

Clinical Geropsychology News

Society of Clinical Geropsychology

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**Published articles do not represent the official views of the SCG (Section II), Division 12, or APA*

President's Column

**Rebecca Allen, PhD, ABPP
& Kimberly Hiroto, PhD**



President's Note: Work on this column was already planned and underway when on Sunday April 11 we learned of the shooting of 20-year-old Daunte Wright in Milwaukee near where Derek

Chauvin is on trial for charges of murder and manslaughter in the death of George Floyd. It is time for us as a Society of Clinical Geropsychology to be mindful of individual and collective gaps between our creed and our deeds (paraphrased Eric Liu at <https://www.pbs.org/newshour/brief/377110/eric-liu>).

"If we could change ourselves, the tendencies in the world would also change."

--Mahatma/Mohandas Gandhi

Until this year, my tag line was about fear and being liberated from it. It has taken a global pandemic for me to sit with myself and my current understanding, to look inward (call in) and examine the corners and recesses of my white

privilege, within the context of being First Generation college and from a working-class economic background. Somehow, that knowledge intersected with my identities as a non-Hispanic white, cisgender, heterosexual woman, AND with my history of growing up with a transgender brother/sister (he never made it to express himself outwardly; only in silence) *such that I did not explore those corners*. I did not fully sit in the knowledge of my privilege until this year. Such a hate-filled, isolating year targeting people of color; and politically targeting many with my economic background and using them to ignite *their* fear, leading to further hate. In my “corners”, I found silence. I have been excessively silent as an ally. And it is time to step up, step out, and Call In.

On Thursday March 25, Dr. Kimberly Hiroto and others started a deep and meaningful conversation on our SCG listserv. Our safe space. Our support system as a professional organization. Kimberly talked about silence, and how keeping silent just contributes to the collective and deafening silence, where hate, oppression and violence grow. She stated, “Only recently have I felt the conviction and determination to say something and no longer stay silent. This is the power of silence: it magnifies the pain, feeds self-doubt, and reifies the feeling of invisibility and inferiority.” Oh how I resonate with this, even sitting in the privilege of my identities. We in SCG have a lifespan lens with which to view our environment moment by moment, and we have the opportunity through our science and practice to act, to Call Out and Call In in accordance with our values. We have the voice, conviction, and opportunity to act as leaders within APA and our other professional organizations and fully support diversity, equity, and inclusion with our whole, full voices. I urge you to do this. And I cede the floor to our own Dr. Kimberly Hiroto...

Thank you, Dr. Allen, for your authenticity, vulnerability, and willingness to share your process. As a fourth-generation Japanese American in California, my family history included the incarceration of my parents and grandparents during WWII. I grew up hearing about, but rarely speaking of, “camp” – as if it was some sleep-away vacation. It was a prison camp: guards stood watch in towers armed with machine guns aimed toward prisoners, barbed wire surrounded the area, and wooden shacks provided limited shelter. My maternal grandmother was in her early-twenties when she, my grandfather and their two infants were forced from their homes, limited to one suitcase per person. They huddled in the horse stalls of a race track while waiting to be moved like cattle to another state. My grandmother travelled separately with the other nursing mothers. My father, then 5 years old, was separated from his family due to illness, uncertain if he would be reunited. My grandparents survived unimaginable pains and trauma, but kept them private because that’s what we do: *gambaru*, we persevere in silence. This is a cultural value, but it also aided their survival in an unwelcoming society.



I think of them now more than ever as I witness the surge in hate crimes against our AAPI communities that harken back to WWII. My family’s experiences are in my blood; my DNA, and I refuse to be silent. I share this pain to honor my ancestral resilience and to voice the struggles they endured. I share this pain so you can see the type of wounds we carry: generations deep with themes of oppression, persecution, violence, and dehumanization. These themes pervade the stories of immigrant experiences, indigenous colonization and erasure, LGBTQIA+ communities, and the experiences of those forced here through slavery. If we all look closely enough, we’ll likely find these stories in our own families.

So I call you in to grieve with me, to rage with me, and to advocate with me. To join me in looking inward to understand how we are agents of a system rigged to benefit some and deny others. It's easy to look outward – a quick Google search provides the histories and traditions of other groups. What's harder, what these times demand of us, is to delve within and examine the implicit biases we've inherited across generations. To consider how we inhale a system of oppression, and exhale its effects. To recognize that silence keeps us complicit with a system that determines whose humanity and life matters.

These times call on us to speak out and speak up. Your words may not heal deep wounds, but they can validate the pain. They can push against the narrative we've heard time and again: "you don't matter"; "that didn't happen"; "you're being overly sensitive". Let us bear witness to each other as full humans, not just psychologists or students or faculty, but as humans with distinct family histories and intersectional identities living in a complicated and fraught society. Let us speak out when we see injustice and harm perpetrated against our elders, especially those made vulnerable by systemic oppression, and let us call each other in to co-construct a Society that acts in solidarity with our shared humanity. As Geropsychologists we honor the personhood, suffering, and resilience of our patients. Let us do the same for each other and ourselves. Your statements of solidarity are appreciated, but they will not move us toward equity or inclusion. To do this, we must look within ourselves, within our institutions and our practices. This is what will also help sustain our specialty and increase the pipeline of diverse students. We must look for what is and is not being said, we must listen closely to the silence and we must fill that void with expressions of compassion, humility, and the voices of those straining to be heard.

Comments from the Editors: Danielle & Diana



Danielle McDuffie & Diana DiGasbarro

Welcome to the Spring 2021 issue of the Society of Clinical Geropsychology Newsletter! Somehow, we are already on the second year of our tenure as your newsletter co-editors! We're not sure if the feeling is mutual, but we feel like this past year has flown. We also want to take a moment to thank the Society for embracing us so warmly and completely during our first year. The encouragement, praise, and support you all provided is a big part of what makes our job so worth it (and of course, it doesn't hurt that we love Gero).

We also would like to formally welcome Dr. Rebecca Allen as our new President (though technically she has held the title for months now). Please tune in to an impactful first President's Column from Dr. Allen, featuring our own Dr. Kimberly Hiroto. Following that strong lead, we are bringing you a jam-packed issue of the Winter/Spring newsletter (we've clearly been missed since the Fall edition!). In this issue, you will find some newsletter standards like our Introduction to 2021 Leadership, Full and Student Member Spotlights, Announcements, Committee Updates, and a Research Roundup. You also will find some new content like columns provided by ABGERO and Division 44 (Society for the Psychological Study of Sexual Orientation and Gender Diversity).

With a new year among us, we'd love to hear any ideas you might have for how we can improve the newsletter. Please feel free to email us at any point: Danielle McDuffie dmcduffie1@crimson.ua.edu or Diana DiGasbarro diana.digasbarro@louisville.edu. We hope you and your loved ones are remaining safe and healthy!

2021 SCG Leadership

ELECTED OFFICERS

<i>President</i>	Rebecca Allen, PhD, ABPP	Tuscaloosa, AL
<i>President Elect</i>	Shane Bush, PhD, ABPP, ABN	New York, NY
<i>Past President</i>	Brian Carpenter, PhD	St. Louis, MO
<i>Secretary</i>	Patricia Bamonti, PhD	Boston, MA
<i>Treasurer</i>	Erin Woodhead, PhD	San Jose, CA
<i>Division 12 Rep</i>	Brian Yochim, PhD, ABPP	St. Louis, MO

STANDING COMMITTEES

<i>Awards and Recognition</i>	William (Bill) Haley, PhD	Tampa, FL
<i>Diversity</i>	Flora Ma, MS	Palo Alto, CA
<i>Lifelong Learning</i>	Jessica Strong, PhD, ABPP	Prince Edward Island, Canada
<i>Nominations/Elections</i>	Brian Carpenter, PhD	St. Louis, MO
<i>Mentoring</i>	Ira Yenko, PsyD	Palo Alto, CA
<i>Science and Practice</i>	Ann Steffen, PhD, ABPP	St. Louis, MO

COMMUNICATIONS TEAM

<i>Chair and Listserv Manager</i>	Charissa Hosseini, PhD	San Francisco, CA
<i>Social Media</i>	Taylor Loskot, BA	Stanford, CA
<i>Newsletter Editors</i>	Danielle McDuffie, MA	Tuscaloosa, AL
	Diana DiGasbarro, MS	Louisville, KY
<i>Website Coordinator</i>	Jennifer Ho, PsyD	San Francisco, CA

REPRESENTATIVES TO AND FROM 12/II

<i>Student Representatives</i>	Kyrsten Costlow, MA	Tuscaloosa, AL
	Jackie Hogan, MS	Boston, MA

Member Spotlight



Full Member Spotlight: Alexandra Zaleta, PhD

Year joined Society of Clinical Geropsychology: 2008

Hometown: Newtown, CT; I currently live in Philadelphia, PA

Current Professional title and affiliation: Senior Director of Research, Cancer Support Community

Why did you join the Society for Clinical Geropsychology (Division 12, Section II)? I joined at the encouragement of my graduate mentor, to connect with other students and professionals, and to learn about issues relevant across the broader field of geropsychology outside of my immediate research and coursework.

How has membership in the Society for Clinical Geropsychology assisted you with your professional activities? I currently work in a non-profit research setting that serves people of all ages, so maintaining a connection with Div 12/II has been important in keeping me connected with geropsychology research and updates in the field.

How did you get interested in the field of aging? I am broadly interested in aging as it intersects with health and illness. The foundation of my interest began with a personal experience; I was a caregiver for many years for a family member with a neurodegenerative disease. This experience motivated me to pursue a career focusing on the psychosocial impact of illness. The opportunity to dive deep into geropsychology came naturally because of the intersection between health and aging. I've been excited to see the progress in recent years in increasing the number of available clinical and research training opportunities for students who are interested in both aging and health, because the need in these interconnected areas only continues to grow.

What was your most memorable experience during your graduate studies? I am grateful for the personal and professional growth that I experienced in graduate school! Of everything, I look back mostly fondly at the relationships that I made – I created a core network of friends and professionals with whom I connect with regularly.

Have you had an important mentor in your career? If so, how did he or she make a difference? My graduate mentor, Dr. Brian Carpenter, Director of the Clinical Geropsychology Laboratory at Washington University in St. Louis, was fundamental in my professional growth in many ways. Aside from an excellent training experience overall in clinical geropsychology, two lessons in particular stand out. First, he always encouraged me to take the time to dive deep and consider the theoretical frameworks that inform my work and my hypotheses. Working now in a fast-paced applied research setting, I appreciate the time that I invested early in my career, as it has led to my being able to efficiently leverage theory in my work now. Second, he was the first professional to encourage me to think about the broader contexts in which psychologists can have impact, beyond the research and clinical spaces which are the focus of much of our graduate work. At the time when I was in graduate school, important but incomplete strides

were being made towards mental health parity. Now more than ever, having a lens for actionability is critical as we continue to grapple with issues of equity in the U.S., and I am grateful for being challenged to think about this early in my training.

What is your current position and what are your key responsibilities? I am Senior Director of Research at Cancer Support Community’s Research and Training Institute. I serve as the scientific lead for a team of behavioral science researchers dedicated to studying the psychosocial impact of cancer, to 1) further scientific knowledge, 2) support the development of new supportive care programs for cancer patients and their families, and 3) inform health care policy and advocacy recommendations.

Tell us about your most recent activities. Working for the research arm of a non-profit advocacy organization allows me to be involved in a broad array of research initiatives. My latest projects focus on the psychometric validation of a psychosocial distress screening, referral, and follow-up programs for cancer patients and for family caregivers. I am also heavily involved in survey research that documents ongoing gaps and unmet needs of cancer patients and caregivers, especially in the areas of psychosocial well-being, financial toxicity, and health care team communication. All of these issues impact older adults, often disproportionately, and so I am always thinking about issues of aging even in research that typically includes participants across the lifespan.

What has been your most memorable experience in gerontology and aging clinical practice and/or research? As a clinical psychologist, I value the practical and real-world insights that come from being able to sit down with older adults to understand their needs and experiences. All of my current quantitative research includes cancer patients and/or caregivers participating as project advisors alongside the study team, and their insights are often invaluable in shaping the final research project.

Do you have any tips for emerging geropsychologists? I encourage students and early career professionals who are thinking through their next career steps to be confident! There are of course many outstanding career opportunities in academia and the VA health care system and other medical centers. But it is important to know that there are many other diverse settings suited to your clinical/research skills and knowledge: non-profit organizations, government agencies and government contractors, survey research firms, policy organizations, and many other applied settings that will benefit from staff with dedicated expertise in aging and geropsychology. I recommend going to all of the “early career professional” development sessions offered at whatever annual scientific meeting you attend, and to reach out to people working in these spaces to learn more about the experience and opportunities available to you. Finally, if you are exploring work in these spaces, set up a compelling LinkedIn page, because currently, this is what most people outside of academia are looking at when they want to learn about you and your interests!

What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies? In the era of COVID-19, I spend any free time with my family, mostly figuring out creative new ways for my toddler daughter to enjoy fresh air and sunshine!

Member Spotlight



Student Member Spotlight: Ali Molaie, MA

Year joined Society of Clinical Geropsychology: 2020

Hometown: Los Angeles, CA

Current academic affiliation: University of Nevada, Reno

Why did you join the Society for Clinical Geropsychology (Division 12, Section II)? Given my interest in the intersection between clinical psychology and aging, SCG was a natural fit to remain up to date on research and clinical developments in the field.

How has membership in the Society for Clinical Geropsychology assisted you with your professional development? I have appreciated gaining insight into clinical approaches and expertise that characterize geropsychologists' professional roles, shared via the email listserv. I am also grateful for the training resources available through the SCG website that help me build a stronger foundation in geropsychology.

How did you get interested in the field of aging? A confluence of factors sparked my interest in aging, including working in rehabilitation and psychiatric settings with older adults. I am particularly drawn to issues of social disconnectedness across the lifespan, and recognizing the importance of aging as a context in which all other psychological phenomena are nested. I am also appreciative of the scope of clinical geropsychology, and hopeful that further training with older adults will allow me to become conversant across subfields of psychology, including health, neuro, and behavioral psychology.

Have you had an important mentor in your career? If so, how did he or she make a difference? I feel fortunate to have had a number of impactful mentors in my training thus far. Within geropsychology, my doctoral advisor Dr. Jane Fisher has supported my growth as a psychologist by providing invaluable guidance and encouragement on research ideas, presenting, writing, and clinical work, among many other aspects of professional development. I am also grateful to Dr. Daniel Sherman at Providence Little Company of Mary San Pedro, who allowed me to shadow and learn from his empathic and generous interactions with individuals adjusting to disability, and Dr. Allison Branch of Teachers College, Columbia University, whose passion for working with older adults kindled my own interest. The support and kindness from these mentors has propelled me forward in my training.

What has been your most memorable experience in gerontology and aging clinical practice and/or research? My most memorable experiences in gerontology have been working as a "caregiver coach," assisting caregivers of individuals diagnosed with neurocognitive disorders in adjusting to the challenges of caring for their family members. I feel grateful to have witnessed the resilience, caring, and wisdom that caregivers embody, and how that can promote the quality of life of their family members.

Tell us about your most recent activities. I currently work as an independent evaluator for a clinical trial addressing suicide risk in treatment-seeking college students. I am also beginning data collection for my

dissertation, which will be assessing the role of social disconnectedness in suicidality among young adults. Finally, I am in the process of completing manuscripts pertaining to behavioral interventions for improving the quality of life of individuals with dementia, and the relation between social disconnectedness and suicide risk across age groups.

Looking forward, what are your plans post-graduation? I hope to apply to post-doctoral fellowships that allow me to conduct psychotherapy and assessment within interdisciplinary teams, and eventually work in a healthcare setting conducting clinical work, research, and teaching.

What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies? In Reno I have taken to hiking and running, especially during the pandemic. I hope to soon resume playing music with friends, traveling, and being near family.

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

Member News & Awards

Ann Pearman, PhD has recently accepted a position in the Psychology Section of the Department of Psychiatry at the MetroHealth System, a major teaching hospital of Case Western Reserve University in Cleveland, OH. The position is an academic Clinical Geriatric Psychologist at the Associate Professor level. In addition to clinical practice and research, she will be supervising interns and postdocs, so start thinking about sending your graduating geropsychology students to MetroHealth!

Jessica Strong, PhD, ABPP recently received a 5k Internal Research Grant from the University of Prince Edward Island to fund a dissertation study for one of her students. With the funds, the student (and Dr. Strong supervising) will be conducting a program evaluation of mental health outcomes after participating in a 12-week Acceptance and Commitment Therapy group intervention for older adults in Assisted Living Facilities who have elevated anxiety or depression symptoms. Dr. Strong and her student are very excited to get started on recruitment in the coming weeks!

Kristie Wood (Counseling Psychology PhD student) and Robert Hope (MFA Film student) were granted UT Austin's Health Communication Scholars Program Award to produce a 2-part research documentary series about dementia caregiving during Covid-19. They recently finished part 1, *Face to Face*, a short documentary about a local caregiver fighting to maintain connection with her mother, who has dementia, during the pandemic. *Face to Face* will premiere at the Lake Travis Film Festival in June 2021.

Congratulations to the newest ABGERO specialists: **Ashley Mosley, PhD, Grant Harris, PhD,** and **Ashley Szabo Miller, PhD!**

Recent Member Books & Publications

Areán, P. A., **Renn, B. N.**, & Ratzliff, A. (2021). Making psychotherapy available in the United States: Implementation challenges and solutions. *Psychiatric Services*, 72(2), 222–224. <https://doi.org/10.1176/appi.ps.202000220>

Bott, A., Hickson, L., Meyer, C., & **Pachana, N.A.** (in press). “It’s huge in a way.” Impact and management of hearing impairment for people living with dementia in residential aged care facilities. *The Clinical Gerontologist*.

Candrian C., **Hinrichs, K. L. M.** (2021). The impact of intersectional stigma on health outcomes: The case of an older lesbian veteran. *Journal of Gay & Lesbian Social Services* [Epub ahead of print]. doi: 10.1080/10538720.2021.1875348

Carden, K. D., **McDuffie, D. L.**, Murray, K., Bui, C., & **Allen, R. S.** (in press). Minority Stress Process among older Black Americans: The role of age, perceived discrimination, and anxiety. *Aging & Mental Health*.

Renn, B. N., Wool, J. L., & Belza, B. (2021). A typical week with mild cognitive impairment. *The Gerontologist*, gnab008. Advance online publication. <https://doi.org/10.1093/geront/gnab008>

Announcement

Advancing Age Inclusivity in Psychology - A Virtual Teaching Conference will be held on **August 20, 1:00-3:00 EST.**

Objectives of the Conference

After attending this virtual conference, participants will be able to:

- 1) describe shifting age demographics and the need for higher education – and psychology - to advance more age-inclusive curricular programs and practices;
- 2) describe the Age-Friendly University (AFU) initiative and how its set of 10 guiding principles offer a guiding framework for institutions to meet the needs of increasingly aging populations and age-diverse students;
- 3) design ways to infuse aging content into core courses across the psychology curriculum; and,
- 4) share examples of their teaching and learning strategies for advancing age-inclusivity in psychology.

Participants

The target audience for this conference will be members of Division 20 (Adult Development and Aging) and Division 2 (Society for the Teaching of Psychology), along with other interested Divisional members and Psychology educators. As well, the conference will be open to Psychology faculty at the 30+ US institutions that are members of the pioneering Age-Friendly University (AFU) global network, which will add to the diversity of participants.

Conference Program

Getting Started (15 minutes)

Welcome and Overview

[Joann Montepare](#), PhD, Lasell University, D20 President-elect

The Need for Advancing Age Inclusivity in Psychology

[Susan Whitbourne](#), PhD, University of Massachusetts Boston

The Age-Friendly University (AFU) Initiative

[Joann Montepare](#), PhD, Lasell University

Infusing Aging Content in Psychology Curriculum (10 minutes each)

Clinical, Community, Counseling Psychology

[Nancy Pachana](#), PhD, University of Queensland

Cognitive, Sensation/Perception, Neuropsychology

[Raymond J. Shaw](#), PhD, Merrimack College

Social Psychology

[Sheri Levy](#), PhD, Stonybrook University

Break

Personality

[Dan Mroczek](#), PhD, Northwestern University

Industrial, Organizational, Environmental Psychology

[Mo Wang](#), PhD, University of Florida

Behavioral Research

[Michael Marsiske](#), PhD, University of Florida

Teaching Exchange - Breakout Room Session (20 minutes)

Highlights and Insights (10 minutes)

Wrapping Up (10 minutes)

Final Comments

[Lisa Brown](#), PhD, Palo Alto University, D20 President

Invitation to contribute to *Teaching Tips for Advancing Age Inclusivity in Psychology*

[Lori Rosenthal](#), PhD, Lasell University

The Student Voice

Perspective of an Older Adult Living in a Rural Area: Interview with Jeanne Katz

Submitted by Jackie Hogan, MS, and Kyrsten Costlow, MA

Interview by Rachael Spalding, MS



We would like to give a special thank you to former 12/II student representative Rachael Spalding (pictured) for conducting and writing the following interview.

Former 12/II student representative Rachael Spalding interviewed 78-year-old Jeanne Katz, who is a retired hospice, long-term care, and primary care nurse as well as a mental health counselor. Jeanne lives with her two daughters and granddaughter in rural Pennsylvania. She is currently providing in-home hospice care to her daughter Jennifer who has terminal COPD. For five decades, Jeanne has stewarded a 200+ acre nature sanctuary where, as a Cherokee elder of mixed race, she hosts Native American and interfaith gatherings. She is a long-term mentor to Jackie Hogan. Rooted in the Native American tradition of the importance of family and honoring of elders, Jeanne encouraged her and many others to spend time and to work with older adults to gain the wisdom needed to understand the impact of our decisions on the next seven generations.

In the interview, Rachael asked Jeanne: “What recommendations would you give to psychologists who want to provide the highest level of support to older adults during the pandemic?” Jeanne provided the following suggestions:

- Allow space for older clients to share their positive feelings in addition to hardships and grievances.
- Teach older clients how to give themselves self-compassion by acknowledging and honoring their physical and emotional experiences. Mindfulness-based tools and approaches may be particularly helpful.
- Express compassion *verbally*, going beyond non-verbal or active listening-based demonstrations of empathy. In other words, provide more statements that explicitly convey compassion.
- Be aware of how financial constraints may limit older adults’ ability to seek therapy. Consider offering payment using a sliding scale.
- Extend a helping hand to the older people in your life. For instance, teach your older neighbor who isn’t very “tech savvy” to use Zoom or other virtual communication technologies.
- Reach out to individual older adults, long-term care facilities, and assisted living communities in your area and inquire as to how you can help during this time.
- Consider sending newsletters via mail or email to your older clients with tailored information regarding support groups, resources, and activities to try while in quarantine.
- Be sensitive to how older clients, especially those living in long-term care facilities, may feel disconnected from loved ones and emotionally isolated at this time. Furthermore, acknowledge the specific sense of loss experienced by older adults - losses with respect to physical functioning, agency, independence, and loved ones.

Diversity Committee Column

Submitted on behalf of the Diversity Committee by Flora Ma, MS



We want to acknowledge recent discussion on the 12:II listserv about anti-AAPI racism and the stated desire by many members to educate themselves further so they might be better able to engage in related advocacy work. We have compiled a few resources to get folks started. Of note, these resources, among many others, have been shared across various listservs in recent weeks by members of SCG. There are so many resources out there, so this is just a sample to get folks started. We cannot effectively advocate for solutions to problems we do not see. There is a lot of value in undertaking the process of examining whiteness and white supremacy culture within oneself and within our institutions and policies. In doing so we will be more effective agents of change in our communities and institutions.

Resources for learning more about anti-AAPI racism and the experiences of Asians, Asian Americans, Native Hawaiians, and Pacific Islanders in the United States

-**Asian American Psychological Association** [Asian American Psychological Association \(aapaonline.org\)](http://aapaonline.org)
 -**National Asian American Pacific Islander Mental Health Association** resource provides mental health and behavioral services for Asian Americans, Native Hawaiians, and Pacific Islanders
<https://www.naapimha.org/aanhpi-service-providers>

Asian Pacific American Heritage Month (May 2020) – Community and Online Resource List

-**AAPI LGBTQ+ Organizations and Resources** <https://aapaonline.org/resources/lgbtq-aapi-resources/>
 -**Learning for Justice** How to Respond to Coronavirus Racism <https://www.learningforjustice.org/magazine/how-to-respond-to-coronavirus-racism>
 -**Anxiety and Depression Association of America** Responding to Anti-Asian Racism during the COVID-19 Outbreak <https://adaa.org/learn-from-us/from-the-experts/blog-posts/consumer/responding-anti-asian-racism-during-covid-19>
 -**Racial Equity Tools** resource page for COVID-19 Racial Equity and Social Justice Resources <https://www.racialequitytools.org/resources/fundamentals/resource-list/covid-19---racial-equity-and-social-justice-resources>
 -**Asian Americans Advancing Justice** Coronavirus/COVID-19 Resources to Stand Against Racism: <https://advancingjustice-aaajc.org/covid19>
 -**Self-Guided Training: Anti-AAPI Racism (Fitzgerald, 2021)**

While learning more about the problems we are passionate about and wish to advocate for is certainly the first step, much more can be done. Getting to know who represents you at the local, state, and national level of government is an excellent way to jumpstart your advocacy efforts. As constituents and geriatric mental health providers we can leverage our voices and contribute to policy making and implementation by doing what we do best, establishing relationships with others. Simply sending an email expressing your concerns and possible solutions (see below for an example of a template) can be a great start!

Links that will direct you to find your elected officials at a national level:

https://ziplook.house.gov/htbin/findrep_house

<https://www.senate.gov/senators/senators-contact.htm>

Example template for emailing your government leaders:

To whom it may concern,

I am writing to urge you to implement legislation designed to make/protect XXX. In the wake of numerous XX, and most recently XX, our aging Americans need your help and legislative leadership now. I urge you to consider the three factors that have been most clearly identified as contributing to the prevention of XX, by expert opinion as well as popular consensus: 1), 2), 3).

I would be happy to discuss this issue further with you or your legislative aides, and I welcome the opportunity to have relevant input, based upon my training and experience.

Sincerely,

Your constituent

Doctoral Candidate in Clinical Psychology

or

Licensed Psychologist

Highlight: Mentoring Tip Sheet

Difficult Topics in Mentoring *Submitted by the Mentoring Committee*

Uncomfortable and/or emotionally evocative topics are often avoided in the mentoring relationship. Yet, these topics do show up in conversations, and may deepen and strengthen the relationship. The following ideas may facilitate and improve communication among mentors, mentees, and institutions. In light of our current sociopolitical climate, we emphasize conversations surrounding diversity, equity, and inclusion (DEI). This information may serve as a template for any emotionally evocative discussion. We hope that through continued self-reflection and self-education, we can empower individuals to speak up, call in, and engage in meaningful dialogue to affect change.

Some information below is informed by correspondence from Dr. Kimberly Hiroto and Dr. Jenny Yen, who have graciously given their permission to draw from their work.

For Mentors and Mentees:

- Practice self-awareness: Be aware of the complexities of our respective intersectional identities, the power dynamic within our relationships, and our needs for healthy boundaries and safety.
- Engage in self-reflection: Examine our beliefs, experiences, and values; and how they influence our world and relationship with others. For example,
 - o Reflect on your own experiences of discrimination, prejudice, microaggression, or violence. Did you feel believed, validated, and supported?
 - o Did you engage in self-gaslighting and is this a reflection of the institutional, regional, or individual and familial cultures?
- Identify goals of these conversations: Consider how you would like to handle emotionally evocative topics or DEI topics in the mentoring relationship (e.g., “Cultural humility is what I seek to cultivate as a psychologist. My cultural identities may affect or shape my clinical work and my relationship with others.”).
- Give yourself permission to practice self-care: Ask for the space and time you need.
- Honor your emotional experience and boundaries: It is okay to say “no” when people ask you to share your experiences and thoughts and you do not feel comfortable processing or feel you need more time to process.
- Seek Consultation: Be familiar with available resources (e.g., APA, listservs) and other available framework and research on mentoring, supervision, DEI, social justice, and navigating value conflicts and difficult conversations.

For Mentors:

- Cultivate awareness of the power dynamic: Mentors may have more power in the relationship. The power difference may affect a mentee’s disclosure of thoughts and feelings.
- Create a safe space: Foster an environment that emphasizes safety, trust, and authenticity; and explicitly commit to this. Ask for permission to discuss difficult topics: Do not force these topics on your mentees. (e.g. “I know anti-Asian hate crimes are happening. People have different

reactions to stressors. Sometimes it may be important to bring up those thoughts and feelings. I am here if you would like to talk about it.”)

- Model cultural humility: Demonstrate humility by acknowledging that you are still learning.
- Validate and thank mentees for broaching personal and/or emotionally evocative topics.
- Find ways to offer your support without asking those who are most affected to share their experiences (e.g., Say “I’m here for you” instead of “How are you doing? Are you okay?”). If your mentee self-discloses, reciprocate by asking permission to share your own reflections/processes to join them. Just saying “thank you” may not adequately convey the comfort and support intended.
- Model Healthy Boundaries: Let mentees know that these conversations are a part of the mentoring relationship. It is not something they have to ask for. For mentors who are affected by racial violence and other forms of aggression, be open and honest about your own needs (e.g., “The situation has affected me deeply. I need to take some time to process and grieve.”)
- Normalize that every person has a different history and perspective. Acknowledge that value differences and discomfort may arise in mentoring relationships. The goal is to be mindful and respectful of these differences, not necessarily to change or get rid of them.

For Programs and Organizations:

- Be explicit in your material: Discuss how you are taking an intentional approach about DEI, current events, and potentially difficult topics. Let mentors and mentees know how awareness of DEI is incorporated into the mentoring relationship, and how our respective privileges, worldviews, and biases may show up.
- Reduce power structure: Elicit responses in a proactive and not a reactive manner. Ensure all voices are shared and heard equally. Be consistent with all staff.
- Have an existing system that honors feedback: Continuously ask for feedback from mentors and mentees (e.g., quarterly survey) and take a non-defensive stance. Be transparent about your progress in addressing feedback (e.g., “We received the following feedback. These are what we are making an effort to work on, and these are the reasons why we can’t make these changes right now.”)
- Acknowledge and address current events (e.g., anti-Asian and other forms of racism and violent attacks) in a timely manner: State your verbal and proactive stance against racism and your solidarity with affected populations. Highlight how stress can impact all of us, including how sociopolitical events can affect psychologists. Not saying anything about diversity actually says something. You may be sending a message that you are avoiding the topic.
- Support self-care: Develop/update and share resources. If you welcome a mentor or mentee to take time off for wellness reasons, adjust their assignment due dates, workload, or productivity expectations accordingly. If you offer a wellness training or webinar, include that as a part of the work day, so nobody feels “punished” for participating.
- Take ownership and self-educate: Do not put the responsibility of advocacy, education, and resource development on BIPOC, Latinx, AAPI, LGBTQIA+, people with disabilities, and other subgroups that typically have less power. If there is a DEI committee or representative, be transparent about their role in the program. Make sure it/they has/have a voice at the executive/governing board.

- Examine your curriculum and the demographics of applicants, staff, and clients. Where do you recruit and where are some untapped resources? If you decide to recruit from more diverse communities, will your program validate and support their experiences? Will they have access to mentors who can best support their experiences?

SCG Mentoring Committee:

Stephanie Liu, MPH

Angel (Wing Jin) Mak, PsyD

PsyD Cecilia Poon, PhD ABPP

Heather Smith, PhD, ABPP

Rachael Spalding, MS

Stacy Yun, MA

Ira Yencko, PsyD (Chair)

Highlight: Introduction to the Aging Committee of Division 44

Submitted by Kate Hinrichs, PhD, ABPP

In the spirit of making connections and fostering potential collaborations, we want to introduce you to a group of colleagues doing aging-related work in APA Division 44. Division 44 is the Society for the Psychology of Sexual Orientation and Gender Diversity. Within Division 44 there is an Aging Committee made up of clinicians, researchers, academics, and trainees with an interest in LGBTQ+ aging concerns.



The Division 44 Aging Committee aims to raise awareness of psychological issues in the adult development and aging of LGBTQ+ individuals. We promote scientific research and education on LGBTQ+ aging topics, as well as the dissemination of relevant information to psychologists, students, and the general public. The Division 44 Aging Committee seeks to accomplish this mission through efforts to support and facilitate LGBTQ+ aging research, the sponsorship of LGBTQ+ aging-related programming at the APA annual convention, encouraging the inclusion of LGBTQ+ aging research in scholarly publications, promoting representation of LGBTQ+ aging issues in related areas of psychological study through liaison with other APA divisions, and facilitating Division 44 liaison to the APA Committee on Aging.

Recent projects have included presenting a symposium at the 2020 APA virtual convention titled *Cognitive Aging and LGBTQ Older Adults Across the Continuum of Care*. Committee members reviewed and provided feedback on the *Guidelines for Psychological Practice with Sexual Minority Persons* from the lens of Aging, and our symposium proposal focused on health disparities among diverse older adults during the COVID-19 pandemic has been accepted for APA 2021.

Current goals for the committee include fostering increased connection and collaboration with other Aging-focused organizations, and a continued focus on de-centering whiteness in the area of LGBTQ+ aging and on recruiting a more diverse membership to the committee.

Anyone with an interest in the area of Aging and LGBTQ+ issues is welcome!

Co-Chairs: Kate Hinrichs, PhD, ABPP & Weston Donaldson, PhD, ABPP

Kate.hinrichs@va.gov

Weston.donaldson@va.gov

Research Roundup

Submitted by Rebecca E. Ingram, BA, & Katie L. Granier, MA



Exploring New Perspectives: Alaska Native Elders' Perspectives on Physical Activity and Successful Aging

The field of geropsychology has long sought to understand patterns of successful aging and positive health outcomes among older adults. Much of the literature views successful aging and physical activity through a Western lens (e.g., older adults needing to take individual responsibility to be active; Pike, 2015). However, perceptions of successful aging and the role of lifestyle choices vary widely across cultures. Novel research by Brooks-Cleator and Lewis (2020) bridges this gap by gathering insight into the unique perspectives on aging and physical activity held by Alaska Native Elders, a group of individuals often overlooked in the established literature. As Alaska is home to one of the fastest growing groups of older adults in the U.S. and Alaska Native older adults experience unique life circumstances (e.g., outmigration, rural living), this study presents invaluable insight to the field.

Researchers recruited 41 Elders from the Norton Sound region of Alaska. “Elders” are individuals officially recognized in the tribe as the “traditional knowledge keeper and sharer”. Researchers utilized Kleinman’s (1980) explanatory model (EM) interview protocol and created 15 open-ended questions generally focused on the topic of successful aging to elicit participant perspective (and avoid asking leading questions). Semi-structured individual interviews were conducted to allow flexibility for follow-up questions and elaboration. Transcripts were uploaded to NVivo (a qualitative data analysis software), and thematic analyses were utilized in the creation of themes. Researchers consulted an Elder Advisory Committee throughout the project to obtain feedback in the design of interview questions, format, and themes to ensure accurate cultural representation.

Following thematic analysis, three major themes were identified among Elder’s perspectives on aging and physical health: 1. successful aging involves the component of physical activity, 2. one of the duties of being an Elder involves the active participation in and teaching of “subsistence” activities (e.g., fishing, hunting), and 3. being physically active is important, regardless of age. These findings highlight the notion that physical activity is not simply viewed as something that prevented age-related decline (like many Western viewpoints).

Generally, “successful aging” is understood through a Western perspective that it is the individual’s responsibility to actively participate in physical activities to prevent the “decline” of older age. Findings from this initial study could aid in the development of programs for specific cultural groups by highlighting aspects of aging important to those older adults and incorporating alternative perspectives on aging and activity. For this group of participants, physical activity is seen as an important part of successful aging but in a way distinctive from the Western view. Among Alaska Native Elders, engaging in and teaching subsistence activities is seen as necessary for successful aging, and it is also an important part of their duties as Elders. Additionally, engaging in these activities is viewed as a way of directly combating Western stereotypes of aging (e.g., frailty, deterioration).

The current study examined perspectives among one region of Alaska. However, Native American/Alaskan tribes are heterogeneous, so results cannot be generalized to other native groups. Future research should examine younger generations within this tribe to understand more about how they view physical activity and successful aging as well as additional subgroups of indigenous cultures within

the U.S. Additionally, research could expand these findings by comparing perspectives of Alaska Native Elders to groups from urban areas to identify discrepancies in cultural perspectives.

References

Brooks-Cleator, L.A., & Lewis, J.P. (2020). Alaska Native Elders' perspectives on physical activity and successful aging. *Canadian Journal on Aging / La Revue canadienne du vieillissement*, 39(2), 294-304. <https://www.muse.jhu.edu/article/756375>.

Kleinman, A. (1980). *Patients and healers in the context of culture: An exploration of the borderland between anthropology, medicine, and psychiatry* (Vol. 3). Univ of California Press.

Pike, E. (2015). Physical activity and narratives of successful aging. In *Physical Activity and Sport in Later Life* (pp. 21-31). Palgrave Macmillan, London.

Nominations & Elections Update

Submitted by Brian Carpenter, PhD

We are seeking nominations for TWO elected leadership positions in SCG this year:



- **President-Elect.** Term begins January 1, 2022. In their first year of office, the President-Elect attends all SCG executive teleconference meetings and organizes a social event for SCG at the APA convention. This term is followed by one year (2023) as President, and responsibilities include overseeing the smooth running of the Society, organizing meetings, chairing the Board and Business meetings at the APA convention, liaising with Committee Chairs and other representatives, and writing columns for three editions of the newsletter throughout the year. Past-President (2024) duties include Chairing the Panel on Nominations and Elections, and attending SCG teleconference meetings.
- **Section Representative to the Society of Clinical Psychology (Division 12).** 3-year term begins January 1, 2022. The representative is our main channel of communication with our parent division, advocating for an aging-related perspective in the Division's activities. Responsibilities include attending SCP meetings in person in January/February and at APA convention, attending regular SCP Board calls, contributing SCG's perspective to the SCP Board listserv, writing a column to the SCP quarterly newsletter on SCG's activities, and otherwise promote aging in the activities of the Division.

Please consider nominating yourself, or one of your colleagues, for one of these positions. SCG has a high functioning, collaborative Executive Committee that is very supportive and action oriented. You'll get wonderful leadership experience and have the opportunity to shape the course for the organization we all care about so much.

Please send your nominations to Brian Carpenter at bcarpenter@wustl.edu by Friday April 30th. Please also let Brian know if you have any questions about the positions, roles, and responsibilities. Thank you for contributing to the health and vitality of SCG.

Committee Updates

Lifelong Learning Committee

Submitted by Jessica Strong, PhD, ABPP



The Lifelong Learning Committee has partnered with the Diversity Committee to develop a survey of gerodiversity training experiences in graduate school and beyond. Keep an eye out for a link to complete the survey in the coming months! We hope to use the data to understand what diversity training opportunities are most needed for the members of SCG and curate resources to offer those training opportunities.

In 2021, we will also continue initial discussions and move to specific actions that promote geropsychology training to undergraduate students in efforts to bolster the workforce pipeline.

Mentoring Committee

Submitted by Ira Yenko, PsyD

The Mentoring Committee for the Society of Clinical Geropsychology aims to foster the growth of our geropsychology community by supporting our mentors and mentees across all areas relevant to the Society of Clinical Geropsychology. We strive to act with speed and agility to address the ever-evolving needs of psychologists and trainees at all stages of their career.



As such, we would be remiss if we did not acknowledge the current attacks on AAPI individuals and the sociopolitical events over the last year. The Mentoring Committee stands in solidarity with all of our AAPI family. We remain committed to identifying actionable ways to support, empower, and amplify the voices of our mentees, mentors, and members - especially those in the AAPI, BIPOC, LGBTQ+ community. In keeping with these values, the Mentoring Committee has drafted a brief guideline to facilitate communication between mentors, mentees, and programs/institutions surrounding difficult topics (see the “highlight” earlier in this newsletter). The information was drawn from correspondence from Dr. Kimberly Hiroto and Dr. Jenny Yen who have graciously given their permission to cite their work and words.

Regarding additional 2021 deliverables, our committee has created a survey to identify geropsychologists & psychologists who work primarily with older adult populations in non-traditional geropsychology roles/settings. We hope this survey can serve as a resource for members (e.g. individuals who may want to shift their career). Additionally, this may help students see the diversity in roles that geropsychologists can take. We are also actively seeking opportunities for collaboration within SCG and among other organizations. If interested in collaboration or joining our committee, please reach out to our committee chair, Ira Yenko, at irayenko@gmail.com.

As chair of the Mentoring Committee, I also wanted to express my pride and appreciation for our committee members. Your insight, dedication to the field, and passion for service are inspiring. A big

thank you to Jennifer Birdsall, Benjamin Mast, and Nancy Pachana for their service on the committee. Finally, we would like to welcome two new committee members: Stephanie Liu, MPH and Angel (Wing Jin) Mak, PsyD. Stephanie is a current second-year graduate student in the clinical psychology doctoral program at the Rosemead School of Psychology at Biola University. Angel (Wing Jin) is the current geropsychology post-doctoral fellow at the Manhattan Veteran Affairs (VA) Medical Center.

Communications Committee

Submitted by Charissa Hosseini, PhD



The Communications Team would first like to thank Patricia Bamonti Ph.D., ABBP and Leander Mitchell Ph.D. for the time and effort they put into their respective roles. With that we would like to introduce two new members to the communications committee! Taylor Loskot, B.A. and Jennifer Ho, Psy.D. Taylor, Social Media Coordinator, is a post-baccalaureate research assistant at the VA National Center for PTSD and Jennifer, Website Coordinator, is a Clinical Psychologist within Home Based Primary Care at VA Palo Alto. We are so happy to have them join the team and continue to help develop the division.

Additionally, Taylor, is on a mission to amplify gero through social media! We have a Facebook page and a Twitter account and need your help to grow our voice. Please follow, like, retweet, share, etc. using the links below.

If you have any ideas for content to post, please don't hesitate to email Taylor directly. Tag @SGeropsychology in your tweets and she will do her best to retweet you! She is happy to promote recent publications, upcoming events, rock stars in the field, and anything else relevant to geropsych.

Twitter:

<https://twitter.com/SGeropsychology>

Facebook:

<https://www.facebook.com/ClinicalGeropsychology>

Committee on Science and Practice

Submitted by Ann Steffen, PhD, ABPP

The Society of Clinical Geropsychology's Committee on Science and Practice is involved in reviewing and commenting on training- and practice-related guidelines. In late fall, we responded to the final draft of the 2021 update of the Guidelines for the Evaluation of Dementia and Age-Related Cognitive Change. As a part of that process, we hosted a very interesting and engaging SCG Conversation Hour to discuss that draft, and appreciate the participation of so many SCG members. That event was definitely successful enough for us to repeat in the future!



APA has posted Committee on Accreditation's (CoA) Implementing Regulations (IRs) C-9 P; this includes the specialty Geropsychology postdoc level 3 competencies:

<https://apps.apa.org/accredcomment/>. As a reminder, in the earlier open comment period for these last fall, we (SCG) along with the Geropsych Specialty Council recommended more specific Pikes Peak

language than the current document, but with expectation that CoA wouldn't budge on this point. It is a careful balancing act...with postdocs around the country already being diluted due to changes in state licensing laws that no longer require formal postdoc. There is a concern that overly general language isn't serving geropsychology well. But on the other hand, CoA wants to encourage availability of specialty postdoc experiences, and overly specific language then limits things on the supply side. SCG members are welcome to send any feedback comments to us as a group **no later than May 1st**. This gives us 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 or at the time that a taskforce is requesting nominations for committee members. The earlier we learn about guidelines in development/revision, the better able we are to involve SCG members and leadership in this process.

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 Kelly M. Trevino, PhD, Chair of CONA

The American Psychological Association's Committee on Aging (CONA) has remained active over the past few months and is pleased to share an update with our Division 12/II colleagues. CONA has experienced a series of transitions over the past few months. As many of you know, Debbie DiGilio, long-time Director of the APA Office on Aging, headed into a well-earned retirement. While we were sad to see her leave, we wish her the best as she pursues this next exciting phase of life. APA is currently working to fill Debbie's position and we look forward to working with this new team member. In addition, CONA welcomed two new members to the committee. Mary Beth Morrissey and Jameca Woody Cooper are the new CONA members, bringing diverse skills and areas of expertise to the committee. Former CONA Chair, William Haley, and Norman Abeles rotated off the



committee this year and we thank them for their amazing contributions to CONA and APA. Mary Beth and Jameca join existing members who include myself, Katherine Ramos, Karen Fingerman, and Bonnie Sachs.

CONA has been active in many areas and I will highlight a few here. CONA member Katherine Ramos will be part of a collaborative symposium at the APA annual convention titled, “Health Disparities among Older Adults during COVID: Research, Clinical, and Training Considerations.” Be sure to attend what promises to be an educational symposium on an important topic! A core component of CONA’s mission is to be a voice for older adults within APA. To this end, CONA members have been actively engaged in the APA Equity Flattens the Curve (EFTC) initiative which focuses on reducing disparities that were highlighted by the COVID-19 pandemic. EFTC is part of a larger initiative within APA focused on reducing bias and discrimination in our field and larger society. CONA members will remain active in these roles to ensure the needs of older members of diverse populations are not overlooked.

As many of you know, CONA updated the APA Resolution on Ageism in 2020. CONA plans to build on this new Resolution with activities focused on increasing awareness of and reducing ageism. In collaboration with the Gerontological Society of America, CONA will be launching the Psychologists against Ageism program. This program will enlist experts on ageism to provide webinars and educational resources on ageism and practical strategies for detecting and combating ageism within psychology and society at large. Stay tuned for details! We hope you will join us in the effort to combat ageism!

Finally, CONA will continue to expand the Careers in Aging Roadmaps resource with a focus on the needs of community colleges. CONA members will be meeting with educators and students in community college settings to learn more about their needs and gaps in the current Roadmaps resource. We look forward to working with these experts to expand the utility of the Roadmaps resources. Despite recent transitions and COVID disruptions, CONA remains active and committed to ensuring older adults and those that serve them are recognized within APA and the field of psychology. We look forward to ongoing collaboration with our 12/II colleagues!

Highlight: ABGERO

Submitted by Andrew L. Heck, PsyD, ABPP, & Ashley Mosley, PhD, ABPP



ABGERO: Competence and Inclusion

Some years ago, ABPP undertook a broad initiative aimed at changing its perception as an exclusive and meritorious credential to one that represents an attainable, competence-based credential. Upon its inception in 2012 and its formal establishment as an ABPP specialty in 2014, ABGERO has upheld this spirit of inclusion and attainability while maintaining rigorous standards for geropsychology practice. We often field questions from potential applicants that reference that antiquated and elitist approach toward board certification, and in each case we are delighted to correct that misconception!

A basic fact about ABGERO certification is that most geropsychologists are expected to qualify for and achieve it. Applicants may indeed find the process necessarily challenging, but most have already achieved the requirements by becoming qualified to practice in the first place.

During an especially thought-provoking recent meeting, it was brought to my attention that in promoting ABGERO to potential applicants, we often represent it with accomplished professionals with high visibility and intimidating CVs. While this isn't wholly inappropriate, it may at times inadvertently reinforce a view of ABGERO as daunting or "exclusive" to a certain level of achievement or experience. However, ABGERO is very committed to including individuals at all levels of experience, from early career to even post-retirement!

In that spirit, I asked Dr. Ashley Mosley—an early career geropsychologist who recently successfully passed her ABGERO examination—to share her thoughts on her actual experience with the application and examination versus the myths that persist about the process:

Hello! I'm Ashley Mosley, a geropsychologist at the Charles George VA in Asheville, NC. In the midst of 2020's incessant chaos, I became board-certified in geropsychology. For those of you who may be considering board certification, here are some of my "lessons learned."

1. **ABGERO is about competence, not expertise.** *For many years, ABGERO was on my radar, but I never quite felt "ready" enough. My love of geropsychology did not begin until late in my graduate school career, so my credentials did not include research, teaching or writing in geropsychology. I had, however, practiced clinically as a VA geropsychologist for 7+ years. At a talk on ABGERO in June 2020, Drs. Molinari and Heck convinced me that they were seeking to build a community of competence, not just expertise. This convinced me to apply.*
2. **Board certification is easier with support.** *One of the best decisions I made was to ask other people for support in this process. First, I formed a "pod" with two VA colleagues, Dr. Grant Harris (St. Louis VA) and Dr. Ashley Szabo-Miller (Charles George VA), to jointly navigate this process. We shared materials, discussed ideas for case samples, and prodded one another along with relentlessly funny instant messages. The group now serves as a great consultation resource. Second, the ABGERO mentorship program was a GREAT experience. Dr. Michelle Mlinac mentored the three of us with so much patience. She answered questions, calmed anxieties, and let us know what to expect. We still owe her a gift.*
3. **Discomfort yields growth.** *As a clinician, I am used to reflecting on my clients, not myself. Therefore, it felt slightly uncomfortable to write about myself at length. The writing process for ABGERO led me through an inspection of my past and future development as a geropsychologist. I came out of this process with renewed excitement over my career and plans for the future.*
4. **Videoconferencing increased accessibility.** *This year, oral exams were switched to a videoconference format due to covid-19. In my other full-time job, I'm a mom with two little kids, and it's very difficult to take a week to attend a conference right now. This option reduced both the cost of travel and the burden on my family.*
5. **The oral exam wasn't that scary.** *I had previously heard that the oral exam for ABGERO was collegial, but what did that mean? For me, the oral exam felt like an intensely thought-provoking, time-limited discussion. At points, I wished there was more time to talk! While I did not know the answers to every question, I walked away feeling encouraged about my chosen path. I have appreciated the chance to continue discussions with my examiners, and I look forward to collaborating with them on ABGERO in the future.*

The overall message we hope to convey is that if you're in a position to wonder whether or not you can achieve board certification, there's a good chance you can! Visit www.abgero.org to learn more about ABGERO, the application and examination process, and the benefits of board certification. We hope to greet as many of you as possible as fellow ABGERO members!

Highlight: Geropsychology Competency among VA Psychologists

Submitted by Maureen Jerrett

A longitudinal evaluation shows the Veterans Affairs (VA) Geriatric Scholars Program improves geropsychology competencies among psychologists working for the Veterans Health Administration (VHA). Launched in 2008, The VA Geriatric Scholars Program delivers evidence-based educational programs to providers with the aim to integrate geriatrics into primary care practices. Since its inception, the program has trained 1067 VA clinicians. In 2014, the program was expanded to include a psychology track for psychologists with little or no formal training in geropsychology. The new track was designed to address the critical shortage of geriatric-trained mental health providers within VHA. As the authors note, the demand for geriatrics trained mental health providers in the U.S. far exceeds supply. Further, although most practicing psychologists are likely to treat older patients, the majority lack geriatrics expertise and competencies. A survey of American Psychology Association members who are practicing psychologists found only 2 percent said their major field is geropsychology (APA Research Office, 2004).

The study, published in the March 2021 issue of the *Journal of the American Geriatrics Society*, surveyed 98 practicing VA psychologists who completed the Geriatric Scholars Program–Psychology Track from 2014 to 2018. Evaluators assessed participants confidence and self-reported knowledge in geropsychology and integrated care competencies pre-course and three months post-completion.

Key Findings

The national evaluation of the program found promising results. Among four cohorts of participants surveyed, providers reported improved confidence and self-reported knowledge in geropsychology competencies after completing the course compared to pre-course. Confidence increased in the five competency domains measured in the survey: knowledge of aging, assessment, intervention, consultation, and clinical program management.

The program also improved psychologists' abilities to enact change in their clinical settings. In the applied learning section of the survey, these “learning leaders” identified areas where they noted rapid behavioral changes upon returning from the in-person course to their practice settings.

The evaluation provides evidence of the program's ability to improve psychologists' capacity to provide mental health care to Veterans enrolled in VHA, America's largest integrated health care system. It is a replicable workforce training program for other health systems seeking to prepare psychologists to meet the needs of America's older population.

The views expressed in this article are those of the author and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government. The VA Office of Rural Health funds the Geriatric Scholars Program and its evaluation.

Maureen Jerrett is a communications contractor for the VA Geriatrics Scholars Program.

Cite: Huh, J., Rodriguez, R. L., Gregg, J. J., Scales, A. N., Kramer, B. J., & Gould, C. E. (2021). Improving Geropsychology Competencies of Veterans Affairs Psychologists. *Journal of the American Geriatrics Society*, 69(3), 798–805. <https://doi.org/10.1111/jgs.17029>

Highlight: APA Listserv Archive

Amended from the submission to the 12/II Listserv by Jon Rose, PhD

Do you have a case of LISTSERV DEJA VU - the sense that you saw a similar topic in the past, but now you can't find it? You're not alone. No one can possibly save all of these listserv emails year after year...

...But APA does! And the listserv archives are accessible and searchable (as long as you don't mind the nostalgia of early 2000s web design).

1) Access the archives at: <http://lists.apa.org/cgi-bin/wa.exe?HOME>. Click "Log in" in the upper right corner.

The screenshot shows the APA Listserv Archive website. At the top, there is a navigation bar with the APA logo and 'LISTSERV 14.0'. Below this, there is a 'Log In' button circled in red. The main content area features a table of lists with columns for 'List Name' and 'List Title'. The table lists various lists such as AAFP, AAPPSP, AASPP, AMPPRO, ACADMICWRITER, ACCA-SPTAS, and ACCALIST. To the right of the table, there is a search box and a 'Log In' button.

2) Log in with your APA credentials.

The screenshot shows a 'Login Required' form. The form has a blue header with the text 'Login Required'. Below the header, there is a message: 'Please enter your email address and your LISTSERV password and click on the "Log In" button. If this is the first time you see this prompt, or if you have forgotten your password, you will need to [get a new LISTSERV password](#) first.' Below the message, there are two input fields: 'Email Address:' and 'Password:'. The 'Email Address' field has a dropdown arrow on the right. Below the input fields, there are two buttons: 'Log In' and 'Change Password'.

3) Click "Subscriber's Corner" in the upper left. Your list will populate below.

Logged in as: abbeylhughes@gmail.com

AMERICAN PSYCHOLOGICAL ASSOCIATION LISTSERV 16.0

Subscriber's Corner Email Lists

Welcome to the American Psychological Association's Listserv Website!
Please read the rules for using the Listserv lists by [clicking on this link](#).

For help Setting up a Listserv login and modifying your subscriber options. [Click Here](#).

[Click here to go to the APA Services, Inc. Listserv Website.](#)

LISTSERV Archives

LISTS.APA.ORG

This LISTSERV server is located at LISTS.APA.ORG. Below you will find all lists that have been configured for public archiving. To access a specific list, simply click on the name of the list name in the search box to the right. For lists that have been configured with an HTML description, you can get more information about the list by hovering the mouse over the li

[A-APAP](#)[\[APAP-CEMA\]](#) [\[CEMR-DIV1\]](#) [\[DIV1\]](#) [\[DIV1-DIV3\]](#) [\[DIV3-DIV4\]](#) [\[DIV4-DIV5\]](#) [\[DIV5-FRIE\]](#) [\[FRIE-ME\]](#) [\[MF-PT\]](#) [\[PU-TEMP\]](#) [\[TEMP-W\]](#) [\[Next\]](#)

List Name	List Title
AAFP	AAFP Discussion list, American Academy of Forensic Psychology (276 Subscribers)
AAPPSP	American Academy of Police and Public Safety Psychology (75 Subscribers)
AASPP	American Association of Suicidology Past Presidents list (22 Subscribers)
ABFPBRD	American Board of Forensic Psychology Board List (11 Subscribers)

4) Click on DIV22REHABPSYCH (or whichever listserv you want to search).

[Check All](#) | [Uncheck All](#)

List Names ▲

<input type="checkbox"/>	CCTC [Settings] [Post] Chairs of Councils of Directors of Training Councils
<input type="checkbox"/>	DIV17ST [Settings] [Post] Division 17 Supervision and Training Section
<input type="checkbox"/>	DIV22ANNOUNCE [Settings] [Post] Division 22 Announcement forum
<input type="checkbox"/>	DIV22EXECUTIVECOMMITTEE [Settings] [Post] Division 22 Executive Committee forum
<input type="checkbox"/>	DIV22REHABPSYCH [Settings] [Post] Division 22 Rehab Psychology Forum

5) Search by month/year if you can remember when the posting was. Or use the text search option.

DIV22REHABPSYCH@LISTS.APA.ORG

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Division 22 Rehab Psychology Forum

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 Subscribe or Unsubscribe
 Post New Message

January 2021
December 2020
November 2020
October 2020
September 2020
August 2020
July 2020
June 2020
May 2020

6) Then wait....for a while. Remember, this is early 2000s technology...Eventually, voila! All posts with your search term will appear.

Search For
 String: "spinal cord stimulab" Substring:

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Item #	Date	Time	From	Subject
011534	2021-01-25	13:34	Hall, Michael J.	Re: [EXTERNAL] Re: [DIV22REHABPSYCH] Pre-surgery assessment for spinal cord stimulator
011531	2021-01-25	09:16	Blair, Kelly PsyD	Re: Pre-surgery assessment for spinal cord stimulator
011529	2021-01-24	11:22	Grant Heller	Re: Pre-surgery assessment for spinal cord stimulator
011521	2021-01-22	14:25	Winnett, Rochelle	Re: Pre-surgery assessment for spinal cord stimulator
011518	2021-01-22	11:06	Blair, Kelly PsyD	Re: Pre-surgery assessment for spinal cord stimulator
011510	2021-01-21	13:54	Jeffrey Shulze	Pre-surgery assessment for spinal cord stimulator
009155	2020-01-16	11:33	McMurray, Megan	Position Announcement - Adult Rehabilitation Psychologist or Neuropsychologist - UAB Span Rehab
009032	2019-12-12	18:35	McMurray, Megan	Rehabilitation Psychologist Faculty Opening: University of Alabama at Birmingham School of Medicine
007361	2019-01-14	14:14	Guenther, Robert Thomas	Post-doctoral associate positions in Health Psychology.
006494	2018-07-15	21:20	Glueckauf, Robert	Re: Presurgical Psych Eval Info
006493	2018-07-15	20:12	Daniel Bruns	Presurgical Psych Eval Info

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