Clinical Geropsychology News

Society of Clinical Geropsychology

APA Division 12, Section II Volume 27, Issue 3

October 30, 2020

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Please contact your new editors Diana DiGasbarro at diana.digasbarro@louisville.edu and Danielle McDuffie at dmcduffie1@crimson.ua.edu if you wish to comment on the contents of this newsletter.

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Published articles do not necessarily represent the official views of Society for Clinical

President's Column

Brian Carpenter, PhD

A recent news report I came across described a set of little known changes to U.S. environmental protection legislation that slid in under the radar but are expected to have a profound impact on environmental issues for years to come. What, you might ask, could that possibly have to do with clinical geropsychology? Well, to begin with, these policy changes have the very real possibility of affecting the water older adults drink and the air they breathe. (Ask our resident expert, **Mick Smyer,** about why climate change is an aging issue.) This story was also a reminder to me that there is an important, but often overlooked, regulatory and legislative side to the work we do as geropsychologists, and that we need to stay vigilant to make sure the gains geropsychology has made in recent years are not lost and, equally vital, that we continue to advocate for more.

You might have seen this issue of advocacy bubble up following a post to the SCG listserv made by Jackie Hogan, one of our Student Representatives. I'm paraphrasing a bit, but

Jackie was startled to learn that Medicare doesn't reimburse for services that trainees provide to older adults, and she asked members how geropsychologists could address the issue. As you can imagine, what followed was a flurry of animated, well-informed responses, from members including **Jon Rose**, **Sara Qualls, Janet Yang**, and **Cecilia Poon**, who provided important historical context and suggestions for action.

Back in my day, I knew I could always count on **Margie Norris** and **Paula Harman-Stein** to share their wisdom about the ins and outs of Medicare reimbursement and to send up a flare when a piece of legislation needed our collective support. And of course, our steadfast and stealthy colleague in the APA Office on Aging, **Debbie DiGilio**, was ever vigilant when she heard about policies that, variously, imperiled services for older adults, promoted those services, or needed to include older adults in their scope. With Debbie now retiring from APA (more on that later), and APA in the midst of a substantial reorganization, we all may need to take on an even more active stance to make sure the needs of older adults don't get lost.

This column is too short to explain all the reasons why paying attention to policy is important. But trust me, it is. Federal and state policies guide almost every element of our work, from how we are trained and licensed, to where and how we can practice, under whose oversight, and sometimes for what fee. Where do those policies come from? Well, they're not prophesied by the Red Witch Melisandre, transmogrified by an incantation from Snape, or baked up by the Keebler elves. No, they're crafted by flesh and blood human beings, just like you and me, who have their own goals, proclivities, agendas, and biases. Sometimes they come up with a policy that does much good, sometimes little good, sometimes the complete opposite. But the point is there is nothing magical about regulations and legislation, and over time they can be pushed and pulled, tweaked and titrated, made better by continuous editing and input. That's where you come in.

You've seen those messages arriving in your inbox, imploring you to call your senator or email your representative about a critical issue that needs your support. It only takes a minute! Act now! We'll throw in a plush Slanket for free! Well, that's how you can make a real difference. Anyone inside politics will tell you that it works; your call or email really matters. Actually, there are many things you can do to advocate for geropsychology and ways to get your voice heard, for instance when agencies ask for expert input on research priorities and training needs. APA has an excellent set of resources to help you get started (https://www.apa.org/advocacy/guide), as does GSA (https://www.geron.org/programs-services/policy-center/advocacy), and APS (https://www.psychologicalscience.org/tag/get-involved).

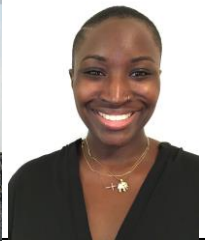
So thank you, Jackie, for posing a question as old as geropsychology. As **Jon Rose** wrote, "Federal policy change takes collaboration and persistence." We've made remarkable progress over the years, but there is much to be done, and we should all consider it part of our jobs to pay attention to policy and make time to advocate.

Now, back to Debbie DiGilio. You may have heard through the gero grapevine that Debbie is retiring from APA at the beginning of the year (though with some ongoing consulting, because going cold turkey would be too much of a shock for her and us). It's impossible to exaggerate the positive impact Debbie has had on our field and the visibility of aging throughout APA. Call her a superhero, call her our gero ninja, call her an aging mole (on second thought, don't call her that, but I mean the good kind of mole) – Debbie was them all, and she made sure that aging was front and center in all that APA did. We will find a way to carry on without her, somehow, but it won't be easy because Debbie had unique energy, tact, and

panache. Even if you've never met Debbie, you owe her. We all do. And we all send her our gratitude and wish her well. If you want to learn more about Debbie's journey, later in this issue you can read the scintillating interview **Maggie Syme** did with Debbie just a couple weeks ago.

Stay well, take care, and vote!

Comments from the Editors: Diana & Danielle

Diana DiGasbarro & Danielle McDuffie

Believe it or not, here we are for the Fall 2020 Newsletter. It has certainly been a strange year and fall semester, with students and professors alike adjusting to the new normal of virtual learning and teaching. If you are engaged in clinical work, you have maybe (or maybe not) gotten used to telehealth or in-person therapy with masks. We are heading into colder months with anxiety about increasing COVID-19 cases while also feeling "pandemic fatigue." Not to mention the upcoming election in just a few days—if you have not already, as Dr. Carpenter urged, go vote (for information on voting in-person or absentee near you: https://www.vote.org/)! Yet with the many significant stressors we've faced already this year, I am in awe of our resilience—we have made it this far!

We hope this issue of the newsletter provides some comfort and reassurance that great work in service of older adults continues to be done by our wonderful members. In this issue, we feature a go-to guide for presentations from our members at GSA, some exciting updates about newly board certified geropsychologists, and an introduction for the Lifelong Learning Committee's new chair, Jessica Strong, in our Member News and Announcements section. We are also grateful to feature an interview with Debbie DiGilio as a tribute to her many years at APA (conducted by Maggie Syme). As we celebrate the fantastic accomplishments of our members, we cannot lose sight of the work that remains to be done. To this end, our Social Justice Corner highlights a gap in the literature on racial disparities in voting access among older adults. Rest, take care of yourselves, and keep on keeping on!

APA Awards Ceremony Photos

Although the APA Awards Ceremony looked a little different this year, we are delighted to share photos from the virtual ceremony!

Nancy Pachana, PhD, FASSA, M. Powell Lawton Award for Distinguished Contributions to Clinical Geropsychology

Kate Hinrichs, PhD, Distinguished Clinical Mentor Award

Rachael Spalding, MS, Student Paper Award

Martha Regina Crowther, PhD, MPH, Todd "TJ" McCallum Gerodiversity Award for Excellence in Gerodiversity (Psychologist-in-Training Level)

Danielle McDuffie, MA, Todd "TJ" McCallum Gerodiversity Award for Excellence in Gerodiversity (Psychologist-in-Training Level)

GSA-Related Content

The GSA 2020 Annual Scientific Meeting will take place virtually from November 4-7.

Symposia

(10550) COVID-19 Pandemic: Behavioral and Social Sciences Section: Streaming Symposia
Symposium First Authors: Birditt, K., Carr, D., **Hughes, M.,** Mattek, N., McNally, J.
Date: Wednesday, November 4
Time: 12:45pm to 1:30pm EST

(5650) Issues Related to Late-Life Sexuality: Sex in Long-Term Care: Presenter Discussion.
Chair: **Rachael Spalding**
Discussant: **Peter Lichtenberg**
Symposium first authors: **Spalding, R**., Teaster, P., **Syme, M.,** Bradley, L. J.
Date: Wednesday, November 4, 2020
Time: 3:45 to 4:15pm EST

(5605) Geropsychology Training Innovations: Understanding Ageism and Adultism in Students and New Training Initiatives: Presenter Discussion
Chairs: Katherine King and Kirsten Graham
Symposium First Authors: King, K., **Strong, J.,** Jacobs, L., O'Malley, K., Mlinac, M.
Date; Thursday, November 5, 2020
Time: 1:45pm to 2:15pm EST

(5940) Using Video Telehealth to Support Family Caregivers of People With Dementia: Streaming Symposia
Chairs: Joleen Sussman and Lauren Moo
Discussant: **Michele Karel**
Symposium First Authors: Gately, M., Rossi, M., Sussman, J., Thielke, S.
Date: Friday, November 6, 2020
Time: 2:45pm to 3:30pm EST

Poster Presentations

(2927) Positive Behaviors and Strengths of People with Dementia.
Authors: **DiGasbarro, D**., Whitaker, C., **Mast, B.**
Date: Wednesday, November 4, 2020
Time: 2:45pm to 3:15pm EST

(2939) North American and International Students' Perspectives on Older Adults.
Authors: Shea, A., **Strong, J.,** Graham, K.
Date: Wednesday, November 4, 2020
Time: 3:45pm to 4:15pm EST

(2963) Applying the Push-Pull Framework to Downsizing in Late Life.
Authors: **Costlow, K**., Yaeger, L., Choi, S., Roskos, B., Parmelee, P.
Date: Thursday, November 5, 2020
Time: 1:45pm to 2:15pm EST

(10500) Everyday Remembering During a Global Pandemic in Caring Dyads.
Authors**: Lustig, E.,** Naran, A., **Pearman, A**., Hertzog, C.
Date: Thursday, November 5, 2020
Time: 1:45pm to 2:15pm EST

(10500) COVID-19 Bereavement: Considerations for Families, Psychologists, and Student Trainees.
Authors: **Hogan, J.** & Richards, L.
Date: Thursday, November 5, 2020
Time: 2:45pm to 3:15pm EST

(2950) Sense of Belonging, Religious Activity, and Well-Being in Long-Term Care Residents
Authors: **Shryock, K., Meeks, S.**
Date: Saturday, November 7, 2020
Time: 12:45pm to 1:15pm EST

(2963) When Less Is More: Downsizing, Sense of Place, and Well-Being in Late Life.
Authors: **Costlow, K**., Choi, S., Roskos, B., Parmelee, P.
Date: Saturday, November 7, 2020
Time: 1:45pm to 2:15pm EST

(2935) The Impact of Financial Coaching on Health and Finances in Older Scam and ID Theft Victims
Authors: **Lichtenberg, P.,** Hall, L., Campbell, R., Gross, E.
Date: Saturday, November 7, 2020
Time: 2:45pm to 3:15pm EST

(2958) What Would People Think? Social Norms, Willingness to Serve as a Surrogate, and End-of-Life Treatment Decisions.
Authors: **Spalding, R.**
Date: Saturday, November 7, 2020
Time: 2:45pm to 3:15pm EST

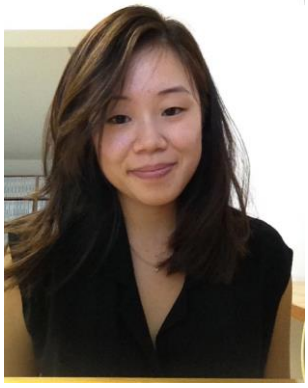
GSA Student Social

Please join us for a virtual student social on Friday, November 6th at 7:00 PM ET/6:00 CT/5:00 PT. This event is open to students at all stages of training (including undergraduates through postdocs) who are interested in working with older adults. During the social, we will review an "Ask the Experts" document with some common questions and information about the path to becoming a geropsychologist. The event will be Q&A style, so bring your own questions as well! Click here to register for the event, or see the email sent to the listserv.

If you have any questions, please contact Kyrsten Costlow (kmcostlow@crimson.ua.edu) or Jackie Hogan (Jacqueline.Hogan001@umb.edu).

Student Member Spotlight

Student Member Spotlight: Stephanie Liu



Year joined Society of Clinical Geropsychology: 2019

Hometown: Los Angeles, CA

Current academic affiliation: Rosemead School of Psychology, Biola University

Why did you join the Society for Clinical Geropsychology (Division 12, Section II)?
Since my program does not offer a geropsychology track, I sought opportunities to learn about geropsychology and came across SCG on the APA website. I joined SCG because I wanted to find other professionals who share my passion for improving the lives of older adults and because I wanted to keep abreast of developments in the field in terms of both research and practice.

How has membership in the Society for Clinical Geropsychology assisted you with your professional development?
I have really enjoyed gleaning from the wealth of knowledge and experience shared through the email listserv. SCG has been an invaluable opportunity to network with other professionals in the field who are in different stages of their training and career. Everyone I have reached out to has been so friendly and willing to share their wisdom and advice. I also hope to find additional mentors and research opportunities through SCG.

How did you get interested in the field of aging?
Before I started my Ph.D. program, I spent a year working in an assisted living and memory care facility as a life enrichment assistant in Seattle. Before beginning my job search, I wasn't aware that such a position existed. I accepted the job offer even though I did not have any experience working with older adults. My job involved planning and running activities for the residents from morning until night, including everything from leading chair yoga workouts, taking them on outings around Seattle, and facilitating religious services. Taking a holistic approach to well-being, the essence of my role was to find practical ways to meet some of the physical, emotional, cognitive, social, and spiritual needs of the residents. I spent half my time working with residents in the memory care unit, and although this was very challenging at times, I learned so much. I gained a lot of respect for professional caregivers and developed compassion for family members who are walking on the difficult journey of supporting a loved one with dementia. Through this experience working at the long-term care facility, I realized that I deeply enjoyed making meaningful connections with the residents and their families, and I am motivated to work with older adults in a clinical capacity in the future.

Have you had an important mentor in your career? If so, how did he or she make a difference?
I am grateful for all the support of my academic advisor and research committee chair, Dr. Andrea Canada. She has been an invaluable guide in the research process for both of my research projects. I

appreciate being able to learn from her wealth of experience in working with individuals across the life span who have chronic health issues such as cancer.

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

One incident in particular while I was working at the assisted living facility inspired one of my current research projects. For a period of time, one resident with advanced dementia was extremely irritable and agitated and was becoming increasingly verbally and physically aggressive towards me, the other caregivers, and the other residents. I found myself becoming upset with him and found it difficult to see past his symptoms. On one particularly challenging day, his daughter came to visit, and she told me stories of her dad that led me to acknowledge his shared humanity and instilled greater empathy in me. This experience deeply impacted me, and so I designed a study to explore whether taking the perspective of an individual with dementia is an effective way to promote empathy as well as decrease dehumanization.

Tell us about your most recent activities.

As a second-year student in my program, I have a required practicum placement at my university counseling center where I have begun my clinical training. Like many others, we are offering all of our services via telehealth, which has definitely made for a unique training experience. I am also working on two different research projects related to aging. In addition to the project on dementia and perceptions of personhood, I am working on a project that explores the impact of the COVID-19 pandemic on the mental health of older and younger adults. I am researching various factors that may be associated with greater resilience such as religious coping and social support. In my survey, I included some open-ended questions in order to identify different sources of resilience and to explore how past life experiences may be helping individuals cope with the current pandemic. I'm excited that I just finished my data collection!

Looking forward, what are your plans post-graduation?

I hope to match to an internship that provides training in geropsychology, and then I plan to complete a post-doc in order to further develop my competencies in working with older adults. I would like to do a combination of aging related research, teaching, and clinical work, perhaps in a medical setting or long-term care facility for older adults.

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

I am passionate about becoming fluent in Spanish because I enjoy connecting with people from other cultures. I became interested in learning Spanish from going on regular volunteer trips to Mexico and other Latin American countries for many years. After graduating from Pomona College, I spent a year working in Cuernavaca, Mexico as a public health research assistant. I continue to collaborate with researchers there on various projects. I would very much like to work with Spanish speaking clients and their families in the future, especially since I live in the Los Angeles area, where a sizable portion of the population is Spanish speaking. During quarantine, I took up gardening and have recently become a proud "plant parent." When I worked at the assisted living facility, I didn't understand why my residents would ask me to take them to a plant nursery every month, but now I can totally relate! I enjoy visiting different local plant nurseries. It has been especially fun finding succulents and cacti to add to my growing plant collection. My grandmother is also an avid gardener, and so it's been fun to talk about gardening with her.

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 Diana DiGasbarro at diana.digasbarro@louisville.edu and Danielle McDuffie at dmcduffie1@crimson.ua.edu.

Announcements and Member News

Welcome to our new Lifelong Learning Committee chair, **Dr. Jessica Strong!**

"Hello SCG! I am an Assistant Professor of Psychology at the University of Prince Edward Island, Canada, board certified in geropsychology. I received my PhD from the University of Louisville and completed my psychology internship and two post-doctoral fellowships at the VA Boston Healthcare System. My research focuses on cognition and cognitive reserve in late life, particularly 1) music experience and cognition and 2) the use of music as an intervention. I'm also involved in a number of projects related to training and education in geropsychology/geriatrics, ageist attitudes, and the shortage in the geriatric workforce. In my free time, I am a runner, a homesteader, and a traveler. I am thrilled to get more involved in SCG with the Lifelong Learning Committee – hope to see you soon!"

Congratulations to **Drs. Michelle Kehn, Cecilia Poon**, and **Katherine Luci,** recently board certified geropsychologists!

Norman Abeles is finishing his term on CONA but continuing on the Council.

Member Grants

Submitted by **Erin Emery-Tiburcio:** We are so excited to announce that we just received a 5-year, $3.5 million grant from SAMHSA to fund our *Engage, Educate, Empower for Equity: E4, The Rush Center of Excellence for Behavioral Health Disparities in Aging*! Led by the Rush Center for Excellence in Aging, the SAMHSA Engage, Educate, Empower for Equity: E4, The Rush Center of Excellence for Behavioral Health Disparities in Older Adults (E4 Center) will measurably advance workforce capacity expansion through innovative practitioner training, with a specific focus on community-based providers' implementation of evidence-based practices and programs (EBPs) for vulnerable older adults who experience the greatest behavioral and physical health disparities. Specifically, the E4 Center will target healthcare workforce enhancement to reduce behavioral health disparities for older adults in four SAMHSA strategic priority areas: (1) depression and suicide; (2) substance use disorders; (3) serious mental illness; and (4) socioeconomically disadvantaged and underserved ethnic and racial minority groups, and where they uniquely intersect to negatively impact physical health and mortality of older adults. To achieve this aim, the E4 Center will provide education in the necessary unique knowledge, skills, and attitudes necessary for providing high quality behavioral health services for older adults. This

training will leverage both existing online training developed by the E4 Center team as well as the development of new resources and provision of technical assistance (TA). It will also include the 4Ms (What Matters, Medication, Mentation, Mobility) of an Age-Friendly Health System, which are critical factors in eliminating behavioral health disparities for older adults. Based on that foundation, we will provide extensive training in EBPs addressing mental health and substance abuse prevention, treatment, and recovery support services for older adults by national experts, and the TA to assure effective and efficient implementation. Because care for older adults is complex and fragmented, we will build on our extensive experience in catalyzing integrated partnerships between health systems and community-based organizations (CBOs) to create age-friendly health communities through the development of a Partnership Toolkit along with TA and implementation support. We will also develop a Business Case Toolkit with TA for administrators to provide effective, efficient EBP for older adults in welcoming and inclusive environments. Central to eliminating behavioral health disparities in older adults is patient and family caregiver engagement, for which the E4 Center will create, refine, and disseminate older adult engagement and educational resources to health care systems, clinics and CBOs. E4 Center activities will focus on scaling and spreading culturally tailored EBPs to the broad environment of care, including not only licensed mental health providers but also CBOs, direct care workers, and the aging network, in highly varied modalities and lengths to meet learner preferences. Across the grant period, we anticipate reaching nearly 3,000 learners each year, for a total of 15,000 in five years. The E4 Center will have broad and lasting impact on the care of our most vulnerable older adults with mental health and substance use disorders.

On October 1, 2020 **Peter Lichtenberg** from Wayne State University was awarded a 3-year $500,000 grant from the US Department of Justice (Office on Victims of Crime) to support financial coaching and counseling services for older adults who have been the victims of scams and identity theft. Dr. Lichtenberg & co-PIs will also be expanding the program for virtual financial coaching in rural areas of Michigan. They will be presenting some of the preliminary data on the program's impact on finances and mental health at the upcoming GSA conference.

From **Ann Pearman:** The grant "Stress and coping during the time of COVID-19" was funded through the Georgia Tech's EVPR's COVID-19 Rapid Response Seed Grant program. My team and I have published two articles so far and have several more in the works. We also are about to launch a second daily diary study to examine the impact of the pandemic as it relates to social justice issues and the election. Two graduate students (MacKenzie Hughes and Emily Lustig) from my team will be presenting some of this work at GSA.

Recent Member Books & Publications

Alexopoulos, G. S., Raue, P. J., Banerjee, S., Marino, P., **Renn, B. N.**, Solomonov, N., Sirey, J. A., Hull, T. D., Kiosses, D. N., & Areán, P. A. (2020). Comparing the streamlined psychotherapy "Engage" with problem-solving therapy in late-life major depression: A randomized clinical trial. *Molecular Psychiatry*. doi: 10.1038/s41380-020-0832-3 PMID: 32612251

Blanken A.E., Nation D. A. (2020). Does gender influence the relationship between high blood pressure and dementia? Highlighting areas for further investigation. *J Alzheimers Dis.* doi: 10.3233/JAD-200245. Epub ahead of print. PMID: 32955459.

Costlow, K., Parmelee, P. A., Choi, S. L., & Roskos, B. (2020). When less is more: Downsizing, sense of place, and well-being in late life. *Journal of Environmental Psychology, 71*. https://doi.org/10.1016/j.jenvp.2020.101478

Peter Kanaris, Ph.D., was a contributing guest on a Living to 100 Club radio program episode titled "Aging, Sexuality, and Infidelity in the Digital Age" hosted by Joseph M. Casciani, Ph.D. https://www.voiceamerica.com/episode/123536/aging-sexuality-and-infidelity-in-the-digital-age

Pearman, A, Hughes, M., Smith, E.L., & Neupert, S. (2020). Mental health challenges of U.S. healthcare professionals during COVID-19. *Frontiers in Psychology: Psychology for Clinical Settings*. doi.org/10.3389/fpsyg.2020.02065

Pearman, A, Hughes, M.L., Smith, E.L., & Neupert, S. (2020). Age differences in risk and resilience factors in COVID-19-related stress. *Journals of Gerontology: Psychological Sciences.* doi.org/10.1093/geronb/gbaa120

Segal, D. L., **Granier, K. L**., Pifer, M. A., & Stone, L. E. (2020). Mental health in older adults: An introduction for integrated care professionals. *Clinics in Integrated Care, 2,* 100015. https://doi.org/10.1016/j.intcar.2020.100015

Spalding, R. (2020). Accuracy in Surrogate Decision Making: A critical review. *Applied Psychology: Health and Well-being.* doi: 10.1111/aphw.12221

Spalding, R., Strough, J., & **Edelstein, B**. (2020). What would people think? Perceived social norms, willingness to serve as a surrogate, and end-of-life treatment decisions. *Palliative and Supportive Care,* 1-9. doi:10.1017/S1478951520000401

Strong, J., Fonda, J. R., Grande, L., Milberg, W., McGlinchey, R., & Leritz, E. (2020). The role of cognitive reserve in the relationship between metabolic syndrome and cognitive functioning. *Aging, Neuropsychology, and Cognition*, 1-16.

Van der Ploeg, E. S., & **Camp, C. J.** (2020, September 26). Living with a person with dementia during COVID19: Creating cognitive ramps, daily routines and meaningful activities. Retrieved October 28, 2020, from https://corona-older.com/2020/09/26/living-with-a-person-with-dementia-during-covid19-creating-cognitive-ramps-daily-routines-and-meaningful-activities/

Wickersham, R.H., Zaval, L., **Pachana, N.A.** & Smyers, M.A. (2020). The impact of place and legacy framing on climate action: A lifespan approach. *PLOS ONE*. doi.org/10.1371/journal.pone.0228963

Interview with Debbie DiGilio

The following is a transcript of an interview with Debbie DiGilio, conducted by Maggie Syme. Minor edits have been made for clarity and length. The full video recording of this interview can be found at the following link: https://youtu.be/HMSYkbil2K4

Maggie Syme (MS):
Debbie DiGilio, MPH. "Just" former director of Office on Aging at the American Psychological Association. Why don't we get started with the first question about how you started in the field of aging? Because that comes before how you got started in APA.
Debbie DiGilio (DD):
Well, that's really interesting. So my degree is in public health and my specializations in grad school were health behavior and health education. When I first moved to Washington DC after I got my masters and got married, the first job I got was with a health and exercise program for older adults at George Mason University. The woman who hired me was a doctoral level public health person and she liked my credentials, and although I had focused more on patient education and women's health, that was the job. I did it for six years, and I loved it. It was coordinating health promotion exercise program for older adults. I then later developed a peer exercise training program and we had older adults go into nursing homes and assisted living to repeat exercise programs. It was all based on health behavior theory, so it was very cool work. We worked it through a model to develop this program. It was wonderful and I loved the people. We became an exemplar because in 1982, there weren't many exercise programs for older people. One week I got a van from the university and we went to public health education conferences and did demonstrations, did local TV. I really liked it. The people were so resilient, you know, and they were probably my age or younger than me at that point because I think you could be 55 if you were a spouse that joined. They were very interested in learning, we had 90-year-olds there, people doing the best that they could at the program. I remember somebody saying "we have birthday parties" because it was a social thing, also, people would have parties outside of the program. I remember somebody's 80th birthday. And I'll never forget it, because she said, I cannot believe I'm 80 years old. When I turned 30 three years later, I was like, I can't believe I'm 30 years old! It just made an impression about how resilient and how engaged those folks were. So that was like my entree and after that I pretty much I worked in American Public Health Association, Kaiser Permanente, AARP before I got to APA. Those were all aging-related jumps.
MS:
Leave it to you for your first job in aging to create an exemplar program. So, we have a little bit of information about where you were before. How did you get started at APA?
DD:
I saw an ad in the Washington Post, which is sort of a bizarre thing. I'd worked part time for a while because my kids were small and I was ready to go back to work full time. I saw an ad in the paper for an aging issues officer, which then became the office director, the titles change. It was interesting because all through that time working in the other programs, especially Kaiser Permanente, I became more and more interested in mental health and aging. Seeing a job that combined aging and mental health, that was perfect. So I applied for it, it took a long time to get it. I don't know how many, many, many interviews there were but then I did get that job in 2001.
MS:
Who was your direct boss?

DD:
A woman Jackie Gentry who actually died, unfortunately, in a car accident after she retired. She was this wonderful, vibrant woman. I was reporting to somebody, to her, and then to the executive director. After a couple of years, I said, I don't know why I'm reporting to her because all the other people that had offices were reporting directly to the Executive Director of Public Interest. So that got changed. In my time there I've had to report to four different heads of Public Interest. Each time I had to explain to them why aging was part of the public interest.

MS:
Of course. Well, you open the door to this question, how has the attention to aging in APA then changed over the years?

DD:
I think there's some challenges, but overall I think that there is more attention. I think people are more aware of aging. I think they're more amenable to modifying things when it's brought to their attention. A lot of times, things are still being missed, but if we raise the issue, people agree to include them. So there is more attention. Over time, I did develop relationships with people in all the different directorates because I felt that it was really important to do.

It was not just in public interest then. People in education and advocacy and science thought about aging. So that changed, and when things about aging would come into the association, people would ask me. Those things would come to my office, whereas before, maybe things that were coming in related to aging were being disregarded or just put at the bottom of the pile and not really addressed. We developed advocates across the directorates.

MS:
I think that illustrates to me one of the roles I've seen you play so well, which is the advocate. We don't always "do" advocacy in psychology, although it's becoming a more important role, but you've always had that role. I don't think it's necessarily a role that APA folks or people have always taken, but you've done such a good job as an advocate for aging and understanding the importance and power of relationships and networks to help promote aging.

DD:
It's also more of a public health perspective.

MS:
Absolutely, community organization and advocacy to stakeholders. I think that that shows a lot in your work and as you said, it was important in your training. So when you think about the initiatives that you've worked on in APA, can you think of things that you were particularly proud of or things that you felt had a lasting impact?

DD:
The ABA/APA capacity assessment project is the number one thing that I'm most proud of. That lives on, which is important.

Getting money from APA Council to give to the Pikes Peak training conference, getting the commitment from the association to do that, that was great.

Getting mental health as one of the top 10 policy recommendations in the 2005 White House Conference on Aging, I'm very proud of that. That was with the National Coalition on Mental Health and Aging, but I pretty much orchestrated that even though I wasn't chair of the National Coalition at that point, I was staffing it from APA. That was interesting because I worked with the National Coalition on Mental Health and Aging when I was at AARP, and then AARP didn't want to host it anymore at just about exactly the same time I came to APA.

I got to APA in February 2001 and one of the things I did was meet with my old friend at AARP who would have staffed the National Coalition, and she said to me, "would you take this to APA and staff it?".

I said yes, well, I had to get all sorts of permissions, because I wasn't sure exactly what I was going to do at APA, but it seemed like a good project.
That was an excellent thing to do because it put us out there and gave me information about what was happening across mental health and aging. So I did the White House Conference on Aging in 2005 with them.
I staffed a lot of groups, including CONA, which has been very good in terms of advocating and having a home. I also did things like staff the presidential task forces on caregiving. The Caregiving Briefcase is something I'm particularly proud of. I'm proud of the guidelines. I did one gero and now two dementia guidelines.
The other thing I would say was the 2012 IOM report on the Geriatric Mental Health Workforce. That only happened because we were excluded from the 2010 retooling IOM report. That was partly also APA advocacy, we at APA and NASW and American Psychiatric Association advocated for Congress to authorize the money for that. That was big.
The APA Special Issue that was related to the White House Conference on Aging in America is probably one of the things I'm most proud of.
Those are the probably the big things I think about, but there's just so many little things… there was a lot of good stuff that came through. Then like you said in the beginning, the constant advocacy, that's good…and tiring! But good.

MS:

Those are things that I think that office will miss if they don't hire another advocate. One of the things that is particularly salient to me is that your role will be sorely missed, not just content that you bring but the role you play for aging.

DD:

Right. And like CONA, with COVID, oh my goodness, when you looked at that APA web page of resources, there was originally hardly anything on older adults. I guess that advocacy is just continually needed.

MS:

When you were operating full time for APA, pre-COVID, what were your main duties as the Director of the Office on Aging?

DD:

Advocate for aging issues internal and external to APA. That was my major activity, and to educate fellow staff about the key aging issues related to policy. Also to be the external spokesperson for aging. Representing APA at all these different groups, like the National Plan for Alzheimer's Disease and the National Coalition on Mental Health and Aging. Facilitating interactions with folks and collaborations with folks inside and outside of APA.
Oversee the development of all the knowledge and educational products. We did a lot of stuff which are very useful. We know that lots of people go to the Caregiving Briefcase, hundreds of thousands of people go there. The Elder Abuse brochure is really highly rated, lots of people come there from Google searches. There's that new brochure Reality versus Myth. People use the guidelines. Or the capacity assessment handbooks. That took a lot of time to do those things.
And then staffing all the groups, the task forces, the committees, the working groups, the guideline task forces. That was my job, to be the professional liaison from APA to all of those groups.
Another thing I do is sort of bring the expertise of the members in to the association. I do think in the future, they should also hire a psychologist. When I was there, I tried to sort of build a cadre of experts to bring knowledge into the association. That's one of the things I did enjoy most about my job…working with the experts and people who really freely gave information because it was important.

MS:

Which is a testament to you too! We give you our time because we believe in you. And we believe that you will use us to the best of our ability. I think that's the good thing, is we know we can count on you to ask us when you really need it and to just kind of suck the marrow out of experts.

DD:

Right. And use it! People respected that, and some really big names in geropsychology, neuropsychology, and across the subfields like, psychopharmacology and sleep.

MS:

Yeah, I agree. When you think about the spaces in which APA aging has been because of you…National Coalitions, the White House…

DD:

The Elder Care Workforce Alliance, I think that's important.

MS:

You can't really ask for a better liaison who like breaks down the walls to get psychology and aging in there.

Let's talk a little bit about outside of APA. So what do you think the you've learned about aging that you can now apply?

DD:

To my own life? Hmm. No, I was just thinking, I think my last request would be, I think it's really important for people to identify as a psychologist when they're out speaking. Yes, people are cognitive scientists, they're an Associate Professor in the Department of Psychiatry, but they're psychologists. People will go and speak on an issue, but they won't identify psychologists and I think it's important for people to see all the different roles that psychologists have.

For me, because I was thinking about that a little bit, I think what I've learned is you have to have a positive attitude. Sometimes it's hard, and I understand sometimes it's not accessible to everyone. I think it's just important to maintain a positive attitude. My mother taught me that for sure, she was living decades beyond any time anybody would have thought. I just think that's important especially when you age.

I think being adaptable, my knee replacement surgery has taught me that, too. You may not be able to move like you had or you can't dance as hard as you did, but you still have to find ways to do those things. I do a mean couch dance now.

And then try new things. That's why I feel like I'm happy that we're going to move because I wanted to experience living someplace else, meeting new people. It's scary, too, but I think it's important to do.

So that's what I learned… how to say things nicer instead of getting angry at people about things, I learned that too. I guess I had to learn how to be more diplomatic. Psychologists always do a good job of leading with the positive and then getting your point across.

MS:

I think we need a little bit of assertiveness training, though, when it comes to getting our point across. So tell us, what does the future hold for you? What are your plans now?

DD:

Like everything, the pandemic influences things. I did feel like it would be important to move now because there seemed like there was a window.

I wanted to live someplace less urban and more laid back. I still would like to be engaged with psychology and aging, maybe do some consulting, or some smaller amount of work than I had been doing.

I'd like to do something like direct service, something with older people because I've always worked with people who work with older people. In the 1980s I worked directly with older people, but I have not since

then, so I would like to do that. Something like a hospice volunteer, or I've always wanted to do intergenerational stuff too. So we'll see!

I want to be outside more. It would be nice to take lunch and go to the beach for the day. I hope I can start biking as much as I was biking before my knee surgery. And reacquaint with people, because we do know a lot of people in North Carolina.

MS:

Give me the three sentence tourist spiel about New Bern.

DD:

I like New Bern, because it's a smallish town. It's between two rivers, so there's a lot of kayaking and nature and it's close to the beach. I thought that would be nice. It's a lot cheaper to buy a house there, so that's exciting. We do have many friends and family down there. My daughter's in graduate school in Raleigh. It's more green and it's more open and I think that will be nice. There's things to do there, like different newcomer clubs and theater and a lot of outdoor stuff and nice restaurants.

MS:

So in five years we should be looking out for North Carolina to roll out their newest older adult exercise program?

DD:

Actually, in Raleigh, they had a big silver sneakers program. One of the first programs came out of North Carolina…and I kept up with people who are in the National Coalition on Mental Health and Aging from North Carolina…

The Student Voice

A Farewell from Rachael Spalding

I am so appreciative for the opportunity to serve as Student Representative over the past two years. While serving in this role, I was consistently invigorated by the supportive, passionate, and energetic environment of the geropsychology community, and I look forward to continuing participation as a member through the next stages of my professional career. Thank you!

An Introduction from Kyrsten Costlow

Thank you for selecting me as the newest 12/II student representative! Through the Society of Clinical Geropsychology, I have found a community of individuals who share my interest in promoting the mental health and well-being of older adults. I feel honored to represent the student voice as we work together towards this goal and towards advancing our field.

About Me: Originally from New Jersey, I am now living in Tuscaloosa, AL with my fiancé, soon-to-be stepdaughter, and our pet pit bull. I am in my fourth year in the Clinical Geropsychology Ph.D. program at the University of Alabama, working under the mentorship of Dr. Patricia Parmelee. Outside of my role as a graduate student, I enjoy hiking and spending time outdoors, traveling (in pre-COVID times), and spending time with my family.

My Path to Clinical Geropsychology: While we all know people who gravitate towards children and are naturally good with kids, you don't often hear about people who are drawn to older adults in this way. For me, however, I always felt a natural affinity with older adults. I began volunteering at nursing homes in high school and joined a healthy aging lab in college. As an undergraduate at Cornell University, my research and coursework on aging were housed in the college of Human Development whereas my psychology major was housed in the college of Arts & Sciences. It wasn't until later that I realized that these topics did not have to remain separate; I could pursue both of these interests through the field of Clinical Geropsychology.

Somewhat ironically, my introduction to Clinical Geropsychology occurred while I was working in a child development lab at the National Institutes of Health. I was fascinated by the longitudinal research being conducted in my lab but found myself wishing our data collection extended into late life. I started researching graduate programs that combined my interests in psychology and aging, leading me to my current program at the University of Alabama.

Research and Clinical Interests: Aging is associated with a unique set of stressful life events, including physical health declines and other losses. Despite these challenges, individuals often report positive emotional well-being into late life. My research interests center on this relationship between stress and coping processes and the mental health and well-being of older adults. In recent studies, I have examined stressors related to late-life relocation, such as the transition to a long-term care facility or the process of downsizing to a smaller home. In future work, I plan to focus instead on the daily stress process and how daily hassles change with age.

In my clinical work, I have also taken an interest in the impact of stressful life events, including traumatic stress. During my placement at a behavioral medicine clinic, I gained experience using trauma-informed treatment with clients with complex trauma histories. Currently, I am working with individuals with substance and alcohol use disorders, often accompanied by post-traumatic stress symptoms. Through my geropsychology-specific practicums, I have also worked with older adults facing aging-related stressors, such as family caregiving and cognitive decline.

I look forward to continuing to expand my training in Clinical Geropsychology over the coming years and to learn from you all as mentors and colleagues in the field!

Research Roundup

Submitted by Masha Yakovleva, MA

Many countries implement aging in place programs to encourage older adults' self-reliance. In the U.S., community-dwelling older adults spend an average of 80% of their day engaged in sedentary activities (Matthews et al., 2008). As functional needs increase, many aging adults require home-care services for support with activities of daily living (ADLs). Home caregivers traditionally provide an excessive pattern of care, which is positively related to dependency and further decline (Metzelthin et al., 2017). This relationship is well supported by the literature (Resnick, et al., 2012).

In the Netherlands, the "Stay Active at Home" program was launched in 2017 by the Maastricht University. The comprehensive program includes training for home care professionals from a reablement perspective, with an emphasis on doing things *with* older adults rather than doing *for* them (Metzelthin et al., 2017). In the concept of reablement, resilience, abilities, and social connectedness of older adults are at the center of care, rather than an emphasis on frailty (Metzelthin et al., 2017).

Rowan G. M. Smeets and colleagues (2019) studied the experiences of program participants with a focus on professionals' changes in knowledge and evaluations of program components. Eighteen semi-structured interviews were conducted with home-care workers, including nurses and domestic service workers. Findings indicated improvements for home care workers in four areas: knowledge of reablement, familiarity with skills, self-efficacy, and social support during the program. Participants' challenges to implementing the program included time-consuming in practice, lack of perceived need for reablement strategies, unrealistic expectations from program leaders, and limited social/organizational support outside the program. Home care workers rated practical components (e.g., discussions on past client experiences and role-plays) as the most effective parts of the program, while skills assignments were rated as least useful.

This study offers valuable evidence to the growing literature of the effectiveness of reablement for older adults in home care. To aid in effective future implementations, the authors provided recommendations in line with participants' criticisms: assess home care workers' stages of behavioral change, increase attention to communication skills, expand practical activities, repeat reablement skills, and foster more opportunities for social support.

Matthews CE, Chen KY, Freedson PS, et al. Amount of time spent in sedentary behaviors in the United States. Am J Epidemiol 2008; 167: 875–881.

Smeets, RGM, Kempen, GIJM, Zijlstra, GAR, et al. Experiences of home-care workers with the 'Stay Active at Home' programme targeting reablement of community-living older adults: An exploratory study. *Health Soc Care Community*. 2020; 28: 291– 299.

Resnick, B., Boltz,M., Galik, E., & Pretzer-Aboff, I. (2012). *Restorative care nursing for older adults.* In B. Resnick (Ed.), New York: Springer Publishing Company.

Highlight: Mentoring Committee Publication

Submitted by Brenna Renn, PhD, on behalf of the Mentoring Committee

Identification and selection of jobs in clinical geropsychology: A survey to inform career mentoring, job search, and helpful resources

The Mentoring Committee is pleased to share our recent publication based on our national survey of trainees and professional geropsychologists. We investigated job selection decisions in clinical geropsychology, including what information and resources support such decision making. This was a joint effort on behalf of all the authors during their time on the Mentoring Committee. The authors thank the following individuals for making valuable recommendations on a draft of the survey: Douglas W. Lane, PhD, ABPP, Benjamin T. Mast, PhD, ABPP, Victor Molinari, PhD, ABPP, Nancy A. Pachana, PhD, FAPS, FASSA, Elizabeth M. Shumaker, PhD, ABPP, Heather M. Smith, PhD, ABPP, and Sara Honn Qualls, PhD, ABPP. Jarred Gallegos, MS, MA, was instrumental in the early conceptualization of this survey during his term as student member of the 12/II Mentorship Committee from 2017-2019.

Objectives: This survey aimed to understand job selection decisions in clinical geropsychology and what information and resources support such decision making. Enhancing mentorship discussions to focus on early career job identification may promote placement satisfaction and match alongside growth and success of the geriatric mental health workforce.
Method: This cross-sectional observational study analyzed data from 97 respondents, including geropsychology trainees (n = 42) and professional geropsychologists (n = 55), who completed an online survey.
Results: Trainees endorsed a variety of ideal job characteristics in geropsychology; particularly settings with interdisciplinary teams and in medical, palliative/hospice, long-term, and geriatric outpatient care. Location was one of the most important factors in selecting a job for both trainees and professionals; the latter also reported the importance of setting-specific fit. Most trainees described mentoring as the main supportive factor in their job search and placement, specifically with regards to skill development, decision-making assistance, and personal support. Respondents listed the resources they utilized to identify open geropsychology positions, but also responded that more specific resources to aid job selection would be useful.
Conclusions: Mentorship in the selection of job opportunities offers instrumental and emotional support in defining job characteristics consistent with one's career goals. In terms of early career job identification and selection, training programs are encouraged to consider our results when providing career mentoring. Mentors and mentees can use the survey results to inform discussion topics, including topics related to formal job identification and placement alternatives for mentees.

Take Home Messages:
Given the workforce shortage in clinical geropsychology and geriatric mental health broadly, we wanted to understand job identification and selection to help facilitate job placement. This mixed methods survey highlights preferences and perceived barriers to obtaining desired jobs in the field of clinical geropsychology among trainees and established professionals. Our findings suggest that trainees may desire richer mentorship conversations that clarify both the professional and personal priorities guiding their job search, in addition to discussing long-term career goals. Such open, non-judgmental discussions

may facilitate a more successful job search and ultimate professional satisfaction, guided by these potential topics:

1. What is the mentee's expectation(s) for gainful employment after training?
2. What are the mentee's desires for an ideal position's roles and responsibilities, (e.g., distribution of tasks, types of populations served, settings)?
3. What are important factors when considering a desired job position? If there are perceived barriers to obtaining such a job, what could the mentee do to offset these?
4. Where can mentees locate specific job positions in clinical geropsychology?

Moreover, we hope the results of this survey will drive the development of additional resources on job identification in clinical geropsychology. Professional geropsychological and related training organizations, including the APA Society of Clinical Geropsychology, the Council of Professional Geropsychology Training Programs (CoPGTP), and the collaborative effort of GeroCentral, might consider developing the following:

1. Website(s) dedicated to job postings (including links to relevant organizations, such as APA, VA, *Psychology Today*, etc.) for geropsychology-focused positions.
2. Descriptions of common positions in clinical geropsychology, the roles and responsibilities, percentage of time dedicated to those roles, challenges to service delivery, skill set and past training required/desired, etc.
3. Opportunities to watch (or read transcripts) of interviews with psychologists in different clinical geropsychology roles and settings.
4. Active efforts to list community, non-profit, for-profit, and similar positions relevant to geropsychology outside of the larger and more commonly known settings (e.g., the VA system).

Committee Updates

Diversity Committee

Submitted by Flora Ma, MS

The Diversity Committee aims to create a community of diverse geropsychologists to address topics pertinent to the geriatric population using a multicultural lens and to ensure that diversity consideration is included in all areas relevant to the Society of Clinical Geropsychology. We strive to promote increased awareness and education for psychologists in all levels of career and training through various opportunities and approaches, such as discussions with training directors across the US on how diversity is integrated with psychology training programs. We additionally encourage collaborations with other organizations including Division 20, the Diversity Committee of the Society of Clinical Psychology, and other national and international organizations.

We understand that many members are juggling multiple academic, clinical, and personal responsibilities. As such, the Diversity Committee would like to remind all members that we are always on the lookout for individuals who are interested in joining the committee in any type of capacity. If interested, please feel free to reach out to our Diversity Committee Chair, Flora Ma, at fma@paloaltou.edu.

Committee on Science and Practice

Submitted by Ann Steffen, PhD, ABPP

The Society of Clinical Geropsychology's Committee on Science and Practice contributed to several comments on training- and practice-related guidelines over the past several months. We submitted an early phase review of APA Guidelines for Psychological Practice in Health Care Delivery Systems to inform the upcoming revision process. APA has added a 30-day comment period at the start of the process for updating guidelines. Once the task force has revised and updated, there will be a second comment period. This means that we will have an opportunity to review and make comments on a new version of these guidelines at some point in the future. We submitted feedback on the APA Committee on Accreditation's (CoA) Implementing Regulations (IRs) C-8 D, C-8 I, C-9 P, D.4-7(b), and E.1-3 related to training (doctoral, internship, postdoctoral), endorsing the comments regarding postdoctoral programs that have been submitted by the Council of Specialties in Professional Psychology (CoS) and by the Geropsychology Specialty Council. We also reviewed but elected to not submit any feedback on the APA Standards for Accreditation for Health Service Psychology, Master's Degree Programs (SoA_M). Standards are at a fairly broad level, meaning that the details of training in lifespan developmental perspectives will be more fully articulated in upcoming implementing regulations that we will then review.

The APA Task Force to Update the Guidelines for the Evaluation of Dementia and Age-Related Cognitive Change has posted the final draft of the 2021 update of the Guidelines: http://apaoutside.apa.org/PubIntCSS/public/default.asp. The 60-day public comment period ends November 21, 2020. SCG members are welcome to post feedback to the list serve and/or send backchannel to our committee no later than November 6th. This gives the SCG Committee on Science and Practice time to pull together feedback and share with SCG leadership for their review.

Our committee would like to invite any SCG members who become aware of proposed psychological professional training, assessment, and treatment guidelines that are relevant for clinical geropsychology to share on the listserv and/or contact us, via email to the committee chair (steffena@umsystem.edu). We are trying to track all relevant guideline development/revisions that are open for comment. The earlier we learn about guidelines in development/revision, the better able we are to involve SCG members and leadership in this process.

We thank Forrest Scogin for his service on this committee over the past two years and welcome Jay Gregg who has recently joined our committee!

Committee Members:
Jay Gregg, PhD
Durham VAHCS & Department of Medicine- Geriatrics, Duke University

Michele Karel, PhD, ABPP
U.S. Department of Veterans Affairs | VA · Mental Health Services

Ron Smith, PhD
Research Officer, Macquarie University

Ann Steffen, PhD, ABPP
University of Missouri-St. Louis

Julie Wetherell, PhD, ABPP
University of California San Diego - Psychiatry

APA Committee on Aging (CONA) Update

Submitted by William E. Haley, PhD, Chair of CONA

The Committee on Aging (CONA) https://www.apa.org/pi/aging/cona/ always has plenty to report! The 2020 APA Convention included several important accomplishments. APA Council endorsed an updated 2020 APA Resolution on Ageism. Updating the Resolution on Ageism has taken a tremendous amount of work. CONA member Dr. Kathy Ramos took the lead in updating the previous 2002 document, although this was certainly a CONA team effort. The final version of this Resolution can be found at https://www.apa.org/about/policy/resolution-ageism.pdf We hope that all 12-2 members will review this document carefully, distribute it widely and find it useful in their teaching, research, practice, and advocacy efforts. CONA is working to expand the ease of access to the Resolution and to work with the APA Communications Office to publicize this Resolution both within APA and the public. As news about the Resolution has spread, CONA members are increasingly receiving invitations to speak to public and professional groups about ageism as part of broader APA efforts to fight bias and discrimination in all forms.

The APA Virtual Convention also included several contributions from CONA and its members. CONA member Dr. Kelly Trevino and Dr. Doug Lane presented a CE Preconvention Workshop on "What psychologists should know about working with older adults", and Dr. Trevino and Dr. Ramos led an APA Governance Collaborative Program symposium on "Addressing the psychosocial needs of underrepresented people with serious life-limiting illness." The CONA Conversation hour included presentation of the CONA Award for the Advancement of Psychology and Aging to Dr. Pat Arean of the University of Washington. She was most deserving of this award and her virtual thanks and comments were memorable.

Most of the Conversation Hour was devoted to a new CONA initiative to partner with the Gerontological Society of America (GSA) in the Reframing Aging Initiative, a nation-wide initiative to reduce ageism in American society (https://www.geron.org/programs-services/reframing-aging-initiative). We heard from GSA CEO Dr. James Appleby about GSA's efforts on this initiative to date and received thoughtful comments from Dr. Brian Carpenter (12-2 President) and Dr. Jennifer Margrett (President of APA Division 20) about APA's potential contributions to this effort. We used breakout groups to generate specific suggestions on how APA might become involved in the Reframing Aging Initiative and ended with an open Zoom social event that was very lively. Further information about our plans will be forthcoming.

CONA has also been very active in organizing and supporting the Task Force (led by Dr. Ben Mast) for an updated version of APA's "Guidelines for the Evaluation of Dementia" (which is progressing well),

and Dr. Bonnie Sachs, Dr. Kelly Trevino, and Dr. Kathy Ramos produced an excellent fact sheet on "How to provide telehealth to older adults" which can be found online at https://www.apaservices.org/practice/clinic/telehealth-older-adults

Since our last update, we learned that Debbie DiGilio, Director of the APA Office on Aging for the last 19 years, was retiring. We will all miss Debbie terribly; you will see her thoughts on this in another article in the newsletter. CONA is currently being staffed by Dr. Maggie Butler, who is doing an excellent job in helping CONA with its many activities.

This will be my last report as CONA Chair to this newsletter. Dr. Kelly Trevino is incoming Chair. She is a skilled leader and CONA has many plans for the upcoming year. In closing, I want to say what a great honor and joy it has been to serve on CONA and to be its Chair this year. Serving on CONA is a unique professional experience. It is intense and demanding, but CONA members have a huge opportunity and responsibility to assure that APA pays close attention to aging issues in every aspect of its work. For APA members who want to do something meaningful and important in service to APA, I can think of no greater opportunity.

Society of Clinical Psychology (Division 12) Update

Submitted by Brian Yochim, PhD, ABPP
SCG (Section 2) Representative to the Society of Clinical Psychology

Dear fellow SCG members, I hope you are doing as well as possible during these difficult times. In this column I would like to share a few ways that SCG members can attain national recognition for their accomplishments, all of which have deadlines in the coming weeks. These forms of recognition are available to members of Division 12. If you are not a member, you can go to https://div12.org/ to join or click to join this Division when you renew your APA membership. The current membership fee is $63 and entitles you to a free book from the Hogrefe book series and many hours of free Continuing Education (CE) opportunities.

FELLOWS OF THE APA

If you feel you have made unusual and significant contributions to the field of psychology which have had a national impact, then you should consider applying to become a Fellow of the APA. One becomes a Fellow through a specific division of the APA. Our Society is a Section of Division 12, so Division 12 is a home division through which one can attain the distinction of Fellow. Fellow status is a way to identify and honor individuals for their exceptional work and contributions to clinical psychology.
The requirement for fellow status is to provide documentation showing outstanding contributions in either clinical research, practice, or other services at a state, regional, national or international level. The applicant identifies their relevant achievements and asks three current Division 12 Fellows to review the application and provide letters of support attesting to those achievements. The current Division 12 Fellows Committee members are available to provide advice and guidance through the process. The **Deadline to apply for Division 12 Fellow Status is December 1, 2020**. Please email the Society of Clinical Psychology Central Office at division12apa@gmail.com with any questions.
Another form of recognition is AWARDS.

AWARDS

Detailed information about applying for awards is available at https://div12.org/awards/.

DEADLINE TUESDAY, DECEMBER 15, 2020

The Society of Clinical Psychology invites nominations for its 4 Senior Psychologist awards, 1 Mid-Career award, 3 Early Career awards, and 7 Graduate Student awards. Inquiries should be directed to the Division 12 Central Office at 404-254-5062, or division12apa@gmail.com.

These awards recognize distinguished contributions across the broad spectrum of the discipline, including science, practice, education, diversity, service, and their integration. Below are brief descriptions of the award, with much more information available at https://div12.org/awards/

SENIOR AWARDS

Award for Distinguished Scientific Contributions to Clinical Psychology: Honors psychologists who have made distinguished theoretical and/or empirical contributions to clinical psychology throughout their careers.

Florence Halpern Award for Distinguished Professional Contributions to Clinical Psychology: Honors psychologists who have made distinguished advances in psychology leading to the understanding or amelioration of important practical problems and honors psychologists who have made outstanding contributions to the general profession of clinical psychology.

Stanley Sue Award for Distinguished Contributions to Diversity in Clinical Psychology: Honors psychologists who have made remarkable contributions to the understanding of human diversity and whose contributions have significant promise for bettering the human condition, overcoming prejudice, and enhancing the quality of life for humankind.

Toy Caldwell-Colbert Award for Distinguished Educator in Clinical Psychology: Honors psychologists who display excellence in mentoring clinical psychology graduate students, interns, postdoctoral fellows and junior faculty.

MID-CAREER AWARD

American Psychological Foundation (APF) Theodore Millon Award (given jointly with APF): This Award will be conferred annually to an outstanding mid-career psychologist engaged in advancing the science of personality psychology including the areas of personology, personality theory, personality disorders, and personality measurement.

EARLY CAREER AWARDS

David Shakow Early Career Award for Distinguished Scientific Contributions to Clinical Psychology: Given for contributions to the science of clinical psychology by a person who has received the doctorate within the past seven years and who has made noteworthy contributions both to science and to practice.

Theodore Blau Early Career Award for Distinguished Professional Contributions to Clinical Psychology (given jointly with APF): Honors a clinical psychologist for professional accomplishments 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; or other novel or creative activities advancing the service of the profession.

Samuel M. Turner Early Career Award for Distinguished Contributions to Diversity in Clinical Psychology: This award will be conferred annually to an early career psychologist who has made

exemplary contributions to diversity within the field. Such contributions can include research, service, practice, training, or any combination thereof.

GRADUATE STUDENT AWARDS

Distinguished Student Research Award in Clinical Psychology: Honors a graduate student in clinical psychology who has made exemplary theoretical or empirical contributions to research in clinical psychology. Clinical research contributions can include quantity, quality, contribution to diversity, and/or innovations in research.

Distinguished Student Practice Award in Clinical Psychology: Honors a graduate student in clinical psychology who has made outstanding clinical practice contributions to the profession. Clinical practice contributions can include breadth and/or depth of practice activities, innovations in service delivery, contribution to diversity, and/or other meritorious contributions.

Distinguished Student Service Award in Clinical Psychology: Honors a graduate student in clinical psychology who has made outstanding service contributions to the profession and community.

Distinguished Student Leadership Award in Clinical Psychology: Honors a graduate student in clinical psychology who has demonstrated outstanding leadership to the profession, within local and/or national organizations, including departments and universities. Leadership can be demonstrated by serving in elected or volunteer positions within such organizations, or taking leadership in the formation or development of new services or programs.

Distinguished Student Diversity Award in Clinical Psychology: Honors a graduate student in clinical psychology who has made exemplary contributions to diversity within the field. These contributions can include research, practice, training, service, scholarship, or any combination of these.

Distinguished Dissertation Award: The Division 12 dissertation award is intended to reward excellence, innovation, and social justice in dissertation research by emphasizing dissertation topics that focus on under-researched areas, under-served populations, or innovative topics.

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Social Justice Corner

Submitted by Diana DiGasbarro, MS, and Danielle McDuffie, MA
Newsletter Editors

A Gap in the Literature: Racial Disparities in Voting Access and Participation Amongst Older Adults

It is well documented that older adults cast a larger percentage of votes than would be expected based solely upon the percentage of older adults in the voting-age population (Binstock, 2000). There has been significant progress in recent decades in understanding access to voting amongst older adults, including voting among people with dementia and in long-term care (Karlawish et al., 2004), and accessible voting options for older adults with hearing, vision, and mobility challenges (McEldowney & Teaster, 2009). Yet there is a lack of literature examining the intersection of voting access, age, and race.

A recently published article adjacent to the issue of racial disparities in older adults' voting behaviors addresses the intersection of health, socioeconomic status, and political participation (Rodriguez, 2018). Analyzing mortality data, SES, age, and sociopolitical participation (e.g., voting, volunteering) gathered from the MIDUS I study, Rodriguez (2018) found that sociopolitical participation differed based upon SES, health, and mortality. High-SES "survivors" of a 10-year mortality follow-up participated 60% more in sociopolitical activities than low-SES survivors, and 85% more than low-SES "non-survivors." Health also stratified sociopolitical participation between survivors and non-survivors, with better health relating to higher participation. Of particular relevance to older adults, 70% of non-survivors in this sample (ages ranging less than 40 to 75 years old) were older than 55 years old.

Rodriguez (2018) uses these findings to argue that SES disparities in health and mortality are crucial in understanding who is able to participate in political activities such as voting. He claims that the relationship between low-SES and mortality results in people of lower SES dying sooner than individuals of higher SES. Thus, the pool of people able to vote and influence policy changes becomes disproportionately comprised of healthier, higher SES individuals. Lower SES individuals are outnumbered due to early mortality, and thus are unable to influence policies with the same leverage as the higher SES voters (Rodriguez, 2018).

While Rodriguez (2018) briefly mentions the intersection of race, SES, and health, he recognizes that the sample analyzed in his study is mostly White and overall had higher SES than the average population. However, there is substantial evidence regarding racial disparities in health in the United States, with worse outcomes for BIPOC Americans. As Wheeler and Bryant (2017) report, social determinants of health including poverty, lower educational attainment, and unsafe environments have strong relationships with race and ethnicity. These social determinants are also related to health behaviors, such as smoking, exercise, and nutrient intake, that account for up to 40% of mortality in the United States (Wheeler & Bryant, 2017). Beyond individual factors like health behaviors, lack of racial and ethnic diversity amongst healthcare providers and systemic barriers to insurance and quality healthcare contribute to racial disparities in health and mortality (Wheeler & Bryant, 2017). SES and racial intersections with health and mortality amongst older adults suggests that low-SES older adults, BIPOC older adults, and especially low-SES BIPOC older adults may be disproportionately left out of the older adult voting pool. These individuals would then unable to make their voices heard in sociopolitical change.

Beyond the issue of who survives and is thus able to vote, there is also the potential issue of access to voting amongst racially diverse older adults. Fullmer (2015) found that the number of early voting sites per 1,000 voting age residents was disproportionately lower in counties with a higher percentage of Black voting-age residents in the 2008 and 2012 elections. Interestingly, this may be due to state laws limiting the number of early voting sites rather than counties limiting early voting sites; for example, in Ohio, all counties must have one early voting site no matter the population density (Fullmer, 2015). These findings suggest that Black Americans may have worse access to early voting locations due to limited sites. As McEldowney and Teaster (2009) documented, accessible voting is also an issue for older adults, especially those with health conditions that affect voting such as limited hearing, vision, and mobility. While many states offer accommodations, these may differ between counties and even polling sites (McEldowney & Teaster, 2009).

Addressing racial and SES health disparities throughout the lifespan is crucial in ensuring low-SES and BIPOC older adults are able to make their voices heard in shaping politics and policy. Potential barriers to voting related to the intersection of race, health, and age should be assessed to determine if BIPOC older adults face barriers above and beyond the challenges faced by all older adults. As geropsychologists, we may be faced with evaluating voting capacity, implementing behavioral activation using civic engagement as a meaningful event, or simply supporting older adult clients who wish to engage with the political process. It is imperative that we understand the nuanced challenges faced by older adults, especially BIPOC older adults, when voting so that we can be in a position to make meaningful impacts at the individual and policy levels.

What Can We Do?

Beyond filling this gap in the literature, there are concrete ways we can help as geropsycholol gists. Being informed about local accessibility options in your county could allow you to point older adults in the right direction to ensure they receive the assistance they need to vote. A recent article from Rudnik et al. (2020) explores digital civic engagement amongst adults 85 years and older. Working with technology with older adults who are interested in participating in digital sociopolitical activities may remove barriers to engagement, especially this year with risks of in-person engagement due to COVID-19. We can also do things like engaging with community organizations to help older adults in underserved areas gain access to voting locations. At the University of Alabama, there is a collaboration happening between students within the graduate Psychology program (amongst others) and a community organization in the Black Belt to help arrange for and/or provide transportation to and from voting sites on Election Day. Initiatives like this are especially beneficial to older adults in more rural areas who might not have access to reliable transportation, or might not have the ability to transport themselves.

Please email Diana DiGasbarro (diana.digasbarro@louisville.edu) or Danielle McDuffie (dmcduffie1@crimson.ua.edu) with comments, questions, or suggestions about this Social Justice Corner or future columns.

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