

Clinical Geropsychology News

Society of Clinical Geropsychology

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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.

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

President’s Column

Brian Carpenter, PhD



There are not many times in your life when procrastination is rewarded, but this has been one of them. Had I started my inaugural President’s column when I should have, weeks ago, I would have kicked off by heralding the arrival of daffodils and cherry blossoms and then launched into a breezy recap of some obscure training issue (“Supervisors need more lattes!”) or highlighted a Lilliputian research finding (“The regression showed quite convincingly that older adults had fewer baby teeth!”), followed by a hale and hearty exhortation to go out there and serve older adults with your usual verve and courage.

But I procrastinated.

And then there was a global pandemic.

So I, like you, found myself retooling my classes, shape-shifting research protocols into online surveys, and learning how to read clients’ emotions across a hiccupping internet connection while ignoring their cats in the background. All while trying to find the recipe for hand sanitizer, make my own mask out of torn pillowcases, and curtail my ACCGIES.*

Apologies if the President's column was moved to the back burner.

And here we are in April, still in a time of uncertainty, when the things we know are not particularly comforting, and the things we don't know can be even more unsettling. We're doing our best – to follow the recommendations, take things day by day, and live by the very same guidance we're giving our clients. Build structure into your day. Stay socially connected. Nurture positive emotions. Express gratitude. To paraphrase the Bible (loosely): "Psychologist, heal thyself."

But it's hard. People we know and care about are sick. Some very sick. Maybe we are too, or have been. In the worst circumstances, some people have died, and we've had to find ways to comfort ourselves, our family, our clients, when we don't have the advantage of our usual rituals. Not even a goddamn hug.

For us, as geropsychologists, there has been another level to what's unfolded, as we've seen how vulnerable older adults are. Vulnerable to the effects of the virus, of course, but also plunged into isolation, separated from people and routines and simple pleasures that made life meaningful, jeopardized financially, and the focus of alarming conversations about healthcare rationing. Not to mention how disorienting the circumstances must be for people with cognitive limitations who are trying to make sense of what's happening around them and the expressions they're seeing on the faces of their caregivers.

O.K. I'm stopping myself right there. This is starting to sound panicky, which can happen to me from time to time if I'm not careful. Getting all dark and pessimistic, straight out of the Upside Down. Psychologist, pick up that MBSR and use it!

I do want to say that I've seen some incredible acts of heroism – and heroic kindness – during all of this. And I'm so proud of the contributions geropsychologists are making around the world. You're continuing to serve older adults, adapting your methods and using your creativity to find new ways to reach and sustain them. You're keeping training alive for your students, finding ways they can learn amidst (and, in many cases, because of) the chaos, sometimes right beside you. And you're thinking about how to expand scientific knowledge, as we'll need data to understand what is happening and how to make it better.

I've taken such immense comfort in the Society of Clinical Geropsychology over these past few weeks. The liveliness of the listserv, the generosity of colleagues, and the sincere wish to help. So from where I'm sitting it seems like we're doing better than OK. The situation will turn around, so hang in there. And until then, know that you're part of a great community here. Stay in touch. Stay well. Stay true.

* Acute Chocolate Chips Go in Everything Syndrome (ACCGIES), ICD-10-CM Code Z73.3. I'm serious. It's a thing.

Comments from the Editors: Diana & Danielle



Your new editors!

Diana DiGasbarro (left)
Danielle McDuffie (right)

Welcome to the Spring 2020 issue of the Society of Clinical Geropsychology Newsletter! We'd be remiss if we did not take the time to thank the previous editors, Dr. Elissa Kozlov & Dr. Brenna Renn, for their warm handoff and for doing such a great job for the last three years (we have big shoes to fill!). We'd also like to thank those of you within the Society who have reached out and extended such warm welcomes. We're excited to be able to meet, work with, and serve you all for the next three years!

In this issue of the newsletter—being published during unprecedented times—you will find both COVID-19-related content and newsletter

standards like our Introduction to 2020 Leadership, Member spotlight, announcements, and committee updates. We hope to provide a mix of content that recognizes the challenges and changes we are all going through while offering some comfort in the normalcy of connecting with colleagues in the Society of Clinical Geropsychology. We also hope to inspire a little joy and give your minds a little workout with the inclusion of a crossword puzzle! Lastly, we conclude this issue with a call for opinions, stories, requests for help, encouragement, or anything else you might want to share with the Society about the impacts COVID-19 has had on your life and livelihood, to be included in the next issue of the newsletter.

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!

2020 SCG Leadership

ELECTED OFFICERS

<i>President</i>	Brian Carpenter, PhD	St. Louis, MO
<i>President Elect</i>	Rebecca Allen, PhD, ABPP	Tuscaloosa, AL
<i>Past President</i>	Nancy Pachana, PhD, FAPS, FASSA	Brisbane, QLD, Australia
<i>Secretary</i>	Veronica Shead, PhD	St. Louis, MO
<i>Treasurer</i>	Erin Woodhead, PhD	San Jose, CA
<i>Archivist</i>	Sherry Beaudreau, PhD, ABPP	Palo Alto, CA
<i>Division 12 Rep</i>	Brian Yochim, PhD, ABPP	St. Louis, MO

STANDING COMMITTEES

<i>Awards and Recognition</i>	Suzanne Meeks, PhD	Louisville, KY
<i>Diversity</i>	Flora Ma, MS	Palo Alto, CA
<i>Lifelong Learning</i>	Meghan Marty, PhD	Portland, OR
<i>Nominations/Elections</i>	Nancy Pachana, PhD, FAPS, FASSA	Brisbane, QLD, Australia
<i>Mentoring</i>	Jennifer Birdsall, PhD	Los Angeles, 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>	Patricia Bamonti, PhD, ABPP	Boston, MA
<i>Newsletter Editors</i>	Danielle McDuffie, MA Diana DiGasbarro, MS	Tuscaloosa, AL Louisville, KY
<i>Website Coordinator</i>	Leander Mitchell, PhD, MAPS	Brisbane, QLD, Australia

REPRESENTATIVES TO AND FROM 12/II

<i>Student Representatives</i>	Rachael Spalding, MS Jackie Hogan, MS	Morgantown, WV Boston, MA
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Member Spotlight

Full Member Spotlight: Suzanne Meeks, PhD



Year joined Society of Clinical Geropsychology: 1987?? Early days!

Hometown: I have lived in Louisville, KY, for 33 years so that is my home town; mostly I grew up in Hamden, CT but I was born in Memphis and growing up I also lived in Bloomington, IN and Hanover, New Hampshire.

Current Professional title and affiliation: Professor, Dept. of Psychological & Brain Sciences, University of Louisville

Why did you join the Society for Clinical Geropsychology (Division 12, Section II)? I believe I joined as a post-doc, because all the people I knew of who were doing clinical geropsychology in those days seemed to belong.

How has membership in the Society for Clinical Geropsychology assisted you with your professional activities? There are so many people I never would have met without this affiliation. Many of my most important professional connections have occurred in SCG. It is hard to know how to place a value on that – it's so important to be connected to other people who care about promoting geropsychology. Looking back on these connections, it is hard even to know how conversations and listserv exchanges led to new ways of thinking about research and training issues, but I know they did.

How did you get interested in the field of aging? In my training program (and as was typical in most training programs in the early 1980s), aging was not really available as a field of study, but I stumbled on the interest because of my personal connection to my grandmother who happened to experience some health challenges just as I was looking for a dissertation topic related to stress and coping. So I decided to look at health coping and for my dissertation I interviewed 100 or so older adults, which was so much fun I decided I wanted to stick with aging as a focus. I chose an internship that had a strong geriatric training component, and fell in love with these older clinical patients also.

What was your most memorable experience during your graduate studies? Stumbling through my dissertation defense in a formal room in the administration building of The Catholic University of America, with pictures of popes on all the walls, a white table cloth, and crystal water pitchers, and one of my committee members asking me to explain the difference between age change and age difference (had I ever had any coursework in adult development, this would have been a softball question, but I was blindsided). And then sitting on the lawn outside in the April sunshine drinking champagne with my dissertation director Tom Wright, now deceased. Tom initialed the cork, which I kept for many years. You get through it.

Have you had an important mentor in your career? If so, how did he or she make a difference? I have had many mentors. My dad, a former professor at Yale and thriving at 88, is my uber mentor in all things academic and in life. In my undergraduate studies, Dennis Turk taught me to love psychology research. In my graduate program, my mentors were all the faculty, including Tom Wright, but especially

Carol Glass and Diane Arnkoff, with whom I worked on my M.A. thesis, and who I still see whenever I pass through D.C. The major gifts these three people gave me were to respect my abilities and to work with me more like a colleague than a student, while maintaining their appropriate mentor roles. This is a difficult balance that I try, but do not always succeed, to achieve. Laura Carstensen taught me so very much about research, gerontology, and grant writing. Stan Murrell, long-time colleague who is now retired, has been my friend, confidant, ethics consultant, collaborator, and grant writing cheerleader throughout my career; he has kept me sane and gave me the “long view” perspective before I had a long view. Linda Teri allowed me to share my crazy research ideas with her and supported me through the development of the BE-ACTIV research program. Each of these people in their own way has shaped and supported my career.

What is your current position and what are your key responsibilities? These days I have a straightforward academic psychology position. I mentor graduate students, teach graduate core courses, teach the occasional undergraduate class, write and conduct research. I serve on the Department’s Personnel Committee and other *ad hoc* service obligations inside the University and in professional organizations like SCG. I am currently the Editor-in-Chief of *The Gerontologist*, which takes up about half of my time.

Tell us about your most recent activities. I spend many hours a week reading manuscripts for *TG*. I read every manuscript that is accepted, and screen maybe about 50-70% of those submitted (the others go directly to Associate Editors). I probably make decisions (send for review, revise and resubmit, reject, accept) on an average of 3 manuscripts per day. Editor duties also include writing editorials, leading editorial team calls, collaborating with the editorial team on identifying topics for special issues and writing the calls for those, strategic planning for the journal, and interfacing with the Gerontological Society publications team and Oxford University Press representatives. We just got finished writing a call for papers related to COVID-19, and also I am participating in a joint editorial related to the pandemic coming from editors of a group of major gerontology/geriatrics journals.

What has been your most memorable experience in gerontology and aging clinical practice and/or research? There are so many of these – this is kind of like asking “what is your favorite song?” Depends on my mood. Getting my first grant funded, that was amazing and scary! Many of the most memorable things are about connections to others, either in research interviews, clinical practice, teaching, or supervision. Seeing a student have an “aha moment” in supervision is always a huge treat. Overall, my career has been a joyful one, interesting, challenging, and fun, even if individual moments were not any of these.

Do you have any tips for emerging geropsychologists? Connect with your peers in other universities, don’t be afraid to ask senior people in the field for advice and assistance, focus on writing well, not just writing, re-read everything multiple times (your own writing, seminal papers required in grad school, and your emails before you send them out), be humble, and stay curious.

What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies? Knitting, playing with my grandsons, reading novels, walking/hiking and traveling with my husband. Swimming and horseback riding (I miss them both a lot right now when I can’t go to the barn or the pool). I am trying to learn Tai Chi from videos during social distancing! It is an evidenced based intervention for falls prevention, so I am preparing for my own older adulthood, whenever that starts.

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.

Member News & Awards

Brenna Renn, PhD, has been appointed as an Associate Member of the Editorial Board of the *American Journal of Geriatric Psychiatry* (AJGP), the flagship journal of the American Association for Geriatric Psychiatry (AAGP). This position is designed for early stage investigators and clinicians who are committed to a career in geriatric psychiatry research and/or practice.

Jacqueline Hogan, MS, a doctoral student at the University of Massachusetts Boston and aspiring geropsychologist, will complete her advanced practicum in primary care at Cambridge Health Alliance/Harvard Medical School for 2020-2021 to complement her geropsychology training at the Bedford VA.

Rachael Spalding, MS, was awarded the West Virginia University Barry Edelstein Graduate Student Research Award, a prize awarded to up to two students each year for outstanding published Master's theses.

Recent Member Books & Publications

Amspoker, A. B., Snow, A. L., **Renn, B. N.**, Block, P., Pickens, S., Morgan, R. O., & Kunik, M. E. (2020). Patient versus informal caregiver proxy reports of pain interference in persons with dementia. *Journal of Applied Gerontology*. DOI: <https://doi.org/10.1177/0733464820902632>

Camp, C. J. (2019). Denial of Human Rights: We Must Change the Paradigm of Dementia Care. *Clinical gerontologist*, 42(3), 221-223.

DiGasbarro, D., Midden, A., Van Haitsma, K., **Meeks, S.**, & **Mast, B.** (2020). Reliability and Validity of the Adult Hope Scale among Nursing Home Residents with and without Cognitive Impairment. *Clinical Gerontologist*, 43(3), 340-349, DOI: [10.1080/07317115.2019.1656696](https://doi.org/10.1080/07317115.2019.1656696)

DiGasbarro, D., Molony, S. L., Nicholson, N., Keefe, C. K., & **Mast, B. T.** (2020, August). *Person-centered Assessment in People with Dementia: A Review of Existing Measures*. Poster accepted for presentation at the American Psychological Association Annual Convention, Washington, DC.

Hess, C., Levy, B., **Hogan, J.**, Elber, A., Greenspan., S., Falcon., K. (in press). Subjective and Objective Assessment of Cognitive Functioning in Primary Care. *American Board of Family Medicine*.

Hogan J., O'Malley, K., Chiang, M., Gopal, K. (accepted for 2020). *Diversity and cultural competencies in clinical practices and training: foci on older adults, veterans, Asian/Asian Americans, and women*. Symposium to be presented at American Psychological Association Annual Conference, Division 12 Programming, Washington, DC.

Hogan, J. (2020, February 21). Will the Past Predict the Future? Older Adults in The Counseling Psychologist. *SCP Connect, Society of Counseling Psychology, Division 17*. <https://www.div17.org/scp-connect/will-the-past-predict-the-future-older-adults-in-the-counseling-psychologist/>

Hogan, J., Granier, J. & Levy, B (accepted for 2020). *A Socially Just Approach to Dementia Prevention in the Community*. Poster to be presented at the American Psychological Association Annual Conference, Division 12, Washington, DC.

Hogan, J. (2019). *Geropsychology Experiential Learning with Elder Services of Merrimack Valley*. Poster presented at the Beacons Student Success Fellowship Fall Symposium, University of Massachusetts Boston.

Hughes, M.J., Verreynne, M.L., Harpur, P., & **Pachana, N.A.** (in press). Companion animals and health in older populations: A systematic review. *Clinical Gerontologist*. (accepted 31/07/2019)
DOI: 10.1080/07317115.2019.1650863

Levy, B., Hess, C., **Hogan, J.**, M., Ellison, J., Greenspan, S., Elber, A., Falcon, K., Driscoll, D., & Hashmi A. (2019). Machine Learning Enhances the Efficiency of Cognitive Screenings for Primary Care Practice. *Journal of Geriatric Psychiatry and Neurology*, 32(3), 137-144.

Schmidt, N. E., **Steffen, A. M.** & Meuser, T. (2019). Impairment for medication management in older adults: Validity of a family report measure. *Clinical Gerontologist*,
DOI: 10.1080/07317115.2019.1703064

Spalding, R., & Edelstein, B. (2019). Factors predicting collaborative willingness of surrogates making medical decisions on the Physician Order for Scope of Treatment (POST). *Aging & mental health*, 1-10.

Strong, J. V., Plys, E., Hartmann, C. W., Hinrichs, K. L. M., & McCullough, M. (in press). Strategies for implementing group mental health interventions in a VA community living center. *Clinical Gerontologist*.

Warren, A. R. & **Steffen, A. M.** (2020). Development of a transgender and gender nonconforming language self-efficacy scale for social service providers working with older adults. *Journal of Applied Gerontology*, 39, 555-560. <https://doi.org/10.1177/0733464818759754>

The Student Voice

Acknowledging Personal Challenges & Blessings during the Coronavirus: Students Get Real

Submitted by Rachael Spalding, MS & Jackie Hogan, MS

Jackie

Challenges

- Harnessing the fortitude to be a support for clients and loved ones.
- I'm on my VA hospice rotation. Hospice Veterans cannot have visitors unless actively dying. I sat with a woman to explain that she could no longer visit her twin brother. He died a week later and she was unable to say goodbye. My heart broke for her. What do I say when I call her this week?
- Feeling imposter syndrome related to providing therapy during COVID. I am working from the safety of my home with my family, while others are on the frontline or isolated in ways that I will never experience.
- My 4-year-old keeps saying: "Nobody's coming, everyone is gone." He's uncharacteristically crying all the time, having tantrums, and asking for hugs all day long.
- My 9-year-old has ADHD and we don't have access to the supports he needs while homeschooling.
- Parents are expected to concurrently work and homeschool their kids.
- The cacophony of noise created by two children, two dogs, and my husband's meetings!
- What would we do if my husband got laid off?
- What happens if my advanced prac and degree get delayed?
- Confronting feelings of guilt and the internal pressure to minimize my own "challenges" when so many people are sick, out of work, isolated, lacking resources, etc.



Blessings

- The deeply meaningful work we do in geropsychology.
- I'm able to continue training via telehealth (also a source of guilt).
- My family is healthy, loving, and together.
- We're connecting more with family and friends.
- Despite everything, it's heartening to see people helping one another.
- I'm hiking and doing yoga every day to maintain sanity.
- I'm proud to belong to 12/2 with caring individuals contributing in constructive ways to this crisis.
- We have toilet paper!

Rachael

Challenges

- Abruptly being released from my clinical practicum placement in a geriatric psychiatric ward for the rest of the year, without the opportunity to wrap up with the residents with whom I had formed close therapeutic relationships.
- Returning home to quarantine with my parents is both a blessing and a challenge! In some ways, I feel like I am back in middle school, working at the kitchen table and unable to really leave the house on my own!



- Transitioning clients from my second practicum placement in a private practice to telehealth (especially as someone who is decidedly NOT very tech-savvy).
- Feeling easily distracted by emotional stories, statistics, and fearmongering from news and social media sources.
- Worrying about the welfare of close friends who work directly with coronavirus patients in healthcare and older family members.

Blessings

- I am still able to engage with clients in a meaningful way via telehealth platforms.
- I can schedule in at least an hour of time for myself each day, usually in the morning before I begin working. I am lucky to have a remote running path near me where I can put in some miles outdoors and “zone out” for awhile with a podcast or music.
- I’m becoming more comfortable with accepting that it’s okay to not be “okay” right now. Trying to allow myself grace for being a bit less productive, focused, or active than normal.
- I can still reach out to friends and extended family via text, call, snail mail, or video chat.
- I finally have the time, ingredients, and motivation to experiment in the kitchen with recipes that I’ve always wanted to try.
- Winter is (hopefully) over in the Chicago suburbs, and getting outside will soon be even more pleasant!

Diversity Committee Column

International Perspectives of the COVID-19 Pandemic: How different healthcare systems and long-term care settings provide care for diverse older adults in the face of the pandemic

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

COVID-19 is seen as a catastrophic global tragedy. While true, this tragedy is felt uniquely in each country depending on its local cultural norms, healthcare system structures and processes, and population demographics. The composition of these three factors has resulted in distinctively unique challenges from country to country on combating COVID-19.



Baseline Statistics

A comparison of population statistics immediately highlights a startling realization. In 2017, the top five countries with the largest share of older adults were Japan, Italy, Germany, Portugal, and Finland (“*World Population Ageing 2017 - Highlights*,” 2017). A clear story starts to form when overlapping that information with the largest population sizes by country: China, India, and the United States (“*Countries in the World by Population*,” 2020). With recent COVID trends, the countries with the total cases are in the following order according to the countries: USA, Spain, Italy, France, Germany, and China (“*COVID-19 Coronavirus Pandemic*,” 2020). As shown here, the total cases represent more than just the population sizes but also the greatest share of aging population.

United States

In the United States, 93.5% of older adults live in the community compared to just 4.5% living in nursing homes, according to the NIH (Pray, Boon, Miller, & Pillsbury, 2010). This statistic along with less than 5% of Medicare-enrolled patients reflects a long-term decline in nursing home representation for older adults (Pray et al., 2010). Outside of the Medicare system for older adults, many citizens utilize a privatized healthcare insurance plan with wide variances between state-to-state. These variances are dependent on factors such as competition from other insurers in a geographic region.

During the COVID-19 outbreak, different states exhibited distinctively contrasting behavior. These disparities ranged from their acknowledgement of the threat COVID-19 posed to their approach toward overcoming the pandemic. In some instances, different states even bid against each other for medical equipment such as ventilators.

China

In China, the traditional Confucian care model shaped the Chinese model of nursing care (Liu, 2014). China has a hybrid model of nursing care system that includes both family care and individual private insurance (Liu, 2014). Most care for older adults is left to family members and relatives (ZH, 2020) in various types that extend all the way to relatives of extended families or even by neighbors (Liu, 2014). However, throughout the last several decades, more citizens have relocated to larger cities for jobs, resulting in separation from family (Akiyama, Shirowa, Fukuda, Murashima, & Hayashida, 2018).

Despite various organizations like retirement homes, day care centers, and nursing homes, China faces the challenge of increasing care for older adults. This stems from both the massive trend of younger generations moving into big cities like most wealthy developed cities (Akiyama et al., 2018) and the ramifications of the “One Child Policy.” These problems are further compounded by insufficient medical and care services in both urban and rural regions (Zeng, Hu, Li, Zhen, Gu, Sun, & Dong, 2019). To combat these problems, China sought swift and strong actions against COVID-19 by shutting down all major economic activity and travel in the Hubei region. The epicenter of COVID-19, Wuhan, in the Hubei region alone has a population similar to Los Angeles.

Italy

Italy presents several unique factors in their healthcare system. First, there are many regional Long-term care (LTC) systems rather than one national LTC system (Tediosi & Gabriele, 2010). Second, Italy’s universal healthcare system does not cover long-term care for older adults (Breeding, 2018). Consequently, family members become responsible for the care of older adults and incurred a significant share of LTC expenditure (Tediosi & Gabriele, 2010).

When the COVID-19 outbreak began in Italy, the regionalized LTC system resulted in a large variation for the number of older adults receiving home healthcare services (Tediosi & Gabriele, 2010). Compounded with the high intergenerational household mix, a strong risk existed for older adults in geographical pockets of Italy. This risk was eventually realized with the manifestation of cases in Northern Italy.

Spain

In Spain, around 19% of the population is older than 65 (Benavides, 2020). However, there is a lack of nursing home beds with a long wait line for a free bed for those unable to afford a private bed (Bosch, 2002). Spain prides itself with persistent traditional values as older adults live with their relatives and their families (Bosch, 2002). Only 15% of older adults aged 65 or older live alone (Bosch, 2002).

Spain's challenges with COVID-19 hit older adults especially hard due to its lack of nursing home beds and medical equipment (Benavides, 2020; Bosch, 2020). According to the most recent news, military soldiers found individuals completely abandoned or dead in their beds (Benavides, 2020). For example, one single nursing home in Madrid was abandoned with nearly two dozen deaths (Benavides, 2020). Aggregately, these dynamics have resulted in Spain possessing the second highest death rate in the world.

Germany

Germany upholds particularly unique dynamics for combating COVID-19. Over 82% of cases are from people under age 60, and the confirmed cases are mostly younger than in Spain and Italy (Kresge, N., & Loh, T, 2020). A few of the reasons for this phenomenon may include: (1) Nursing home representation: there is a greater proportions of older adults living in a nursing home, with 11.5% of the population 80 years and older living in a nursing home (Gaertner, Koschollek, Grube, Lüdtke, Fuchs, Scheidt-Nave, Gößwald, & Wetzstein, 2019). (2) Social long-term care insurance (LTCI): This mandatory and universal system was introduced as a fifth pillar of the social security system in Germany in 1995 that covers almost the entire population (Schultz, 2010).

Conclusion

No globally standardized way of treating COVID-19 exists. Social distancing is simply one part of a much larger answer required for solving this global pandemic. The nuances of each country's existing healthcare system, population representation, and cultural norms all reflect unique risks and require specialized solutions. Whether it's with informal neighbor care to a centralized government care system to a series of institutional settings, private nursing homes, observation of actions taken by each country reflect the advantages and disadvantages of different healthcare systems.

Future research should reflect on the responsiveness and resilience of each country to COVID-19. More specifically, highlighting areas of improvements needed and bringing discussion to the table regarding strategies to improve the care for diverse older adults. This research based on eventual end-outcomes can illuminate a path forward on global best practices for mitigating future pandemic scenarios. These insights are critically important as the world's older adult population will explode from 962 million in 2017 to 2.08 billion in 2050.

References

- Akiyama, N., Shiroiwa, T., Fukuda, T., Murashima, S., & Hayashida, K. (2018). Healthcare costs for the elderly in Japan: Analysis of medical care and long-term care claim records. *PLoS one*, *13*(5), e0190392. <https://doi.org/10.1371/journal.pone.0190392>

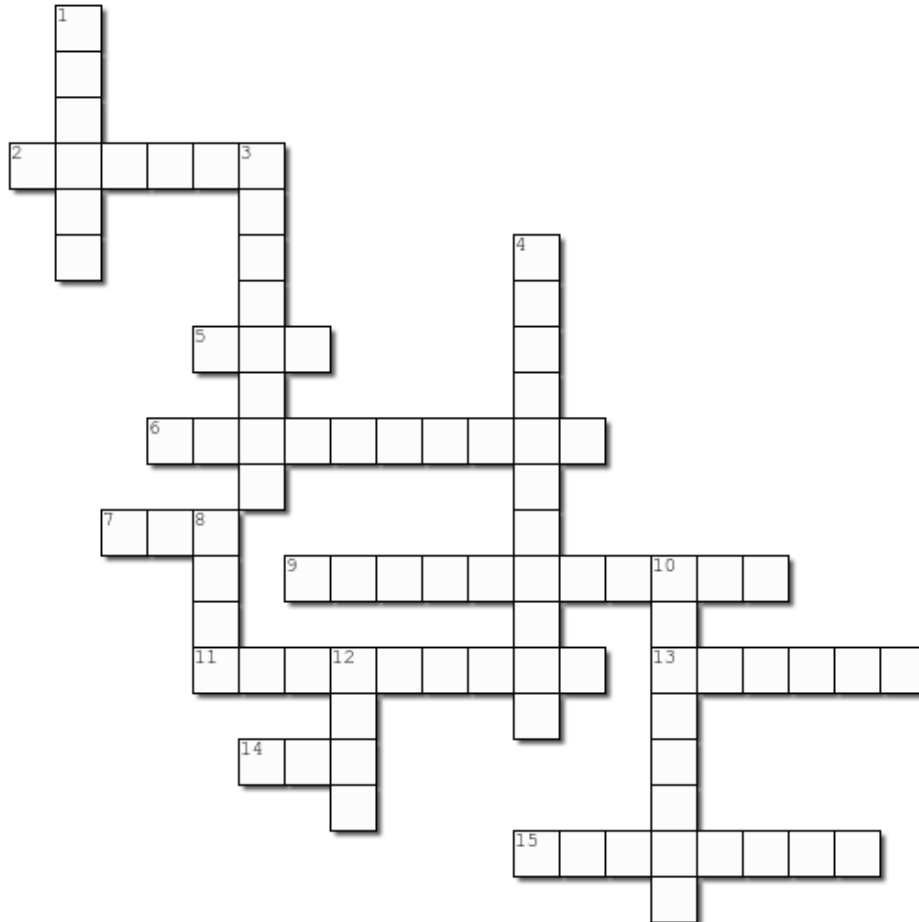
- Benavides, L. (2020, March 24). Spanish military finds dead bodies and seniors completely abandoned in care homes. National public radio. Retrieved from <https://www.npr.org/>
- Bosch, X. (2002). Spain: old people frequently live with their families. *BMJ (Clinical research ed.)*, 324(7353), 1543. <https://doi.org/10.1136/bmj.324.7353.1543>
- Breeding, B. (2018, October 22). How senior living “translates” in other countries [web log comment]. Retrieved from <https://www.mylifesite.net/blog/post/how-senior-living-translates-other-countries/>
- Gaertner, B., Koschollek, C., Grube, M. M., Lüdtke, D., Fuchs, J., Scheidt-Nave, C., Gößwald, A., & Wetzstein, M. (2019). Including nursing home residents in a general population health survey in Germany. *Survey Methods: Insights from the Field*, 1-9.
- Kresge, N., & Loh, T. (2020, March 23). Coronavirus less deadly in Germany because of youthful patients. Bloomberg. Retrieved from <https://www.bloomberg.com/>
- Liu, T. (2014). Nursing care for elderly people in Germany and China: a bilateral comparison and exploration of policy transfer. *J Nurs Care*, 3(6), 1-4. <https://doi.org/10.4172/2167-1168.1000206>.
- Pray, L., Boon, C., Miller, E. A., & Pillsbury, L. (2010). Providing healthy and safe foods as we age: Workshop summary. In *Providing healthy and safe foods as we age: Workshop summary*. National Academies Press.
- Schultz, E. (2010). The long-term care system for the elderly in Germany. *ENEPRI Research Report No. 78*.
- Tediosi, F., & Gabriele, S. (2010). The long term care system for the elderly in Italy.
- United Nations, Department of Economic and Social Affairs, Population Division (2017). *World Population Ageing 2017 - Highlights (ST/ESA/SER.A/397)* [PDF file]. Retrieved from https://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2017_Highlights.pdf
- Worldometer. (2020). *Countries in the World by Population*. Retrieved from <https://www.worldometers.info/world-population/population-by-country/>
- Worldometer. (2020). *COVID-19 Coronavirus Pandemic*. Retrieved from <https://www.worldometers.info/coronavirus/>
- Zeng, Y., Hu, X., Li, Y., Zhen, X., Gu, Y., Sun, X., & Dong, H. (2019). The quality of caregivers for the elderly in long-term care institutions in Zhejiang province, China. *International journal of environmental research and public health*, 16(12), 2164. <https://doi.org/10.3390/ijerph16122164>
- ZH (2020, April 14). China's elderly-care facility beds more than triple since 2007. *Xinhuanet*. Retrieved from http://www.xinhuanet.com/english/2019-02/08/c_137806905.htm

Brain Teaser! Geropsychology Crossword Puzzle

Submitted by Brian Carpenter, PhD

Relaxing Distraction/Cognitive Enhancer

Put your crystallized intelligence to work on this puzzle that will test your geropsychology knowledge.



Created using the Crossword Maker on TheTeachersCorner.net

Across

- 2.** geezer slam, for example
- 5.** our home
- 6.** cousin, in medicine
- 7.** our home's home's home
- 9.** we're all students of this
- 11.** geropsych's holy tablets?
- 13.** father of NIA
- 14.** our home's home
- 15.** from birth to death

Down

- 1.** unpronounceable acronym (thank Hinrichsen)
- 3.** Bernie's true love
- 4.** go-to for gero resources
- 8.** our apex credential
- 10.** geezer slam
- 12.** recent clinical grad's foe

Highlight: Capacity Webinar Series



Expanding Expertise in Capacity Assessment

Submitted by Peter Lichtenberg, PhD

I began working in the area of capacity assessment in contested probate court matters in 2003. In 2007, I had the good fortune to work with an attorney who taught me a great deal about the differences between clinical assessment reports and independent psychological evaluations to be used in court. After that case, I got a lot more referrals and after we created our financial decision-making rating scale, I got even more. The more cases I saw, the more subpar assessments of older adults from court appointed psychologists I saw. It really bothered me that many older adults were losing their rights without a quality evaluation.

From 2015-2017, I had the good fortune of presenting at the pre-conference workshop on capacity assessment sponsored by the APA Committee on Aging (CONA). My role in the first few sessions was to present on neurocognitive assessment and common forms of dementia. The last of these sessions, however, saw me take an expanded role and present also on financial capacity assessment including sharing some of the good and bad of giving testimony in court during cases of contested capacity (e.g. guardianship, testamentary capacity).

I began talking to my good friend, Dr. Ben Mast, about wanting to prepare more geropsychologists to do expert work in the probate system. We decided to put together a course book that would shape a 10-week program. Ben is a phenomenal scholar and teacher and, with his guidance, we finished the course book within a year. We decided to deliver our course through a weekly webinar, obtained CE credits from APA and advertised our first session.

We begin our course with four foundational sessions: (1) Ethics; (2) Neurocognitive and other assessments for geriatric syndromes; (3) Ben's Whole Person Assessment approach and (4) Financial capacity overview. The final six sessions then apply these foundational skills and others to the expert role with a heavy use of case examples, and examples from testimony and the expert reports. The final six sessions include: (5) Financial exploitation—the dark side of capacity assessment in probate cases; (6) Assessment of undue influence; (7) Guardianship and conservatorship assessments; (8) Assessment of testamentary capacity; (9) Working with attorneys, the expert report, deposition and court testimony and (10) Medical, dispositional capacity assessment and course review.

Over the past year we have delivered three 10-week sessions to more than 50 psychologists across the country. Our colleagues who have taken this course have given us very helpful feedback and rated the course as extremely satisfying and useful. Our course weaves in the issues of financial exploitation and undue influence; two often neglected topics in capacity assessment reviews, and yet two critically important issues to assess when working as an expert in probate cases. We plan to offer the course again in early 2021. If you would like more information email me, Peter Lichtenberg at p.lichtenberg@wayne.edu. For me personally, having this opportunity to work with Ben, week in and week out, is one of the best things about the course!

Highlight: Aging in Textbooks

Bringing Textbooks Up to Speed

Submitted by Brian Carpenter, PhD



Have you been in this situation before: You open up a new textbook only to find that aging and older adults are topics that have been misrepresented, drastically abridged, or left out altogether? Grrrr. Steam out of the ears. Expletives fly. Insert favorite red-faced emoji here. Too often, college textbooks neglect the intellectual richness, clinical need, and career opportunities of geropsychology.

One popular textbook that was previously missing content about aging was *Introduction to Clinical Psychology*, sold by Cambridge University Press (8 editions!) and currently co-authored by Douglas Bernstein, Bethany Teachman, Bunmi Olatunji, and Scott Lilienfeld. A best-selling text that has reached many undergraduates over the years, yet with no aging-related content, the book was missing an opportunity to educate students about the mental health needs of older adults and invite further interest in aging, which is exactly what's needed now when there is a dire shortage of psychologists trained to work with older adults.

As the forward thinking authors undertook a revision for a new, 9th edition, they reached out to the Society for Clinical Geropsychology to see who might be able to lend expertise to a new chapter on Clinical Psychology Across the Lifespan. Four outstanding graduate students, representing four different geropsychology programs, stepped up to their respective keyboards to help out: **Hillary Dorman** (pictured top left) from the University of Alabama, **Kelly Durbin** (pictured second from the left) from the University of Southern California, **Alexa Ebert** (pictured third from the left) from West Virginia University, and **George Lederer** (pictured top right) from Yeshiva University. This cross-campus writing collaborative crafted an extensive chapter that covers the history of clinical geropsychology, what's unique about clinical work with older adults, clinical assessment and treatment with older adults, and a closing section on the future of geropsychology. Woven throughout is a case study featuring an intergenerational family in which a grandmother is facing physical, emotional, and cognitive challenges.

After reading the geropsychology section, lead author Douglas Bernstein commented, "I was so impressed by the quality and scope of your material... Given the shortage of geropsychologists, it strikes me as important for undergrads to be made aware of the field before they have made their specialization choices." This project was a great example of the depth of expertise across geropsychology training programs and the collegial partnerships we all value within SCG.

Committee Updates



Lifetime Learning Committee

Submitted by Meghan Marty, PhD

Lifetime Learning Committee Seeks New Members

If you're looking for a way to become more involved in SCG, we invite you to consider joining the Lifetime Learning Committee! The committee meets quarterly via conference call with the goal of promoting educational opportunities for psychologists and psychology trainees interested in geropsychology. Past projects have included a SCG membership needs survey, webinar facilitation, and consultation group creation, among others. If you would like to learn more, please contact Meghan Marty, PhD at meghan@meghanmarty.com

Mentorship Committee

Submitted by Jennifer Birdsall, PhD

The 12-II Mentoring Committee is pleased to share we submitted our manuscript detailing the results of the 2019 survey, which is currently under review. The manuscript is titled: *Survey of career mentoring experiences and needs in clinical geropsychology: Reflections from the past, directions for the future*. The committee's 2020 initiatives entail developing resources for geropsychology mentors and mentees that are informed by the survey results and feedback. Finally, we are excited to introduce the new committee members for the next term:



Incoming Chair:

Nancy Pachana, Ph.D., FAPS, FASSA, is the incoming Committee Chair. Nancy is 12-II's Past President and is a Professor in the School of Psychology at the University of Queensland and Co-director of the UQ Ageing Mind Initiative.

Committee Members:

Benjamin T. Mast, Ph.D., ABPP is Chair and professors in the Department of Psychological & Brain Sciences at the University of Louisville.

Cecilia Poon, Ph.D., is staff psychologist and Internship Training Director in the Psychology Department at Nebraska Medicine.

Heather M. Smith, Ph.D., ABPP-CG, is the Lead Psychologist at the Milwaukee VA Medical Center.

Jennifer Birdsall, Ph.D., is the outgoing Mentoring Committee Chair and the Clinical Director at CHE Behavioral Health Services. Jennifer has served as the committee chair since 2017 and will be transitioning off the committee at the end of the year.

Barry Edelstein, Ph.D. is a profession in the Department of Psychology at West Virginia University. Barry has served his latest term on the Mentoring Committee since 2017 and will be transitioning off the committee at the end of this year.

Intern/Postdoctoral Committee Member:

Ira Yenko, M.A., is a psychology intern at VA Palo Alto.

Student Members:

Stacy Yun, M.A., Graduate Student in the Geropsychology Track at the University of Colorado, Colorado Springs.

Rachael Spalding, M.S., Graduate Student in Clinical Psychology at West Virginia University.

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 reviews/revisions of guidelines over the winter/spring of 2019-2020. We submitted a review of the *APA Proposed Guidelines for the Implementation of Evidence-Based Psychological Practice* and a review of the *APA Guidelines for Assessment and Evaluation*. We also submitted feedback on the *2011 Guidelines for the Evaluation of Dementia and Age-Related Cognitive Change*, 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 Dementia guidelines at some point in the future (2020? 2021?). Dr. Ben Mast (SCG member) is chair of that task force, so SCG is well represented across all stages of this process.

For each of these, we use the SCG Listserv to invite comments from members, and SCG members of this committee also provide feedback. These compiled comments are then shared with the SCG leadership, for their review/approval prior to the SCG section President submitting. One of our goals has been to coordinate with the APA Committee on Aging (CONA) whenever possible, to maximize the impact of our comments. Due to a tight turnaround time, the committee chair also consulted with SCG leadership on suggested revisions to the draft NIMH Strategic Plan.

Our committee would like to invite any SCG members who become aware of proposed psychological assessment and treatment guidelines that are relevant for clinical geropsychology to contact us, via email to the committee chair (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.

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/> has been very active and productive since our last report in November 2019. As with every year, we had a transition in membership, with former CONA Chair Wally Boot, and former member Vonetta Dotson, rotating off after three outstanding years of service. Two new members joined, Bonnie Sachs and Karen Fingerman. They join continuing members including myself, Norm Abeles, Kelly Trevino, and Kathy Ramos. We have a very able and hard-working group that has diverse skills and has been willing to take on challenging tasks.



Like everyone, CONA has faced major challenges due to COVID-19, both due to requirements for social distancing, and the imperative that we do our part to address special concerns about aging issues and COVID-19 both to APA and to the public. We had to cancel our usual face to face APA Consolidated Meetings in March, and instead conducted virtual meetings. We made our best of this but there is no substitute for meeting together in person.

Out of our many activities, I will highlight a few that are most important and relevant. We have an ambitious and exciting plan for the 2020 APA Convention, including a CONA-led symposium on “*Addressing the Psychosocial Needs of Underrepresented People with Serious Life-Limited Illness*,” a Pre-Convention Workshop on “*What Psychologists Should Know about Working with Older Adults*,” and plan a Conversation Hour in collaboration with the Gerontological Society of America about potential collaboration with their Reimagining Aging Initiative. It is unclear whether the Convention will occur in its usual format, but we hope that we will all have a chance to get together, whether in person or virtually. A major emphasis has been updating the 2002 APA Resolution on Ageism. Kathy Ramos has led this effort, and we have submitted a final update of a new Resolution, which includes a strong evidence base, and suggests that APA endorse some powerful statements condemning ageism in all forms and taking action to oppose it. Related to this, our parent Board, the Board for the Advancement of Psychology in the Public Interest (BAPPI) has made a top priority to BAPPI and all of its Committees developing a plan to implement an intervention or interventions to decrease stigma, bias, and discrimination, with the ultimate goal of improving health equity. It is very challenging to identify, develop, implement, and evaluate interventions that can address the many sources of health inequity, including ageism, sexism, racism, etc. but CONA is a strong advocate for making aging issues a priority.

CONA has also made it a top priority to develop materials to guide APA leadership and to inform the public about special concerns for older adults and COVID-19. We have particular concerns about discussions suggesting using age as a sole or major criterion for triage of patients, and of the lack of attention to diversity in the “older adult” population, which can range from very healthy and active young-old individuals, to very frail members of the oldest old group who may be especially vulnerable in long-term care facilities. We hope that you will find our “*Key points on COVID-19 and older adults*” document useful. <https://www.apa.org/pi/aging/covid-19-older-adults>

CONA is active on many other fronts, and we will continue to update members of 12-2 through posts to the listserv.

Society of Clinical Psychology (Division 12) Update

Submitted by Brian Yochim, PhD, ABPP

SCG (Section 2) Representative to the Society of Clinical Psychology



The Board of Directors of the Society of Clinical Psychology (SCP; APA Division 12) held their mid-winter meeting in February. I wanted to remind our SCG membership of a few opportunities for our members:

SCP's flagship journal is *Clinical Psychology: Science and Practice*. Its impact factor has recently increased to 6.028 (ranked 4th out of 130 in Clinical Psychology). SCG members should consider submitting articles on geropsychology topics to this journal if they would like to reach a general clinical psychology audience. The journal is now available at over 5,600 institutions worldwide.

One benefit of membership in Division 12 is the ability to become a Fellow of the APA. Being appointed a Fellow is a way of recognizing unusual and outstanding contributions to the science and profession of psychology. One has to go through a specific Division of APA to become a Fellow, and Division 12 is our Section's home division. Clinical geropsychologists who believe they have made an outstanding and unusual impact on the field are encouraged to apply for Fellowship in APA for recognition of this.

SCG members who are members of Division 12 can apply for numerous awards to receive recognition of their work. These are listed at <https://www.div12.org/awards/> and include Senior and Early Career Awards for Distinguished Scientific Contributions to Clinical Psychology, Distinguished Professional Contributions to Clinical Psychology, Distinguished Contributions to Diversity in Clinical Psychology, and Distinguished Educator in Clinical Psychology. There are also Graduate Student Awards for Distinguished Student Research, Distinguished Student Practice, Distinguished Student Service, Distinguished Student Diversity, and Distinguished Student Leadership. SCG members are encouraged to apply for these, with applications due in December; stay tuned for further information.

Lastly, Division 12 maintains a strong relationship with Hogrefe Publishing Company, who typically publishes several brief books a year on various mental health conditions or treatment methods. Recent titles have included Persistent Depressive Disorders, Hoarding Disorder, Insomnia, and Internet Addiction. I have presented the idea of books on Caregiving for Older Adults and End of Life Care as possible topics, and they have indicated strong interest and wish to be connected with potential authors. If you have interest in authoring a book on these or other Geropsychology topics, please contact me.

If you have any questions about any of these opportunities, please do not hesitate to contact me! Brian Yochim, PhD, ABPP (Brian.Yochim@va.gov)

Call for Submissions

The Impacts of COVID-19—We Want to Hear from You!

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

Newsletter Editors

It goes without saying that we are facing unprecedented times. The spread of COVID-19 throughout our society has had far reaching effects on our way of life. Some of us have lost someone close as a result of the virus. Many of our careers and businesses have been shuttered, forcing us to move to virtual communication methods. Some of us are (or have loved ones) in the epicenter of the outbreak. Some of us are facing financial insecurity, lost wages, and strained incomes. For the students among us, there may be concerns about the ability to meet research milestones, concerns about reaching clinical hour benchmarks for endeavors like applying to clinical internships or licensure, and a dramatic shift in the ways many graduate students have moved through their training thus far. News reports, newspaper articles, social media, personal communication: everyone everywhere is talking about COVID-19. Through all the anxiety and grief, we are doing our best to take care of our families and friends, colleagues and clients.

However, these challenging times have also brought out the best in us. We are starting to care more about the human beings in our communities, locally and globally. Countries and states are sharing lifesaving medical and personal protective equipment. Programs are sprouting up enabling older adults to have their groceries delivered in timely and safe manners. Families and friends are becoming more engaged in interpersonal communication—phone service companies have reported that they are fielding more calls in a single day than they do on the busiest calling day of the year (Mother’s Day)!

In light of all of this, we want to hear from you. Are you struggling with the effects of COVID-19? Have you found ways to adapt your business, practice, or life to COVID-19 that you want to share with the Society? Do have you some good news or want to spread some cheer (whether it be a joke, a message, or a note of personal inspiration/encouragement)? Email Danielle McDuffie (dmcduffie1@crimson.ua.edu) or Diana DiGasbarro (diana.digasbarro@louisville.edu) to be featured in a special column in our next Newsletter.

We know the effects of COVID-19 are reaching far and wide. While we may have gotten through the peak of the virus by the next issue of the newsletter, we’re sure the lasting remnants of the virus on society, for better or worse, will be with us for months (if not years) to come. We hope to hear from you, and in the meantime, be gentle with yourselves and each other.

Did You Know...

- The Society has a [Facebook page](#) for all members?
- All the archived newsletters are available [here](#) on the Society website?
- That you should encourage your colleagues and students to join the Society? Please forward them the [membership application](#) from the website (or, simply forward them this newsletter!).
- We want to publish your achievements? Send announcements of your achievements in research (publications, grants, awards), clinical work (awards, recognition), teaching, and public policy to either [Diana](#) or [Danielle](#).