

Clinical Geropsychology News

Society of Clinical Geropsychology

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Please contact Elissa Kozlov at Elissa.Kozlov@rutgers.edu and Brenna Renn at bnrenn@uw.edu if you wish to comment on the contents of this Newsletter.

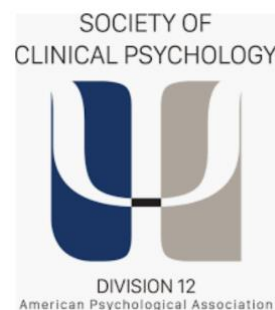
Published articles do not necessarily represent the official views of the Society for Clinical Geropsychology (Section II), Division 12, or the American Psychological Association

President’s Column

Nancy Pachana, PhD, FAPS, FASSA

25th Anniversary SCG Stocktake: A Non-Systematic Review

Just like any good empirically-minded organization, SCG is (for the most part) data-based. And, as all researchers know, it takes a bit of time to crunch the numbers (especially when you have a cranky website!). So, on the 26th year of the existence of Division 12/II (official birthday being May 19, 1993 for you trivia buffs), here are some facts, figures, historical anecdotes and significant statistics for you to ponder about what is now known as the Society of Clinical Geropsychology...



APA was founded in 1892 with 31 members. Following WWII, the creation of the National Institute of Mental Health ushered in a “Golden Age” of psychology. In 1944, 19 Divisions of APA were created, with the largest being Division 12. SCG was started in 1994. It is a section of Division 12 of the APA, currently one of 8 sections in the Division (interestingly, we are Section 2 but there

is neither a Section 1 nor a Section 5). As of this year, there are 54 Division within APA.

Interestingly, GSA was incorporated in 1945 and held its first scientific conference in 1946. [1]

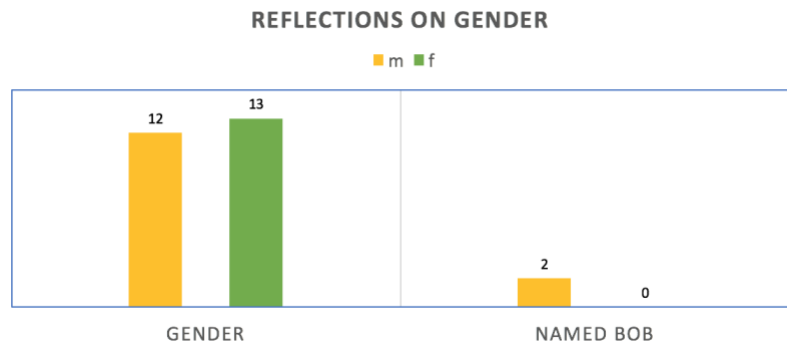
Psychological research on cognition, emotions and psychopathology in later life gained momentum in the 1950s and 1960s, first through cross-sectional studies and later through influential longitudinal and sequential studies, which helped to debunk many stereotypes and assumptions about functioning in later life.

Through the 1970s and 1980s, the theoretical frameworks in clinical geropsychology became more established, with increased interest, resources and (eventually) research on training emerging. Increasing interest in progressing research, practice, training, and advocacy in clinical geropsychology specifically resulted in the formation of the Society for Clinical Geropsychology. [2]



Society of Clinical Geropsychology

Our first president was Mick Smyer, duly elected in 1994. Toni Zeiss was our first female president in 1999, and as you can see from the bar chart, we have done well with gender equity in our leaders. We have not done as well attracting folks named “Bob” to the role, with Knight and Intrieri the only two examples. Based on presidential photos in the SCG newsletters (which moved from 2 to 3 issues annually in 1999), SCG became solvent enough to have color photos of its presidents in 2007, with Forrest Scogin leading the way.



The [newsletters](#) themselves (which, with this edition, number 70 in total), provide a snapshot of the organization over time, including award winners, research updates, news and accomplishments from members, member and student profiles, and updates from our partner organizations in geropsychology—APA Division 20, Psychologists in Long-term Care (PLTC), and the Committee on Aging (CONA). They are archived on our website, so check them out!

Margie Norris included a very fine history of SCG in her presidential address, and I have extracted and added a few key events below; the full text of her original address is on the SCG website under the “Archives” tab. [3]

- 1994: George Niederehe chaired a task force to define the qualifications of clinical geropsychology. Norman Abeles chaired a work group on clinical geropsychology as an ABPP specialty. Pre-APA-convention workshop on “Gaining Competencies in The Practice of Geropsychology” – Peter Lichtenberg, Bob Knight, Sara Qualls, and Michael Salamon. Barry Edelstein set up the SCG listserv at WVU.
- 1997: APA President Norm Abeles proposed continuing Committee on Aging within the Public Interest Directorate to the APA Board of Directors and Council of Representatives. Student research award established with Jennifer Hillman the first awardee.
- 1998: Proposal for geropsychology to be recognized as proficiency approved.
- 1999: The inaugural Distinguished Achievement Award granted to Norm Abeles and George Niederehe. Rebecca Allen establishes SCG website!

- 2002: M. Lawton Powell Award established, with Martha Storandt the first recipient. Distinguished Clinical Mentorship Award established, with Barry Edelstein the inaugural recipient.
- 2004: American Psychologist published “Guidelines for Psychological Practice with Older Adults”.
- 2006: National Conference on Training in Professional Geropsychology held in Colorado Springs (aka Pikes Peak Conference). Approved Bylaws amendment to change name to Society of Clinical Geropsychology.
- 2010: Geropsychology recognized as a specialty by CRSPPP.
- 2012: gerocentral.org, an internet clearinghouse bringing together resources for geropsychologists, generalists, trainees, information on competencies, training and mentoring, clinician’s toolbox, webinars, collaborations, is realized through Erin Emery-Tiburco’s presidential initiative.
- 2014: ABBP in Geropsychology granted in December 2014, with many thanks to Victor Molinari.
- 2016: Inaugural Gerodiversity Award given to Katherine Ramos and inaugural Gerodiversity Psychologist-in-Training award given to Weston Donaldson.
- 2017: Bylaws ad-hoc committee formed to examine revising SCG Bylaws.
- 2018: Gerodiversity award renamed Todd “TJ” McCallum Gerodiversity Award for Excellence in Gerodiversity
- 2019: Revision of Bylaws passed by SCG members.

References

1. <https://www.apa.org/about/apa/archives/apa-history>
2. Pachana, N.A., & Karel, M. (2016). History of clinical geropsychology. *Encyclopedia of Geropsychology*. Singapore: Springer.
3. Norris, M. (2015). The Aging of Society of Clinical Geropsychology: Where We Have Been. [SCG website]

Comments from the Editors: Elissa & Brenna



All good things must come to an end. Brenna and I have loved our three years as newsletter editors, but it is time to pass the torch. As newsletter editors, we have learned so much about Division 12/II. It’s been an amazing 3 years of learning the history, staying up to date on the current issues and growth areas for the society, and meeting so many incredible members through our constant hounding for contributions. Thank you to everyone for making our jobs easy by

always sending in your columns (relatively) on time!

I want to take a moment and reflect on what the past 3 years have brought in my life, both professionally and personally. I remember leaving my internship at the Palo Alto VA 3 years ago when Kaci Fairchild approached me about being a newsletter editor. At that time, I had been married for less than a year, and I was about to move across the country for the second time in 12 months to begin a post doc in NYC. I said yes to Kaci not knowing what the next 3 years would bring, but hoping that my connection to 12/2 would remain steadfast and relevant no matter where my career took me. Kaci urged me to stay connected to the 12/2 community as a professional and personal network to help guide me. This was such solid and sound advice. I didn’t know where I was going to end up or what I wanted, but I knew that I identified strongly as a clinical geropsychologist. My involvement in 12/2 has grounded me throughout the last three years. I’m happy to say that since Kaci approached me at the end of internship, I have moved two more times

(from Brooklyn to Manhattan to Maplewood, New Jersey), became a Momma to an energetic sweet boy who is about to turn 2, and I am now tenure-track faculty at Rutgers University! Oh, I'm also pregnant AGAIN with a baby girl due in December!!! Who knew so much could happen in 3 years?? All this to say, 3 years in the professional and personal life of a junior clinical psychologist can bring about tremendous, unexpected change, but I have been grateful to have my identity as a clinical geropsychologist and my involvement in 12/2 remain a constant throughout all the chaos!

On that note, we are actively recruiting two new Co-Editors for a three year (2020-2022) term. See details in the Communications Team Update. Stay tuned for one more issue from our editorial team, which Brenna will lead this fall with the new co-editors. *Signing off for now, Elissa Kozlov.*

Check out sessions on aging issues at APA's Annual Meeting:
www.apa.org/pi/aging/2019-convention-sessions.pdf

Member Spotlight

Full Member Spotlight: Frank Fee, PhD



Year Joined Society of Clinical Geropsychology: I have been a member of APA since 1982 and recall joining SCG in 2003.

Hometown: I grew up on Galveston Island in Texas. I have lived in a small community west of Houston, TX for the past 14 years (Fulshear, TX).

Current Professional Titles and Affiliations: Staff Psychologist at the Michael E. DeBakey VA Medical Center in Houston, TX.

Q: Why did you join the Society of Clinical Geropsychology? To keep informed about what others are doing, and what issues they are dealing with across the country. When you get busy in your practice or busy running a business it becomes a challenge to stay current on important topics.

Q: How has membership in the society assisted you with your professional activities? Membership in the Society for Clinical Geropsychology has helped me to remain informed about others' activities and developments in the field, especially those outside my immediate focus of practice.

Q: How did you get interested in the field of aging? From early childhood I have always enjoyed the stories of older adults. I believe that elders are the most authentic storytellers of our time and if we take the time to truly listen there is a lot of wisdom to be shared. My interest in the field of aging grew in graduate school when I conducted support groups in nursing homes as part of an advanced practicum. It led me to search for a predoctoral internship that offered an opportunity to work with older adults. At that time there were not many internships that offered geropsychological services. I was fortunate to complete an internship at Norwich Hospital in Connecticut where I had the opportunity to work with the chronically mentally ill who had lived to advanced age and were residents in an inpatient psychiatric hospital setting operated by the state.

After internship I was not able to find a position where I could continue to work with older adults. As I started working in Rehabilitation hospital settings, I again found myself working with older adults, but often post-stroke, post-TBI, post-surgery, etc. instead of those aging with psychiatric disability. This led to the series of career changes that kept me working with older adults in diverse settings and periodically reinventing myself to meet a new challenges and opportunities. I became a Licensed Nursing Home Administrator and worked in managing and operating long-term care facilities for 7 years. I served as co-clinical director and part-owner of a geropsychology practice in Texas for 5 years, and later became a Board-Certified Care Manager (CCM) leading to practicing as a Geriatric Care Manager for 5 years. I served as the Behavioral Health Consultant for one of the largest long-term care industry organizations in the U.S. after being selected through an RFP process. My interests in the field of aging is diverse and I am not your traditional Geropsychologist.

Q: What was your most memorable experience during your graduate studies? Conducting support groups in Nursing Homes as part of an Advanced Practicum. It was that experience that solidified my interest in Geropsychology as a major emphasis in my career.

Q: Have you had an important mentor in your career? If so, how did he or she make a difference? So many people have influenced my career but someone who stands out was William Mottola, PhD, Geropsychology Program Director at Norwich Hospital during my predoctoral internship. He demonstrated so much compassion and love for the residents in the program and taught me to see the individual beyond their illness. Tragically, Dr. Mottola died before my internship ended after being hit by a drunk driver as he rode his bicycle in rural Connecticut. Despite his untimely death, his influence has remained with me all these years later.

Q: What is your current position and what are your key responsibilities? I returned to the VA in September 2018 and work in the Community Integration Program. I conduct independent psychological examinations for veterans applying for compensation and pension benefits. Many claimants are older veterans aging with disabilities, both physical and mental health issues. I also serve on an internal review board for caregiver services at the VA Medical Center.

Q: Tell us about your most recent activities. In addition to my work at the VA Medical Center, I also provide coaching services to spousal caregivers of their older adult spouses.

Q: What has been your most memorable experience in gerontology and aging clinical practice and/or research? Becoming a Licensed Nursing Home Administrator. While working as the Director of Senior Health Services for a not-for-profit long-term care hospital, the CEO encouraged me to obtain a Nursing Home Administrator's License to oversee the skilled nursing units, which I did. I later entered the for-profit long-term care industry, first as a Licensed Nursing Facility Administrator and later as a Regional Director of Operations overseeing operations of multiple facilities in the Midwest. It was a dramatic change from psychological service provision. I literally had the ability to change the environment and culture at nursing homes/rehabilitation facilities and was able to improve the lives of ALL residents. It was exceedingly rewarding but also brought with it a level of responsibility and accountability that graduate school and psychological practice had not prepared me for. I quickly moved up the ranks in the industry but realized that I was not a good fit as the drive for increased profits by business owners adversely impacted the care of residents. I would not ask facility administrators to do anything that I wouldn't do so I fired myself as the Regional Director of Operations and returned to my roots providing psychological services. After 7 years of administrative experience in the long-term care

industry in the Midwest, I moved back to Texas to become a caregiver for my aging parents and to join an organization providing psychological services in nursing home across the state of Texas, which I did for 5 years.

Q: Do you have any tips for emerging geropsychologists? Don't be afraid to explore non-traditional opportunities to apply your skills in the field of aging services. Interact in meaningful ways with other disciplines in the field, not just with other Geropsychologists. You can learn a great deal from them while also developing future opportunities. The field is rapidly evolving, and the world's populations are aging. Follow your heart and be willing to alter your plan as circumstances change.

Q: What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies? I enjoy providing talks to community groups on optimal aging and caregiver topics. My wife and I enjoy gardening and traveling. I also enjoy nature photography.

Student Member Spotlight: Mary Dozier, PhD



Year joined Society of Clinical Geropsychology: 2014

Hometown: Dallas, TX

Current affiliation: This one is a bit complicated. I completed my pre-doctoral internship at the South Texas Veterans Healthcare System on July 5th and am thus also a recent graduate of the San Diego State University/University of California San Diego Joint Doctoral Program in Clinical Psychology. In August, I will join the faculty of Mississippi State University as an Assistant Professor in the Psychology Department. Thus, currently, I am unemployed and un-affiliated.

Q: Why did you join the Society for Clinical Geropsychology? Because the GSA conference is only once a year! I love the sense of community that 12/II provides through its listserv; it is a good reminder of all the other folks out there who are also passionate about helping older adults live their best lives.

Q: How has membership in the Society for Clinical Geropsychology assisted you with your professional development? Honestly, networking opportunities. As a self-diagnosed introvert, it has been nice to have the Society for Clinical Geropsychology as an academic home. I always look forward to seeing familiar faces at conferences, and I think 12/II has helped with that.

Q: How did you get interested in the field of aging? As the old saying goes, "research is me-search." My two grandmothers had very different reactions to being widowed; one grandmother used her pride and stubbornness to thrive (and at 93 is still going strong!) while my other grandmother decided that she was ready to give up on life (and passed away at 86). My initial motivation to study aging was to differentiate the anecdote from the science to enable others (and myself) the ability to continue to thrive until the very end. While my research interests have since taken a turn towards the treatment of late-life anxiety and hoarding, the underlying research question I have is how to help older adults thrive, even in the face of adversity and loss.

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

My graduate mentor, Dr. Catherine Ayers. She provided me with a perfect balance of autonomy, validation, and high (but realistic) expectations. By encouraging me to push myself and also to say “no” when I needed to, she taught me how to juggle the marathon that is academia with my own personal life goals.

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

The moment I felt “hooked,” so to speak, on a career in geropsychology was when I was treating a woman in her 70s with generalized anxiety disorder. She came to our third session of cognitive behavioral therapy and announced that deep breathing was “the best thing since sliced bread.” I love the feeling of making a difference in the lives of individuals who have struggled with mental health problems for decades and who can make a meaningful change in a matter of weeks.

Q: Tell us about your most recent activities. I am currently working on a couple of different manuscripts examining different aspects of hoarding disorder in late life. In particular, I’m looking at the relationship between sleep and hoarding symptoms and the prevalence of personality disorder traits in older adults with hoarding disorder.

Q: Looking forward, what are your plans after graduation? As an incoming faculty member at Mississippi State University, I am looking forward to setting up a lab focusing on the study of hoarding and anxiety in late life. Research on the treatment of late-life hoarding is still in its nascent stages, and almost nothing is known about the presentation of late-life hoarding in a rural setting. As a shameless plug, please reach out to me if you encounter an older hoarding patient within a couple of hours of Starkville – my first step is to create an interest list of potential participants.

Q: What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies? I am an avid science fiction reader and am currently re-reading Isaac Asimov’s *Foundation* series. I also spend what some might characterize as too much time hanging out with my pet rabbit, a 16-pound Flemish Giant (see above picture).

Thank you to the following members for donating money toward covering the cost of students attending the joint SCG/PLTC/Div 20 Dinner at APA!

Nancy Pachana
 Brian Carpenter
 Barry Edelstein
 Walter Boot
 Wendy Rogers
 Erin Emery-Tiburcio
 Suzanne Meeks
 Rita Curl-Langager

The Student Voice

Submitted by Jackie Hogan, BA

Thank you for selecting me to serve as a student representative for 12/II! I am honored to support the initiatives of the Society of Geropsychology and to learn from all of you.

Inspirations: I was co-raised by my grandparents. My grandfather was a WWII veteran, my grandmother a homemaker, and I spent my childhood enveloped in their world. I am fortunate to have lived a life rich with multigenerational experiences at home, during my five years in a rural town on the Big Island of Hawaii, as a professional, and through my travels. The wisdom and teachings of my elders are my guiding light and inspiration for becoming a geropsychologist.

A Little About Me: As a middle-aged woman with two young sons, I've had a non-linear path to becoming a doctoral student. I'm now a second-year doctoral student in counseling psychology at the University of Massachusetts Boston (UMB). In the past 20 years: I've staffed an Alzheimer's research study at the Johns Hopkins Medical School; produced documentary films about survivors of clergy sexual abuse, advancing women and minority faculty, and the objectification of women in media; founded a non-profit within the Provost's Office at Harvard dedicated to diversifying faculty across New England, and then co-founded a related non-profit at the national level with over 500 member schools and hospitals. At age 42, I took a leap of faith and circled back to my life goal of becoming a psychologist. I returned to school with an 8-week-old baby, finished my masters in mental health counseling, and went straight into the doctoral program. My older son will graduate 8th grade the same year I get hooded!

Academic and Professional Interests: My interests center on healthy aging, cognitive health and dementia prevention, women's issues, caregivers, underserved populations, and systems advocacy. I am currently working with my department to increase the representation of older adults in our counseling curriculum. I am committed to developing the competencies needed to serve our aging population as a practicing geropsychologist, researcher, and at a systems level within the Academy and beyond. I am eager to learn new skills in a new field and connect with likeminded individuals.

Academic & Clinical Experience: As a psychology undergrad at the Johns Hopkins University, I interned at the Sheppard and Enoch Pratt psychiatric hospital for two years. As a master's student at UMB, I completed a yearlong internship on the medically enhanced psychiatric unit at Tewksbury State Hospital (in Massachusetts). At Tewksbury, I worked with a diverse population of older adults managing multiple psychiatric diagnoses and concurrent chronic health conditions. I am thrilled to start my practicum in the geropsychology program at the Bedford VA (Massachusetts) in the fall. This summer I received two grants to volunteer with Elder Services of Merrimack Valley and have been fortunate to learn about a wide range of issues facing elders and the services available to them. I also have a masters in non-profit management, philanthropy and media from Suffolk University. This degree has served me well as I'm equipped to navigate non-profit entities and some of the systemic challenges faced by elders.

As a student representative of 12/2 you could count on me to be reliable, friendly, and approach all projects with respect and humility. I happy to be here and look forward to meeting you at the APA conference!

Research Roundup

For the Research Roundup column, we ask SCG student members to highlight recent publications of original research findings relevant to the 12/II audience.

Submitted by Katie L. Granier, BA

Eudaimonic well-being is a core component of psychological health, including concepts such as self-acceptance, personal growth, life perspective, and positive interpersonal functioning (Ryff, 2014). Eudaimonic well-being is important for healthy living across the lifespan but becomes even more crucial as one begins to face challenges presented by aging and late life such as health declines and loneliness. Research indicates that maintenance of eudaimonic well-being is associated with more positive health outcomes and longer life expectancies in older adults (Ryff, 2014). In addition, maintained positive well-being in late life is associated with greater ability to remain living independently in the community for extended periods of time (Rojo-Perez & Fernández-Mayoralas, 2016). With well-being playing such a crucial role in fostering the aging process, the lack of interventions aimed at promoting and maintaining it in older adults is startling. Of the 27 interventions found in a recent meta-analysis, only five were created for use with older adults (Weiss, Westerhof, & Bohlmeijer, 2016). This lack of research indicates that sparse resources are available for older adults in the community and that there is a great need for widespread implementation of support for those struggling with low eudaimonic well-being.

“Lighten UP!” is an eight-week group-based intervention designed specifically to improve the eudaimonic well-being of older adults by encouraging personal growth and emboldening individuals with a renewed and strengthened sense of purpose. Participants in the program are placed into small groups of around 10 people for weekly 90-minute classes in local public settings designed to provide education on identifying and maintaining positive life experiences and engagements. The classes teach cognitive-behavioral concepts and strategies to mitigate and replace negative thought patterns and incorporate practical exercises both within the group setting and at home throughout the weeks. Preliminary data was gathered from a sample of 103 older adults living independently in the community (aged 60 and older) in 2017 (Friedman et al., 2017), and a recent follow-up study has been published to expand upon the initial findings. The initial study found that participants in the Lighten UP! program experienced significantly improved eudaimonic well-being as well as declines in depressive and physical symptoms as well as sleep complaints. The current study broadened the pool of participants beyond the limited sample gathered in the original study, as well as investigated the longitudinal effects of the program on continued well-being. Results showed significant increases in eudaimonic well-being and decreases in depressive and anxious symptoms that persisted across the six months following administration of the intervention, even without follow-up booster sessions. The findings of this study provide optimistic evidence for the practical utility of group-based interventions and cognitive-behavioral education in improving and enriching the lives of community-dwelling older adults. Further research may lead to the implementation of the Lighten UP! program across a variety of settings to reach older adults in the community who are struggling with depressive symptoms and/or decreased social engagement.

Katie Granier is a graduate student in the Clinical Psychology Program at the University of Colorado Colorado Springs.

- Friedman, E. M., Ruini, C., Foy, C. R., Jaros, L., Love, G., & Ryff, C. D. (2019). Lighten up! A community-based group intervention to promote eudaimonic well-being in older adults: A multi-site replication with 6 month follow-up. *Clinical Gerontologist: The Journal of Aging and Mental Health*. doi:10.1080/07317115.2019.1574944
- Friedman, E. M., Ruini C., Foy, R., Jaros, L., Sampson, H., & Ryff, C. D. (2017). Lighten up! A community-based group intervention to promote psychological well-being in older adults. *Aging & Mental Health*, 21(2), 199-205. doi:10.1080/13607863.2015.1093605
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Committee Updates

Committee for Science and Practice

Submitted by Ann Steffen, PhD

Over this spring/early summer, the SCG Committee on Science and Practice reviewed and commented on the *APA Proposed Guidelines for Education and Training in Psychological Assessment in Health Service Psychology*. Our committee would like to invite any SCG members who become aware of proposed psychological assessment and treatment guidelines that are relevant for clinical geropsychology to contact us, via email to the committee chair (ann_steffen@umsl.edu). We are trying to track all relevant guideline development/revisions that are open for comment.

The APA Guideline Development Panel for the Treatment of Depressive Disorders has released both the *Clinical Practice Guideline for the Treatment of Depression across Three Age Cohorts* <https://www.apa.org/depression-guideline/guideline.pdf> along with their *Responses to Public Comments on Draft Version of the APA Clinical Practice Guideline for the Treatment of Depression* available at <https://www.apa.org/depression-guideline/depression-public-comment.pdf>. A very special thanks goes to Forrest Scogin for his work on the guideline development panel!

Both the final guideline and the response to public comments make for interesting reading, as responses are provided to each and every comment. Our SCG comments, along with the panel's responses, are in Comment 98 which begins on page 234. Some of the areas in which our comments (along with those of other individuals and organizations) were evident in the final version of the guidelines included (1) defining “older adults” as aged 60 years and older (original draft used 50 years and older), (2) increased attention to subthreshold depression, and (3) discussion and references to treatment modifications for older adults (e.g., “We note that these treatments included modifications that made them more appropriate for use with older adults. More detail on these issues can be found in the Guidelines for Psychological Practice with Older Adults: <https://www.apa.org/pubs/journals/features/older-adults.pdf>”).

The importance of SCG staying in close communication with APA Committee on Aging (CONA) became evident in this guideline review and comment process. The comments of APA boards and committees are organized and presented at the front of the response document, and CONA's submission stated an endorsement of SCG comments. Comments by APA divisions and sections, including the SCG comments, were integrated into the "public comments" section of the response document.

Again, the earlier we learn about guidelines in development/revision, the better able we are to involve SCG members and leadership in this process. With this in mind, please let us know if you learn of any SCG-relevant guidelines that are open for public comment.

Mentoring Committee *Submitted by Jennifer Birdsall, PhD*

The 12/II Mentoring Committee is currently *seeking to fill general committee member positions*. If you have been considering ways to serve the geropsychology community, network with your peers, and have opportunities to contribute to innovative projects, this would be a great opportunity. Currently, the committee meets monthly (via phone meetings) to work on current projects and discuss future mentoring themed initiatives. If you would like to learn more or would like to nominate yourself, please email the current Committee Chair, Jennifer Birdsall, PhD at: JBirdsall@cheservices.com.

In other news—and if you have been keeping tabs on our recent committee survey project—we are happy to share the Mentoring Committee is in the process of writing up the results. We hope to submit the final manuscript for publication in the near future and will keep you posted on our timeline. As a reminder, this survey (in which you may have participated) focused on understanding what information and resources currently guide specific job decisions in geropsychology and what additional information or resources would increase awareness of available job choices. The ultimate goal of this survey is to use the results to guide resource development and dissemination related to job awareness and selection in our field. We hope such information and resources will be useful in aiding both geropsychology mentors and mentees and supporting increased professional satisfaction in job-match.

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 300 convention sessions will be designated as CE Sessions; all CE Sessions will be held in McCormick Place and identified by the CES logo in the Convention Program.
- During the on-line registration process for the convention, be sure to click the "add" box on the web-page titled "CE Sessions," which will add a one-time fee of \$95 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.

- 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 10/15/2019.

2) CE Workshops

- There are five preconvention workshops (Wednesday, 8/7) and 65+ half- or full-day workshops during the convention (Thursday, 8/8 through Sunday 8/11); all CE Workshops will be held at the Hyatt Regency McCormick Place Hotel.
- 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.
- If you enroll by 7/16, you will receive an e-mail confirmation that will serve as your workshop ticket(s) on 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 7/16, you will need to pick up your workshop ticket(s) at the Hyatt Regency McCormick Place Hotel.

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

APA Committee on Aging (CONA) Update

Submitted by Walter R. Boot, PhD, Chair of CONA

The Committee on Aging (CONA) has been busy preparing for the upcoming APA 2019 Convention! CONA is sponsoring several sessions related to aging, diversity, wellbeing, technology, and caregiving. These sessions are described below. Please see the end of this column for information about CONA's call for nominations to the Committee.

On Thursday, August 8th from 2:00-3:50pm (McCormick Place, Level 1–West Building, Room W183a), CONA is sponsoring the session *LGBT Issues Across the Lifespan-How Social Stigma and Multiple Inequities Present Challenges to Successful Aging*. This program pulls together multiple perspectives on the diverse challenges LGBT individuals face across the lifespan. It showcases issues from a developmental lifespan approach and includes expertise that reflects the diversity of the LGBT community. Speakers will include Armand R. Cerbone, PhD; Mark Brennan-Ing, PhD; Logan L. Barsigian, MA; Nicholas Grant, PhD; David M. Latini, PhD, MSW; and William Gibson, PhD.

On Saturday, August 10th from 1:00-2:50pm (McCormick Place – Room W176a), CONA is sponsoring the session *Taking Care of Our Own-Diversity in Caregiving Across the Life Span*. This symposium will review issues faced by family caregivers across the life cycle, with attention to special issues of gender, race/ethnicity, and age. Roles for psychologists in advocacy, policy, practice, and research will be discussed. Speakers will include William E. Haley, PhD (Chair); Karen M. O'Brien, PhD; Kristin A. Long, PhD; and Martha R. Crowther, PhD, MPH; with Vonetta M. Dotson, PhD, serving as a discussant.

CONA will also be hosting their popular CONA Conversation Hour on August 10th, starting with a reception at 5:30pm (Marriott Marquis Chicago Hotel - Water Towers Room A & B). The program will begin at 6:00pm. The theme of the hour is: *The Future of Aging and Technology: How will Technology Support Older Adults in the Year 2050?* We are in the midst of two important global trends. First, the pace with which technology is advancing is more rapid than at any other point in human history. Second, the number and proportion of older adults in the population will be larger than at any other time in human history. How will these two trends intersect in the near future? The CONA Conversation Hour will feature luminaries in the field of aging and technology and will charge them with the task of predicting the benefits, and potential pitfalls, for older adults as society becomes increasingly digital. Luminaries include Drs. Neil Charness, Wendy Rogers, Joseph Gaugler, and Anne McLaughlin.

We hope to see you there!

Finally, CONA would also like to provide a reminder that we are accepting nominations, including self-nominations, for two new members. CONA seeks full members of APA with specialization in aging issues to serve a three-year term beginning January 2020 and ending December 2022. This year, CONA is seeking psychologists with expertise in neuropsychology or applied and experimental psychology. Nomination materials should include a current curriculum vitae, a letter from the nominee indicating their commitment to serve on CONA and highlighting specific competencies, interests, and potential contributions to the work of CONA. Three letters of support are required. Nominations and supporting materials should be sent by September 2, 2019 to: Alexander Watt, Office on Aging Administrative Coordinator at: awatt@apa.org

Communications Team Update

Submitted by Charissa Hosseini, MS

The Communication Committee is looking for two new Newsletter Co-Editors to serve a 3-year term (2020-2022). The Editors oversee the content and production of [three SCG newsletters each year](#) (Winter/Spring, Summer, and Fall). If you have questions about the duties and responsibilities, reach out to Elissa Kozlov (ekk49@sph.rutgers.edu) and Brenna Renn (bnrenn@uw.edu), the current newsletter co-editors. Email 12/II President Nancy Pachana directly if you are interested (n.pachana@psy.uq.edu.au). We hope to fill these vacancies by mid-August.

In other updates, we are sad to say that Rachael Spalding's term as SCG Website Coordinator is coming to an end in August. Rachael has been lovely to work with and luckily, we will still have her on board as a 12/II Student Representative. With that we are excited to announce that Leander Mitchell (leander.mitchell@uqconnect.edu.au) will be coming on in the fall to assume positions as Website Content Creator/Coordinator!

Do you enjoy reading these newsletters? Take part in creating them!

12/II is recruiting two Newsletter Co-Editors to serve a three-year term (2020-2022). Email 12/II President Nancy Pachana directly if you are interested (n.pachana@psy.uq.edu.au).

Two Myths about Board Certification

Submitted by Shane Bush, PhD

Myth 1: Board certification is an elitist credential.

Fact: Board certification is NOT an elitist credential intended for only a small percentage of practitioners. As stated by ABPP, board certification provides recognition of competence in a given specialty. Most practitioners who have appropriate education, training, and experience in geropsychology are likely to be able to demonstrate their competence through the board certification process. The American Board of Geropsychology (ABGERO) recognizes that there are multiple paths to competence in geropsychology, since not all geropsychologists completed specialized doctoral programs or postdoctoral training. The guiding principle for ABGERO certification is one's ability to show competence in the foundational and functional competences in geropsychology. ABGERO values transparency in the requirements and process of board certification.

Myth 2: The board certification process is extremely challenging, and the oral examination is a confrontational experience.

Fact: The board certification process can be time consuming and reasonably rigorous, but it is intended to allow competent practitioners to demonstrate their knowledge and skills in a supportive, encouraging, and professional process. Applicants and candidates are treated with courtesy and respect throughout the process. ABPP in general and ABGERO specifically want practitioners to be successful in the pursuit of board certification. Candidates are encouraged to work with mentors as they go through the various steps. Although not everyone completes each step of the process successfully the first time, the vast majority who persist do succeed. You can do it! We are here to help.

For more information about board certification in geropsychology through the American Board of Professional Psychology, please go to <https://abgero.org/> or <https://abpp.org/Applicant-Information/Specialty-Boards/Geropsychology.aspx>, or contact me or another board member directly.

Shane S. Bush, Ph.D., ABPP
President, American Board of Geropsychology
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Did You Know...

- The Society has a [Facebook page](#) for all members?
- All the archived newsletters are available [here](#) on the Society website?
- That we have a new feature called International Snapshot that are sent out via listserv and archived [here](#) on our website.
- That you should encourage your colleagues and students to join the Society? Please forward them the [membership application](#) from the website (or, simply forward them this newsletter!).
- We want to publish your achievements? Send announcements of your achievements in research (publications, grants, awards), clinical work (awards, recognition), teaching, and public policy to either [Elissa](#) or [Brenna](#).