Marketing:** Promote continued recognition within ABPP and externally that an understanding of issues associated with aging is an important part of competent practice. Frame aging in a meaningful way with regard to diversity issues, and recognize that working with older adults requires thinking about historical/cultural factors, lifespan development, economic circumstances, and health/functional status, among others factors.

- (2) **Recruitment in Educational Contexts:** Prime the geropsychology and ultimately ABGERO pipeline, Increase outreach to individuals at all levels from grade school through graduate school and to those currently practicing. Give presentations to primary/secondary school students about geropsychology, including schools in which psychology may not be a traditional career path. Presentations might also be given to those coming from other areas of the workforce (e.g., veterans, certified nursing assistants, nursing/social work students). Connect with those who have a reported or demonstrated interest in aging, particularly those interested in working with underserved and otherwise diverse populations.
- (3) **Recruitment within Psychology:** Highlight geropsychologists with non-traditional career paths (who may be more likely be from underrepresented groups) in recruitment efforts. Other recruitment activities might include sponsoring a social hour at APA; reaching out for collaborative education with other groups of psychologists representing minority groups (e.g., seminars on cross-cultural aging); writing articles on aging for non-geropsychology audiences; advertising in journals, on listservs, and at conferences that reach new audiences (i.e., expanding beyond typical geropsychology groups).
- (4) **Leadership:** Include representation of geropsychologists from diverse backgrounds in ABGERO leadership and board activities.
- (5) **Mentorship:** Provide mentorship across training levels and to ABGERO candidates specifically, particularly to psychologists who may not have had a typical geropsychology training path. Thinking flexibly about how those individuals can achieve competence in geropsychology and become board certified in geropsychology through ABPP.
- (6) **Financial Support:** Problem-solve about financial barriers to professional competence and board certification in geropsychology, including the cost of graduate school, cost of ABPP exam, and reimbursement issues. Financial support through scholarships, small grants to support research and practice activities with underserved older adults, and networking with existing organizations and activities (e.g. NIA Minority Aging Initiatives).

Conclusions

The survey of ABGERO specialist diversity characteristics reflects ABGERO's commitment to better understand and serve ABGERO specialists and the older adults who are evaluated and treated by geropsychologists. Efforts to address the needs of underserved patient populations and underrepresented professionals must be ongoing. ABGERO, like ABPP and geropsychology more generally, is striving, in part through self-reflection, to reduce limitations on accessibility.

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Appendix:

ABGERO Diversity Survey

https://usf.az1.qualtrics.com/jfe/preview/SV_0dMXCmd1D6T2LFb?Q_SurveyVersionID=current&Q_C_HL=preview

Committee Updates

Mentorship Committee Update

Submitted by Jennifer Birdsall, PhD & Barry Edelstein, PhD

The 12-II Mentoring Committee continues to meet monthly to work on the development of resources to assist with career/job selection. Currently, the committee is developing a survey focused on understanding what information/resources currently guide specific job decisions and what additional information/resources would increase awareness of available job choices that may lead to greater job satisfaction. At this stage, we have sent out a draft of the survey for review and hope to disseminate it in the near future to current psychology trainees, early career psychologists, and established clinicians. The ultimate goal is to use the survey results to guide resource development and dissemination. We hope such information and resources will be useful in aiding both mentors and mentees.

Membership Committee Update

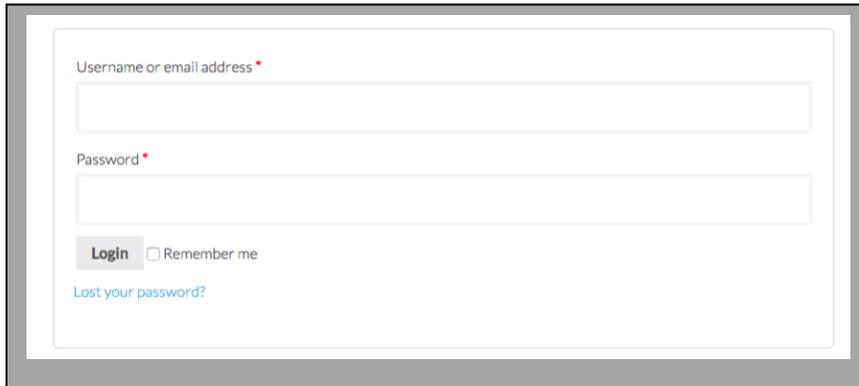
Submitted by Nicole Torrence, PhD, Anne Schwabenbauer, PsyD, & Kelly O'Malley, PhD

- Total Paid members: 161
- Total Paid Regular Members (including Emeritus members): 137
- Total Paid Student Members: 24

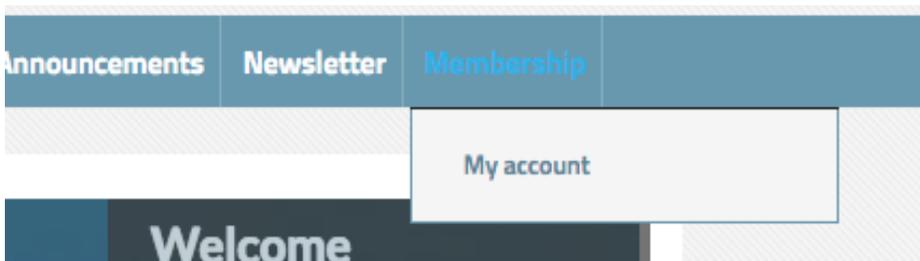
With fall fast approaching, it is time to look towards renewing memberships for 2019! [A friendly reminder that your membership expires at the end of the calendar year regardless of when you renew—so](#)

renew early to guarantee you don't miss out on any of the numerous benefits membership has to offer!
We will be working towards ensuring the listserv only consists of current SCG members. If you are unsure of whether you need to renew, you can easily check your current membership status following the steps below:

- 1) Go to www.geropsychology.org
- 2) Login using your username and password :



- 3) Hover over the Membership tab and select My Account:



- 4) Check My Memberships section for current status

My Memberships

PLAN	START	EXPIRES	STATUS	
Three Year Regular Membership	April 26, 2018	January 1, 2021	Active	<input type="button" value="Cancel"/> <input type="button" value="View"/>

If you have any difficulties don't hesitate to contact us at membership@geropsychology.org.

Public Policy Committee (Joint committee with PLTC) Update

Submitted by Cecilia Poon, PhD

Prepared by Cecilia Poon, PhD

Members: Kelly Carney, PhD, Perri Navarro, PhD, Heather Noble, PhD

1. Online Survey:

We conducted a brief public policy survey online a few months ago. We received close to 50 responses from SCG and PLTC members, with a lot of excellent ideas and suggestions. Thank you for sharing your ideas!

Here are some highlights:

- 75% rated public policy issues as "very" or "extremely" important.
- More than two thirds received public policy information from the PLTC and SCG listservs. About half received information from the APA Office on Aging and the APA Practice Organization.
- Top issues: Various aspects of Medicare, especially regarding reimbursement, mental health care assess, behavioral health integration, as well as updates on relevant policies and legislations.
- Interestingly, public policy was not a focus in graduate school for most participants.

Our committee is now working on aligning our efforts accordingly. We are considering different ways to keep the website and listserv up to date on public policy issues.

2. Proposed Rule on 2019 Medicare Physician Fee Schedule

The Centers for Medicare and Medicaid Services (CMS) just released its proposed rule on the 2019 Medicare PFS on July 11. Most relevant to geropsychologists are proposed changes in coding and billing for psychological and neuropsychological testing services. The proposed rule will be open for comment until September 10. More information will soon become available. The APAPO is hosting a symposium on the new testing codes at the Annual APA Convention in San Francisco on August 11 (2:00-3:50pm) in Moscone Center Room 207.

Lifetime Learning Committee

Submitted by Meghan Marty, PhD

Continuing Education at APA Annual Convention

There are two options for obtaining CE credits at the Annual Convention this year:

1) CE Sessions

- Over 275 convention sessions will be designated as CE sessions (look for the CES logo in the Convention Program); all CE sessions are held in the Moscone Center.
- During the on-line registration process for the convention, be sure to click the box on the web-page titled "CE Sessions," which will add an extra flat fee to your registration total.

- Obtain unlimited CE credits by attending as many of these 1-2 hour CE sessions as you'd like; be sure to wear your name badge as you enter and exit the session for attendance verification.; all CE workshops are held at the Hilton San Francisco Union Square Hotel
- There are two ways to claim credit: (1) by mobile device or (2) by visiting the self-service kiosk located in the main APA Registration area. The deadline for claiming credit is 10/15/2018.

2) CE Workshops

- There are four preconvention workshops (Wednesday, 8/8) and 65 half- or full-day workshops during the convention (Thursday, 8/9 through Sunday 8/12)
- CE Workshops are priced separately from CE Sessions and the convention registration fee; however, you can enroll in CE Workshops and register for the convention at the same time on-line
- You will receive an e-mail confirmation that will serve as your workshop ticket(s) on 7/18, if you enroll by 7/17. Attendance at each workshop will be verified by the e-mail confirmation, so you must print it out and bring it to convention
- If you enroll after 7/17, you will need to pick up your workshop ticket(s) at the Hilton San Francisco Union Square

If you have any questions, you can contact the Office of Continuing Education in Psychology (CEP) office at 202-336-5991, option 3, or find the CE information on-line at <http://convention.apa.org/ce>

CONA Update

Submitted by Erin Emery-Tiburcio, PhD, ABPP

CONA is hosting our annual Conversation Hour on Saturday August 11th from 5:00-6:15 p.m., entitled **Aging and the Importance of Social Connectedness**, in the San Francisco Marriott Marquis Hotel, Yerba Buena Salons 1 & 2 with panelists Laura Carstensen, Wally Boot, Cathy Michalec, and Jiska Cohen-Mansfield. We will also be honoring Neil Charness with the 2018 CONA Award for Advancement of the Psychology of Aging.

Society of Clinical Psychology (Division 12) Update

*Submitted by Victor Molinari, PhD, ABPP
Section 2 Representative*

Here are the highlights of what's been happening in SCP:

- 1) SCP webinar series in full bloom with excellent speakers.
- 2) J Kim Penberthy has been elected the new SCP representative to the APA Council.

- 3) Please consider nominating someone in clinical geropsychology for the **Theodore Blau Early Career Award for Outstanding Contribution to Professional Clinical Psychology**. This award honors a clinical psychologist for accomplishments and promise in clinical psychology. Accomplishments may include:

Promoting the practice of clinical psychology through professional service.
 Innovation in service delivery.
 Novel application of applied research methodologies to professional practice.
 Positive impact on health delivery systems.
 Development of creative educational programs for practice.
 Other novel or creative activities advancing the service of the profession

For more information: <http://www.apa.org/apf/funding/blau.aspx>

- 4) SCP as always sponsors a variety of papers & symposia at APA. This year, there will be presentations on social justice, media, technology, self-care, childhood disruptive behavior, and the opioid crisis. Please also make sure to attend:

Speed Mentoring Event on Friday August 10th from 5-6:00 p.m. at the Hilton San Francisco Union Square Hotel, Golden Gate 3.

Awards Ceremony & Social Hour on Friday August 10th from 6-8:00 p.m. at the Hilton San Francisco Union Square Hotel, Golden Gate 1 & 2.

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		\$ _____	
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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.			