Clinical Geropsychology News

Society of Clinical Geropsychology

APA Division 12, Section II   Volume 27, Issue 2

July 31, 2020

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

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**Published articles do not necessarily represent the official views of the Society of 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. Oh wait, that was how I started my column in the last issue. What month was that anyway? What day is today? Don't tell my geropsychologist, but with the mundanity brought on by the pandemic, I appear to be failing my own mental status exam.

So what's happened since we last talked? Well, we had a brief taste of normalcy, with some of us venturing back out to a restaurant, returning to the office, replenishing our stock of hand sanitizer. Hospitals in some places looked like they had weathered the worst of it and were closing down COVID units. And best of all, we were finally allowed to get that SCG-inspired tattoo. But recently infections have taken an upswing, daily death counts are up, and lockdowns might be coming back. Many higher education institutions announced plans for the fall semester, elating some students, worrying some faculty, exacerbating ulcers for some administrators. The Atlantic hurricane season returned, with six tropical storms so far (welcome ashore Arthur, Bertha, Cristobal, Dolly, Edouard, and Fay!). The nation was gripped by more police violence, a reminder of the

pervasive racial injustice and inequity that subsequent protests had to highlight *yet again*. And of course we're all still trying to cope with the incessant political caterwauling, a heat dome pressing down on much of the country like a sizzlin' griddle, and a future uncertain in many, many ways. Will there be daycare? How do I renew my car registration? Is my new fiddle-leaf fig plant enough to secure a 10 on Room Rater?

In all seriousness, we've been through a lot these last few months, and I've taken great comfort in how the members of SCG continue to soldier on in their work lives, personal lives, and in supporting one another. We had great enthusiasm in this year's election cycle, with several people generously stepping up to run, a banner voter turnout, and our newly elected officers, Shane Bush and Patty Bamonti, on deck to join the leadership team. Our Diversity Committee, Chaired by Flora Ma and staffed by Daniel Parker, Charissa Hosseini, and Laura Raicu, have been assembling great resources to contribute to APA's #EquityFlattenstheCurve initiative. And the Executive Committee has made a keen and detailed commitment to elevate issues of justice and equity in SCG's mission with several immediate actions. So good things continue to unfold.

At the same time, the calendar ahead promises a couple novel experiments for us. Both the APA and GSA conferences will be virtual this year, a change that will mean a new format for sharing our science. As I write this, there are details we don't know, but I can tell you SCG will be hosting an online version of the annual M. Powell Lawton Award address, this year given by Peter Lichtenberg, and we'll also have a Business Meeting to which all SCG members are invited. We plan to host both of these sometime during the original dates of the convention. More details about GSA will be coming. Perhaps what I'll miss most about these conventions this year are the opportunities to see everyone over coffee, dinner, and at social hours. Remember passing people in the cavernous convention center hallways, with too few places to sit, so you plop down on the floor to catch up for a few minutes, ideally near a coveted electrical outlet? So we're thinking about news ways to help us all stay connected as well.

In the weeks and months ahead, as we all figure out this next chapter in our memorable history, I encourage you to rely on SCG as an ongoing resource for information, innovation, and support. Use our zippy listserv to inquire and to share. Let us know what you'd like to see and do during our nontraditional conventions. And take a moment to think about how you can offer yourself in service. Maybe it's reaching out to a student who is applying for internship or postdoc and offering a quick consultation or gloss of application materials. Perhaps it's sharing online teaching tips with a colleague who is working on a new course prep. Maybe you could start that book group you've been thinking about and buy a bunch of copies of *How to Be an Antiracist* from your local African American-owned bookstore. Maybe it's reviewing your commitment to pro bono work and taking on a new older adult client at no charge. At a moment when so much can seem outside our control, there are things we *can* do. SCG is here to do some of them, and here to help you do others. Stay well.

Comments from the Editors: Danielle & Diana

Danielle McDuffie & Diana DiGasbarro

We're in as much awe as some of you that it is somehow already time for the newest edition of the newsletter! Thank you to everyone who has been so accommodating of our millions of emails and who took the time to send in personal and/or professional updates to help make this newsletter the great body of work we all look forward to, particularly during these somewhat somber times. It's scary to believe that Summer is almost over (trust me, writing that line made me just as unsettled as you feel reading it) and many of us will be returning to a new semester that will likely look a lot different than Fall semesters of the past.

However, there's power in numbers and if one of us can get through it, we all can? (as a resident pessimist, I'm trying out the power of positive manifestation).

In this issue of the newsletter, we'll be featuring APA-related content including virtual CE offerings, our member spotlight, member announcements, committee updates (congratulations to our newly elected leaders and award winners!), an introduction to a new column spearheaded by us editors in collaboration with the SCG Leadership Team, and a heads up about updates to our Society bylaws. We hope you and your loved ones are remaining safe and healthy!

Congratulations New Board Members!

President-Elect
Shane Bush, Ph.D., ABPP, ABN

Secretary
Patricia Bamonti, Ph.D.

*Short biographies for new board members listed in the *Nominations & Elections Committee* update

Congratulations to the 2020 SCG Award winners!

M. Powell Lawton Award for Distinguished Contributions to Clinical Geropsychology

Nancy A. Pachana, Ph.D., FASSA
Professor, School of Psychology
University of Queensland, Brisbane, Australia
Div 12-2 Past President

Distinguished Clinical Mentorship Award

Kate L.M. Hinrichs, Ph.D.
Staff Psychologist, VA Boston Medical Center
Assistant Professor, Department of Psychiatry,
Harvard University

Student Paper Award

Rachael Spalding, M.S.
Doctoral Candidate, West Virginia University
Mentor: Barry Edelstein, Ph.D.

Factors predicting collaborative willingness of surrogates making medical decisions on the Physician Order for Scope of Treatment (POST)

Todd "TJ" McCallum Gerodiversity Award for Excellence in Gerodiversity
(Psychologist Level)

Martha Regina Crowther, Ph.D., MPH
Professor
Community Medicine and Population Health,
Family, Internal, and Rural Medicine
Associate Dean for Research
College of Community Health Sciences
University of Alabama

Todd "TJ" McCallum Gerodiversity Award for Excellence in Gerodiversity
(Psychologist-in-Training Level)

Danielle L. McDuffie, M.A.
Doctoral Student, University of Alabama
Mentor(s): Martha R. Crowther, Ph.D., MPH
& Rebecca S. Allen, Ph.D., ABPP

*Short biographies for award winners listed in the *Awards & Recognition Committee* update

APA-Related Content

SCG APA 2020 Events

M. Powell Lawton Award for Distinguished Contributions to Clinical Geropsychology Address
Speaker: Peter Lichtenberg, PhD, ABPP, Professor and Director of the Institute for Gerontology at Wayne State University
Date & Time: Thursday, August 6th at 4:00 PM EST

Society for Clinical Geropsychology Annual Business Meeting and Awards Presentation
Date & Time: Thursday, August 6th at 5:00 PM EST

Zoom information for both sessions is the same (and please note the required password):

Join Zoom Meeting
https://wustl-hipaa.zoom.us/j/92590340145
Meeting ID: 925 9034 0145
Passcode: SCGAPA2020

CONA Conversation Hour (*in collaboration with the Gerontological Society of America*)
Topic: “Engaging Psychology in the Reframing Aging Initiative”
Date & Time: Saturday, August 8 from 5-6:15 PM EST
Event Registration: Register in advance for this free session at https://tinyurl.com/y8tme8jc

Continuing Education at APA Convention

Registration is now open for the annual APA Convention, being held entirely online this year from August 6-8, 2020. Attendees have three options for earning Continuing Education (CE) credit:

1) *Free CE Sessions*: All registered attendees will have access to CEs for three of the most popular 1-hour ethics sessions at no extra cost.

2) *Virtual CE Workshops*: 2.5-hour workshops on a variety of topics (including a few offered by SCG members!) for an additional price per workshop ($45 APA Member/$65 Nonmember). Workshops will be held from Monday, August 3rd through Friday, August 7th and will include live question and answer with the presenters. Participants will receive an archived version of each webinar whether or not they attend the live broadcast. Registration for the virtual convention is not required to attend these workshops.

3) *Unlimited Online CE*: An annual subscription to “Unlimited Online CE” will include all of the APA 2020 Virtual CE workshops, plus APA’s live webinar series throughout the year and access to the entire catalog of video on-demand CE programs ($299 APA Member/$599 Nonmember).

For more information on all of these CE options, see the convention CE page at https://convention.apa.org/ce

Member APA Presentations

CONA-led symposium: "*Addressing the Psychosocial Needs of Underrepresented People with Serious Life-Limited Illness*"

CONA Pre-Convention Workshop: "*What Psychologists Should Know about Working with Older Adults"*

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 to be presented at the American Psychological Association Annual Convention, Virtual.

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

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

Member Spotlight

Full Member Spotlight: Lucas Morgan, Ph.D.

Year joined Society of Clinical Geropsychology: 2016(*ish*)

Hometown: Honolulu, HI

Current Professional title and affiliation: Licensed Clinical Psychologist, with private practice focused on geropsychology and working in a number of independent, assisted living, and nursing-level facilities; also with a non-profit named I Ola Lahui Behavioral Health Services as a provider and clinical supervisor for pre-and post-doctoral psychology trainees, where I've helped develop grant-funded community programs like mindfulness groups for older adults with dementias in adult day care and long-term care settings as well as education and training for staff and family caregivers of people with dementia.

Why did you join the Society for Clinical Geropsychology (Division 12, Section II)? It seemed like one of the few groups with a specific focus on geropsychology, and I really enjoyed the publications from the group. I was hoping to find opportunities to learn from and consult with others in the field and to make connections with like-minded psychologists.

How has membership in the Society for Clinical Geropsychology assisted you with your professional activities? So far I have benefitted greatly from the list-serve, learning from people's perspectives shared there, as well as from the many resources posted there as well. I've been able to contribute to my local Hawai'i Psychological Association by passing along many of those resources.

How did you get interested in the field of aging? I've always been interested in questions of mortality and impermanence since I was a young kid, and felt kind of weird at times because of it. No one else seemed to want to talk about death and meaning, no matter what age. I also was very much into Buddhism as a later teenager, and eventually merged that with my focus in psychology on mindfulness-based behavioral approaches. This fit very well for a focus in geropsychology, in which there are so many "unfixable" problems like a wide range of losses and changes, that mindfulness-based approaches can be very helpful with. I found that I was pretty good at helping people learn how to not fix some of those unfixable problems, since being in "fix mode" in relation to them causes suffering on top of pain. Mindfulness, acceptance, and values aspects of these approaches have really been central in working with older adults, trying to balance changing one's relationships with what can't be fixed, while also continuing to do things and to change what can be changed. I also loved the welcoming interdisciplinary feel of the hospital, geriatric medicine, and long-term care facilities I've been able to work with so far.

Have you had an important mentor in your career? If so, how did he or she make a difference? I am so lucky to have had such supportive mentors in graduate school. In particular, my advisor Lizabeth Roemer was the person who helped my development as a psychologist in countless ways: her genuine compassion, her humanness, her intelligence and passion for helping others, and her rock-solid presence through all the ups and downs of grad school and the early development of my identity as a psychologist.

She and another UMass Boston psychology professor and mentor Karen Suyemoto, also helped instill in me the deep understanding of the inherent relationship between psychology and social justice. Through their own explorations of identity, privilege, and oppression, and their ability to help me explore these complex and painful processes of awareness-building in my own experience as a person and psychology, I have been able to continue to seek my own biases (a lifelong aspiration) and to facilitate discussions and workshops in this area for psychologists and community members.

What is your current position and what are your key responsibilities? I'm now an early career licensed psychologist in part time private practice with mainly older adults as well as part time with a non-profit psychology group doing outpatient therapy, grant-funded community programs, and supervision of pre- and post-doctoral psychology trainees.

Tell us about your most recent activities. Recently, the main area of growth has been as an independent practitioner, how to run a small business, and how to best partner and collaborate with long-term care facilities and other providers. This has been a challenge for me in general, and even more so since the start of the COVID-19 pandemic.

What has been your most memorable experience in gerontology and aging clinical practice and/or research? I think my most impactful experiences have been trying to help geriatric providers and caregivers, as well as older adults in therapy and workshops, to challenge ageism. It can be really powerful and emotional to bring people into a space where they can think about their own internalized ageism, and how it may be shaping the relationships they have with their challenges and their sense and pursuit if meaning and purpose in life.

Do you have any tips for emerging geropsychologists? Reach out to people in the field who do what you think you might like and ask questions. I've had such amazingly friendly and generous responses from the vast majority of experts in the field that I've mustered the courage to get in touch with. It can be very inspiring and informative.

What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies? I am one of those people with too many hobbies. I love plants and animals, and my first career was actually in conservation biology here in Hawai'i (the extinction and endangered species capitol of the US). So now I spend my free time (which is limited now since I am often busy with our 3-yr old son Jack) growing native Hawaiian plants, food plants, orchids, pitcher plants, tillandsia, hoya, and other botanical obscurities, and giving them to friends. I also enjoy all things ocean, especially fishing. I also love astronomy, Buddhist studies, tattoos, ornithology, languages, history… you begin to see the problem.

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 Diana DiGasbarro at diana.digasbarro@louisville.edu.

Member News & Awards

Marcela C. Otero, Ph.D., has been accepted as a Butler-Williams Scholar through the National Institutes on Aging [https://www.nia.nih.gov/research/osp/butler-williams-scholars-program].

Veronica Shead, Ph.D., has been selected to be a 2020-2021 Health and Aging Policy Fellow [https://www.healthandagingpolicy.org/]. She is looking forward to learning about policy development and potentially working on policy to address health disparities for minority older adults and to improve end-of-life care. She will also be continuing in her capacity at the VA.

Nancy Pachana, Ph.D., Program Lead of Age Friendly University and Healthy Ageing Initiatives, is very pleased to announce that her university, The University of Queensland in Brisbane, Australia, is the first Australian university, and the first university in the Southern Hemisphere, to become a member of the global Age Friendly University network [https://www.geron.org/programs-services/education-center/age-friendly-university-afu-global-network]. The Age-Friendly University (AFU) network consists of institutions of higher education around the globe who have endorsed the 10 AFU principles and committed themselves to becoming more age-friendly in their programs and policies.

The 10 Age-Friendly University Principles

1. To encourage the participation of older adults in all the **core activities** of the university, including educational and research programs.
2. To promote personal and career development in the second half of life and to support those who wish to pursue **second careers**.
3. To recognize the **range of educational needs** of older adults (from those who were early school-leavers through to those who wish to pursue Master's or PhD qualifications).
4. To promote **intergenerational learning** to facilitate the reciprocal sharing of expertise between learners of all ages.
5. To widen access to **online educational opportunities** for older adults to ensure a diversity of routes to participation.

6. To ensure that the university's **research agenda** is informed by the needs of an aging society and to promote public discourse on how higher education can better respond to the varied interests and needs of older adults.
7. To increase the understanding of students of the **longevity dividend** and the increasing complexity and richness that aging brings to our society.
8. To enhance access for older adults to the university's range of **health and wellness** programs and its **arts** and **cultural activities**.
9. To engage actively with the university's own **retired community**.
10. To ensure regular **dialogue** with organizations representing the interests of the aging population.

Recent Member Books & Publications

Fallek, R., Tattelman, E., Browne, T., Kaplan, R., & Selwyn, P. A. (2019). Helping health care providers and staff process grief through a hospital-based program. *American Journal of Nursing, 119,* 24-33.

Haley, W. E., Roth, D. L., Sheehan, O. C., Rhodes, J. D., Blinka, M. D., & Howard, V. J. (in press). Effects of transitions to family caregiving on well-being: A longitudinal population-based study. *Journal of the American Geriatrics Society*.

Kube, E., **Harris, G**., & Hicken, B. (2020). The graying of integrated health: The specialized role of psychology in geriatric primary care. *Aging & Mental Health,* 1-9. doi:10.1080/13607863.2020.1768215

Roth, D. L., **Haley, W. E**., Sheehan, O. C., Huang, J., Chung, S., Rhodes, J. D., Durda, P., Howard, V. J., Walston, J. D., & Cushman, M. (2020). The transition to family caregiving and its effect on biomarkers of inflammation. *Proceedings of the National Academy of Sciences*. https://www.pnas.org/cgi/doi/10.1073/pnas.2000792117

Terry, D. L., **Mlinac, M. E**., & **Steadman-Wood, P. L**. (Eds.) (2021). *Providing home care for older adults: A professional guide for mental health practitioners.* Routledge.

The Student Voice

Perspective from a Native Hawaiian Cultural Practitioner: "This Pandemic is a Messenger" – Jackie Hogan Interviews Lani Kamauu Yamasaki

Submitted by Jackie Hogan, M.S.

Jackie Hogan (left)
Lani Kamauu Yamasaki (right)

I am grateful to Lani for sharing her wisdom with our organization. I honor the Hawaiian heritage, culture, land, and offer my respect to their Elders, past, present, and future generations. The following is a summary of Lani's interview, which was reviewed and edited by her prior to submission.

Interview:
Hawaiian culture is spiritually based. I can only share from my perspective reflecting the cultural values, practices, and traditions of our *ʻohana* - family. I am not speaking for our diverse Hawaiian community.

As a native Hawaiian, my cultural practice is reflective of the healing traditions of our *ʻohana* and my personal journey. Holistic healing is our *kuleana* - lineal responsibility our *ʻohana* has honored since ancient Hawaiʻi. I received *ʻūniki* (initiation/graduation) to practice the esoteric healing arts of our *ʻohana* through my elder *Hale Makua*, who was internationally respected as a *kahuna* or master in this realm. This background allows me to impart our traditional Hawaiian spiritual practices and beliefs as a *kahu* (keeper of knowledge), which in part I am sharing with you.

My mother Mary Chun Yamasaki was my first teacher. She's Hawaiian-Chinese. She taught me Chinese healing practices and *laʻau lapaʻau* - healing with Hawaiian herbs. Mom will be 98 this year and has dementia. Otherwise she is healthy. She is only on one medication for glaucoma. Her secret to longevity is a strong relationship with *Ke Akua* - God, living in a wonderful community, and Hawaiian healing practices. Basically, a *Blue Zones* lifestyle. By the way, we live in Waimea - a certified Blue Zones community.

Mom has survived two broken hips in her eighties and nineties and recently sepsis. Dementia limits her ability to self-advocate. As her medical advocate and caregiver, it was vital to literally "camp out" at the hospitals and skilled nursing facilities to ensure her treatment plan was in "integrity" with her health history and values. It was critical to gain the trust of her medical team to incorporate an integrative culturally-based approach in her treatment plan. For instance, she is severely allergic to opioids. To alleviate post-surgery inflammation and pain, we were allowed to use a form of ʻŌlena (Hawaiian for turmeric) and deep sea water (alleviates leg cramps), acupuncture, and a TENS machine. I was also allowed to bring in anti-inflammatory foods. While it wasn't easy to persuade her physicians to allow this healing approach, the RN and CNA at all establishments were highly supportive. They were primarily Filipino, Hawaiian, and Chinese and raised with herbs and spiritual healing practices. I'm clear that elder patients (especially with dementia) need 24/7 advocacy in hospitals. Without this approach, Mom would have died in the SNF recovering from her first broken hip. That nightmarish experience was a "wake-up" as to the flaws in our healthcare system in myriad ways, leading with how elders are regarded and treated.

The pandemic is a Messenger. Many indigenous elders, including Hawaiians have anticipated and prophesied catastrophic global events during this time. The world is out of balance and our *ʻāina* - nature and earth is reflecting this through ocean acidification, melting polar caps, flooding, degraded fisheries, massive erosion, and loss of coastal and valuable farmlands. We are in the midst of a spiritual wake-up call to understand what will restore balance and harmony within ourselves, our communities, and nature. We are being asked to *mālama* or take care of our Mother Earth, just as she takes care of us. We are being asked to redefine our values and what matters most to us… and take action to insure we safeguard what is precious to us.

One of the ways the pandemic is unifying our global community is through the need to understand the nature of COVID, and how to co-exist with this threat to humanity. And through this exploration, we are discovering depths of shared feelings, emotions, concerns, aspirations, and goals across borders, cultures, races, genders, and ages spurred by our survival instincts… and awakening our *aloha* or capacity to love, express kindness, charity, sympathy and compassion.

Aloha
Alo - in the presence
Ha - breath of life

When we share *aloha*, we are sharing our spiritual essence. We are recognizing and honoring the spirit which resides inside each of us. Spirit does not have a color or race. It transcends gender and age. Every encounter, every experience we have offers a portal to consciously evolve. This takes courage.

We share our *ha* through the act of breathing and speaking. We have a saying: "There is life in words and there is death in words." What we express through our *ha* causes life and death. Our *ha* contains moisture - waters of life. It makes sense that some viruses spread through our breath. We are being asked to be conscious of the power of our *ha.* We are being asked to treat each other with *aloha* as a way to heal.

You asked if Black Lives Matter has any relation to COVID. Absolutely. Like COVID, Black Lives Matter is also a spiritual wake-up call for us to understand how our actions (i.e., lack of humanity and cultural sensitivity) impacts others, particularly repeated offenses culminating in multiple generations of trauma. We call this the *kaumaha syndrome* in Hawaiʻi. *Kaumaha* means "sad, troubled, downtrodden and depressed." It refers to a depressed state of being many Hawaiians continue to experience today as a result of overt and covert oppression and racism throughout history leading to social disparities and dismal socio-economic developmental conditions including poor health, poverty, and homelessness.

The pandemic is having a disproportionate impact on our Black Community and our indigenous communities because of historical systematic oppression and racism… resulting in poor socio-economic conditions. This is a complex subject and worthy of a longer response than our interview allows. On the positive side, Black Lives Matter is reflective of our evolving consciousness and our human need to make *pono* - make right of what is wrong through understanding the long history including actions and consequences leading to this growing civil rights movement.

Dr. Kekuni Blaisdell, a beloved native Hawaiian physician and one of the founders of the University of Hawaiʻi John A. Burns School of Medicine was adamant about the need to employ Hawaiian cultural values and practices in the workplace and curricula. He expressed that "it is the duty of the medical professionals to pass on their *mana* to their students and patients". *Mana* is Hawaiian for "supernatural

and divine power, miraculous power" which is present in all of us. *Mana* is gifted and fortified through your relationship with your *Akua* (god/gods). If you are in the wellness/medical field, ensuring that your mana is strong is critical for your ability to serve as a venue to facilitate the healing of your clients.

In working within the Hawaiian community at large, you need to understand the history and epistemology of the client, especially if you are a medical or wellness professional. You need to be culturally competent; you need to have cultural humility to understand different approaches to health and wellness… especially spiritual healing traditions.

Ha'aha'a means humility in Hawaiian, and that's what is often missing in mainstream medicine. This happens when a medical professional feels they know what's best for their patient without taking the time to understand their background through "talk-story" versus just reading patient forms. A typical example is when a doctor treated a patient for six weeks for chronic diarrhea. Towards the end of this time, the patient finally revealed through "talk-story" that she had been drinking a popular Hawaiian herbal tea on a daily basis which was a cathartic. The tea stopped and so did the diarrhea. The doctor also realized that she needed to learn *laʻau* (short for laʻau lapaʻau) practices in order to ask the "right" questions.

Often doctors complain that people won't show up to appointments even when transportation is provided. When questioned, patients often say: "I can't communicate with the doc. They don't understand my culture and they don't seem to care. If I can't communicate with the doc, I don't trust him/her." I believe this behavior and attitude is found everywhere that "color-blind" medicine is practiced. To be fair, let's be clear that physicians also encounter color-blind behavior including bias and racism from their patients and within the workplace.

When medical professionals strive to understand where their patient comes from, how they were raised, what their values are… this provides a critical element for establishing trust and communication. While cultural competency is taught in healthcare programs, there is enough evidence to show that it is sorely lacking throughout our healthcare systems.

How would our healthcare system change for the better if medical practitioners were required to pass a cultural competency exam for licensing requirements? How would our healthcare system change for the better if all employees, beginning with leadership, were also required to pass cultural competency exams and receive ongoing training?

I train social workers, medical students, doctors, nurses, psychologists, and other wellness professionals to incorporate cultural awareness and sensitivity in their work, and integrate Hawaiian practices such as *hoʻoponopono*. *Hoʻoponopono* means to "make things right" and is a form of personal and group reconciliation. To be a hoʻoponopono practitioner values such as *aloha, ʻohana, lōkahi* and *aloha ʻāina* or stewarding nature are learned as daily practices. Eventually, we come to embody these values through our practices.

Lōkahi is a cherished value which means "harmony and unity." *Lōkahi* is also what I refer to as our "Hawaiian ancestral wellness blueprint." In practice, it is at the core of Hawaiian cosmology and illustrates the interdependence between the *Akua* (god/gods), *ʻāina* (nature/earth) and *ke kanaka* (mankind). When we practice *lōkahi*, we are nurtured and sustained in spirit, mind, and body.

Some of the feedback that doctors, nurses and psychologists share is that Hawaiian practices allow them to practice medicine through honoring their own process of receiving ʻ*ike* - intuition and divine knowledge from God, and integrating *ʻike* with their expertise. They also come to their practice with a "beginner's mind" - *haʻahaʻa* or true humility, which opens the creative portals to problem solving. They experience how their own ability to express *aloha* creates a sense of connection and *ʻohana* in the workplace and with their patients, leading to more accurate diagnoses through meaningful consultation with their client. What is really noteworthy is that doctors express feeling "less pressured to play God," which is significant considering the high suicide and addiction rates they experience in their profession. As we become more tech oriented and rely more on telehealth, we need to remember that wellness is not about checking off boxes. It leads with cultivating connection with your patients and their *ʻohana.* As humans we are hard-wired for connection.

In talking with medical practitioners, I often ask; "Do you sincerely want to employ Hawaiian culture within the workplace or is this window dressing?" Our cherished values and practices have been culturally appropriated and commodified throughout the years by often well-meaning people. They ask me: "Can Hawaiian practices be scaled in our programs?" Yes, they can be scaled, but there's no way to do that without leadership embodying these spiritual values and practices themselves. It requires commitment and discipline. It requires that we have the fortitude to shed light into the darkness - our own darkness. When we are able to make sense of this darkness and make peace with it… thank the darkness as our teacher, we are further along the path towards practicing aloha towards others. First, we must offer *aloha* and forgiveness to ourselves. This is fundamental to practicing *hoʻoponopono* and essential for our well-being.

Please stop romanticizing our culture. Many native Hawaiians do not practice Hawaiian culture, and often times this is linked to the historical reasons associated with the *kaumaha* syndrome. If you want to understand how a pandemic affects a native population, look to Hawaiʻi. We've endured pandemic after pandemic, post-Western contact, and learned from these horrific experiences. We've learned how values and practices such as *aloha, ʻohana, lōkahi* and *aloha ʻāina* nurtures us, sustains us… and this includes our community at large.

I believe that Hawaiʻi has among the lowest COVID rates in the nation because our local society continues to practice core Hawaiian values. We take care of each other. We treat each other as *ʻohana* for the most part. We are challenged with visitors that fly here and ignore the quarantine, not valuing *aloha.*

During this time of COVID, it has become clear to many of us who call Hawaiʻi home how important it is to perpetuate the spiritual heritage and wisdom of our Hawaiian ancestors, especially as we continue to rebuild our social and economic life-ways largely dependent upon tourism. This situation begs that we understand what thriving means in an indigenous mindset, which does not equate well-being with the amount of money we have.

The Hawaiian word for wealth is *waiwai*. *Wai* is fresh water. If you have access to fresh water you are wealthy. True wealth is equated with wellness, happiness, *ʻohana* and having access to sustained abundance gifted through our *ʻāina* - nature. We have the opportunity to reclaim this way of living through practicing *lōkahi* in Hawaiʻi and elsewhere.

The pandemic is a gift in which to see our own reflections of who we are… and the world that we have co-created. My prayer is that we will emerge with acquired wisdom and a desire to co-create a new more

harmonious world based upon inclusive holistic values and practices which care for our Earth and each other - *lōkahi*. I believe that our global *ʻohana* can benefit from learning traditional Hawaiian ancestral values and practices towards this vision. I believe there is vast wisdom to be learned from our collective ancestors, and encourage everyone to look within their own family traditions for healing and other answers.

Ka poʻe ka hiko - our Hawaiian ancestors understood that as we heal, so do our ancestors, those around us, and those yet to be born. This is what also inspires me to move forward in my *kuleana* and I hope will inspire your readers to do the same. I'm grateful we are living in a time when modern day scientists such as Dr. Deepak Chopra and Greg Braden actively seek to bridge ancestral wisdom, spirituality, and science. This is also my mission. Jackie, I'm grateful to you for also being a bridge-builder and creating this opportunity to share the wisdom of our ancestors. *Mahalo nui - my deep gratitude. And to everyone - mālama pono…* take care of your light within and be well.

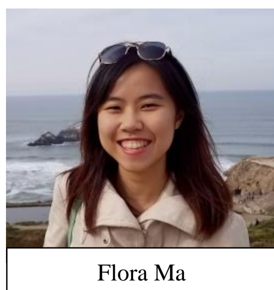
Lani Kamauu Yamasaki is a native Hawaiian cultural practitioner, *ʻūniki* (initiated/graduated) through her elder, *kahuna* Hale Makua which allows her to share the esoteric healing traditions of their family as an educator, public speaker, artist, social business development mentor/consultant, and certified integrative health and nutrition coach. For over 30 years she has empowered individuals and communities to heal from intergenerational trauma, ethnic bias, sexual assault, domestic violence, and child abuse. In 2014, the Governor of Hawaiʻi recognized her pioneering outreach — building community resiliency through an integrated wellness approach bridging global ancestral wisdom practices, culture, the arts, humanities, science, green technology, and *aloha ʻāina*– love for the land and environmental stewardship. She has served as caregiver and medical advocate for her parents with dementia for over 10 years.

Ms. Yamasaki has served as guest faculty for University of Minnesota Center for Spirituality and Healing; invited lecturer for Pacific Region Indigenous Doctors Congress; consultant for U.S. Health & Human Services, Administration for Native Americans; and as an indigenous elder/consultant for the National Oceanic Atmospheric Administration (NOAA) Coastal America Program. She is a graduated of Scripps College. She is a Ford Fellow and Smithsonian Fellow. To learn more about her work, please visit www.laniyamasaki.com or contact her at laniyamasaki.com

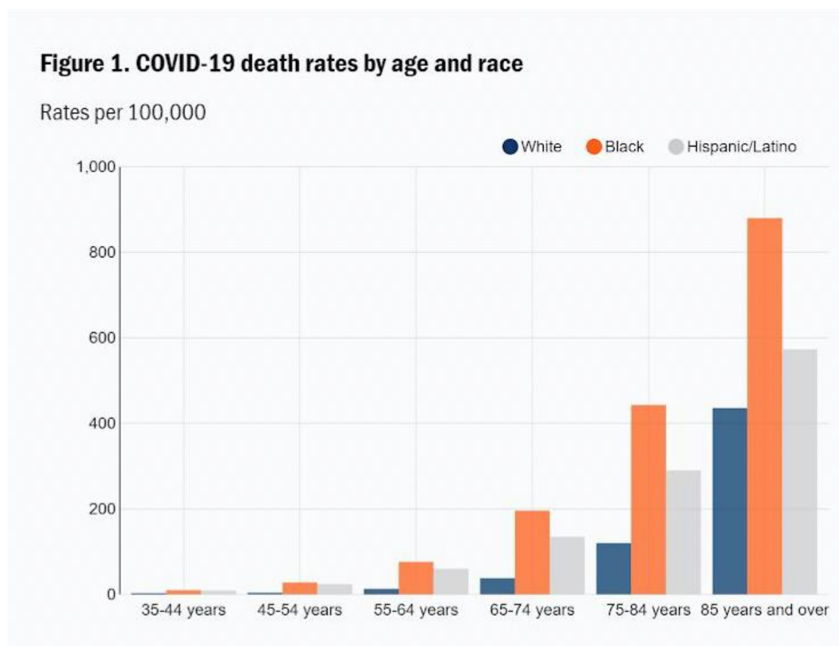
Diversity Committee Column

Older Adults and COVID-19: The Tip of the Inequality Iceberg

By: Charissa Hosseini, Ph.D., Flora Ma, M.S., and Ana J. Alfaro, M.S.


Flora Ma

The rise and spread of COVID-19 has seen unprecedented destruction in the United States, unlike anything experienced within the past 100 years. Ethnic minorities have been especially impacted, specifically Black, Latinx, and Native American groups. While there are multiple factors accounting for this, some of the most salient include long standing health disparities and social inequities. For instance, specific regions within the US with higher Black and non-White Hispanic/ Latinx populations appear to be disproportionately affected by COVID-19.



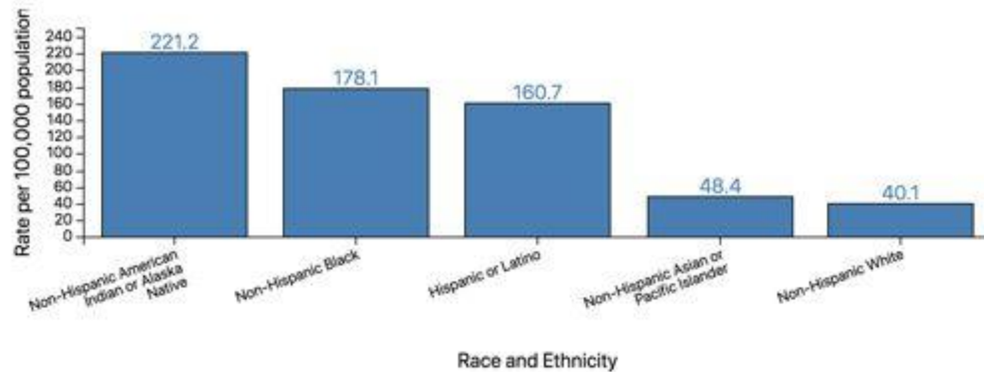
Source: CDC data from 2/1/20-6/6/20 and 2018 Census Population Estimates for USA

As shown in Figure 1, older adults (aged 65 and above) have the highest mortality rates from COVID-19. This is not particularly surprising, as older adults frequently include those who are immuno-compromised, have respiratory illness, and/or other co-occurring health concerns. However, Black older adults appear significantly more adversely affected than other ethnic/ racial groups, followed by Hispanic/ Latinx, and with European Americans (White) constituting the lowest death rates. These statistics are all too familiar for many who work in public health and disease prevention, as they reflect broader trends within the health disparities faced by Black versus non-Black populations. A 2020 CDC study indicated that factors such as living conditions, occupational hazards, and health circumstances (e.g., lack of health insurance coverage) all contribute to these differences; they also tend to fall under the category of psychosocial stressors influenced by race and ethnicity. For example, structural racism, which may contribute to income disparities, serves to keep disenfranchised people from opportunities that would lead to wealth and knowledge, and by extension, better healthcare resources. Other simultaneous societal upheavals are likely to exacerbate ethnic minority stress, including the killing of unarmed Black Americans like George Floyd, Breonna Taylor, Ahmaud Arbery, Tony McDade, and others.

Health disparities between White Americans and ethnic minorities have a troubled and well-documented history within the US (Byrd & Clayton, 2003). Disparities in the Western healthcare system pose a "central dilemma" to public health but have been both shaped and perpetuated by centuries of colonization, involuntary migration and servitude, and other government-sanctioned acts of oppression, especially against Black and Native American individuals (Pedraza & Rumbaut, 1996). Similarly, Western medicine as a whole tends to be characterized by a host of racist and xenophobic practices and ideologies, such as phrenology, eugenics, social Darwinism, and polygenism (Byrd & Clayton, 2003). At times, specific institutions have acted in ways that have further dehumanized certain groups; egregiously deleterious practices such as the Tuskegee Syphilis Experiment and the forced sterilization of Indigenous, Puerto Rican, and Black women provide sobering examples of the bloody history preceding modern best practices in healthcare. As expected, this has led to a widely held sense of mistrust toward medical

institutions which exacerbates health risk factors as well as reduced access to care among ethnic minorities (Van Dorn, Cooney, & Sabin, 2020; Yancy, 2020).

Age-adjusted COVID-19-associated hospitalization rates by race and ethnicity, COVID-NET, March – June 13, 2020



Source: CDC data from 3/1/20-6/4/20

In 2020, we are bearing witness to incredibly heightened social unrest alongside increasingly alarming trends related to the global pandemic, and it is once again older adults and/or people of color who seem to be most affected. The CDC (2020) noted that: “Among some racial and ethnic minority groups, including non-Hispanic Black persons, Hispanics and Latinos, and American Indians/Alaska Natives... evidence points to higher rates of hospitalization or death from COVID-19 than among non-Hispanic white persons. Non-Hispanic American Indian or Alaska Native and non-Hispanic Black persons have a rate approximately 5 times that of non-Hispanic white persons.”

Additionally, according to the Navajo Nation Department of Health online website, as of July 13 there have been 8,243 positive cases of COVID-19 and 401 deaths. These unsettling statistics highlight the importance and need for providing platforms to the disenfranchised, with the Black Lives Matter Movement leading the way.

Despite these challenges which exist on a national level and globally, some older adults have still managed to show solidarity with those protesting systemic racism and police brutality. In fact, some have created innovative ways to demonstrate support for the movements while abiding by the CDC’s COVID-19 recommendations. In Milwaukee, several older adults organized a “sit-in” where participants seated themselves comfortably while remaining socially distant (Ayala, 2020). Elsewhere, residents from a retirement community in Maryland came together when retirees held letters spelling out “BLACK LIVES MATTER” from a hill much higher than the streets of those protesting (Shahzad, 2020). Roger Abramson, 86, followed suit from the safety of his condominium’s balcony in Miami Beach (Cardona, 2020). Remarkably, older adults across the country have steadily refused to allow a pandemic to curtail their commitment to social justice, with many having fought to further civil rights in decades past.

While systemic inequalities are amplified during a global pandemic and continue to disproportionately affect people of color and older adults, there is also great resilience and perhaps renewed hope for the future. Those who committed themselves to worthy causes before are finding ways to continue their own advocacy and pass on these traditions to younger generations. We as mental health providers are in a

unique position to capitalize on these strengths, extend our allyship, and provide a sense of support and unity during impossibly difficult times.

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Highlight: APA Task Force Update

Update on APA Task Force on the Evaluation of Dementia

Submitted by Benjamin Mast, Ph.D., ABPP

Late in 2019, the American Psychological Association's Board for the Advancement of Psychology in the Public Interest (BAPPI) and its Committee on Aging (CONA) convened a task force to review and revise the 2011 Guidelines for the Evaluation of Dementia and Age-Related Cognitive Change. The guidelines are meant to offer psychologists guidance on the evaluation of older people who are experiencing cognitive changes. The Task Force was appointed by BAPPI from a slate of nominees submitted by CONA, APA Division 20, 40, and 12 Section 2. The Task Force includes:

Benjamin Mast, PhD, ABPP (task force chair), University of Louisville
Andreana Benitez, PhD, Medical University of South Carolina
Shellie-Anne Levy, PhD, University of Florida
Mary Machulda, PhD, ABPP, Mayo Foundation for Medical Education & Research
Glenn Smith, PhD, ABPP University of Florida
Kelsey Thomas, PhD, UCSD & VA San Diego Healthcare System
The APA Staff liaison to the Task force is Deborah DiGilio, Director, APA Office on Aging

The Task Force was charged with reviewing, updating, and revising the 2011 Guidelines, which were based on the original guidelines that resulted from Norman Abeles' presidential task force in 1998. A first draft revision has been prepared and was recently shared with experts in geropsychology, neuropsychology, and dementia assessment. The fully revised document will be available for public comment later this year. Among the revisions were the inclusion of two new guidelines concerning (1) caregiver health and well-being, and (2) assessment and intervention for behavioral and psychological symptoms of dementia. The task force also included updated diagnostic criteria for cognitive syndromes among older adults. The new guidelines recognize the increasingly important role of biomarkers in diagnostic research and the importance of incorporating person-centered principles into clinical assessment and intervention.

Research Roundup

Creating supportive environments for LGBT older adults: An efficacy evaluation of staff training in a senior living facility.

Submitted by Rebecca E. Ingram, B.A., & Katie L. Granier, M.A.

Rebecca Ingram (left) & Katie Granier (right)

Oftentimes, thoughts of deciding where to live later in life can create feelings of stress and anxiety in older adults. For older adults in the LGBT+ community, these feelings are often exacerbated by worries of being mistreated and ostracized by residential staff. This fear of discrimination serves as a primary barrier to seeking living facilities for older adults in the LGBT+ community (Gabrielson, 2011). Specifically, research has shown that LGBT+ older adults report feeling increased fear when thinking about entering housing such as long-term care or assisted living facilities due to the risk of being harassed or discriminated against by staff, being barred from living in the same room as their partner, or even feeling pressured to conceal their sexual orientation from staff for fear of poor treatment (e.g., staff refusing to provide basic care, receiving discriminatory comments, etc; National Senior Citizens Law Center, 2011). Due to these concerns, there is a growing need for staff cultural competency in residential settings for older adults in order to provide a more welcoming environment to those in the LGBT+ community. However, though staff in these settings certainly report interest in participating, there is a lack of implementation of such trainings by service providers (Johnson et al., 2005; Hughes, 2011; Bell et al., 2010). Ultimately, there is a need for specialized training within older adult housing facilities on issues pertaining to the LGBT+ community to increase staff competency and foster a safer and more welcoming living environment for residents.

In response to this need, Holman, Landry-Meyer, and Fish (2020) introduced an on-site training program to a senior living facility to increase staff's knowledge of best practices in working with LGBT+ older adults. Notably, this training was required for nearly all facility staff rather than only clinical and administrative personnel. The training comprised a multi-step educational program covering topics such as appropriate language and terminology used in the LGBT+ community, an overview of major historical events impacting LGBT+ populations, and instruction on competent practice and service of LGBT+ older adults including interactive exercises to emphasize each lesson. Following the training, staff reported significantly greater knowledge regarding LGBT+ individuals, providing evidence for the training's effectiveness in increasing knowledge-based competency among staff. Interestingly, however, staff also

reported feeling less prepared to work with LGBT+ older adults post-training, which may indicate that with increased knowledge and cultural competence, professionals may experience changes in cultural humility as they recognize the unique needs of this population.

This study provides support for the implementation of mandated competency training within older adult housing. Furthermore, as this study used a single intervention, enforcement of regular mandated trainings may function to expand upon these findings by not only refreshing knowledge, but also ensuring that knowledge of best practices is up-to-date and staff remain educated even as facilities undergo personnel changes. Thus, the utilization of quarterly or semi-annual trainings for all staff within older adult living communities could greatly increase the competency of staff members and subsequently create a safer, more comfortable living environment for LGBT+ older adults.

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Committee Updates

Lifetime Learning Committee

Submitted by Meghan Marty, Ph.D.

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.

Mentoring Committee

Submitted by Nancy Pachana, Ph.D., FASSA

The 12-II Mentoring Committee is continuing work on a resource for current students, postgraduates, and geropsychologists at all career stages as a follow-up from our 2019 survey of career mentoring experiences and needs in clinical geropsychology. The resource will be available online and is planned as a living document which will be regularly updated. Look for the opportunity to contribute to this evolving work in the next few months.

Committee on Science and Practice

Submitted by Ann Steffen, Ph.D., ABPP

The Society of Clinical Geropsychology's Committee on Science and Practice 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.

Nominations & Elections Update

Submitted by Nancy Pachana, Ph.D., FASSA

Brian Carpenter and I are very pleased to present SCG's new President-Elect, **Shane Bush**.

Shane has held numerous leadership positions in the field, most recently as current President of the American Board of Geropsychology, and immediate Past-Chair of the Council of Professional Geropsychology Training Programs (CoPGTP). We are so pleased to have this caliber of leadership available to us going forward.

Congratulations Shane!

We'd also like to announce that our new SCG Secretary on the Executive Committee is **Patricia Bamonti**, who has been the social media overseer for SCG (not an easy job in this Twitter-era!). She has served as secretary of CoPGTP since 2019, and we look forward to her serving as our secretary from 2021 on.

Congratulations Patty!

I would like to extend thanks to the rest of the field, as we always have such strong folks putting up their hand for leadership positions.

And Brian and I would like to encourage more folks to consider joining SCG committees and taking leadership roles within the organization. A strong pipeline of talent is vital to groups like SCG - so don't hide your light under a bushel - let it shine, and let us help you make it shine!

Best regards, Nancy & Brian

Awards & Recognition Update

Submitted by Suzanne Meeks, Ph.D.

SCG 2020 Award Blurbs

M. POWELL LAWTON AWARD FOR DISTINGUISHED CONTRIBUTIONS TO CLINICAL GEROPSYCHOLOGY

Description: This award is given to an SCG member who has made exceptional lifetime contributions to Clinical Geropsychology.

Winner:
Nancy A. Pachana, Ph.D., FASSA, is a Professor in the School of Psychology at the University of Queensland, Brisbane, Australia, where she also holds an affiliate position at the UQ Business School and

is the Program Lead for the UQ Age Friendly University and Healthy Ageing Initiatives. She served the Society of Clinical Geropsychology most recently as President in 2019. During her presidential year she demonstrated her leadership skills in a number of ways, including a thorough review and updating of Society procedures and By-Laws. Her over 200 publications demonstrate a career-long commitment to clinical geropsychology. Her funded research has focused on the health and well-being of individuals with dementia, and issues related to driving cessation, among other topics. She is author or co-author of several respected books about clinical geropsychology that provide critical resources to clinicians, educators, and scholars in this field. She served as co-editor of an international *Encyclopedia of Geropsychology*, and co-developed the internationally validated *Geriatric Anxiety Inventory*, now a well-known and commonly used inventory.

DISTINGUISHED CLINICAL MENTORSHIP AWARD

Description: The purpose of the award is to recognize clinical geropsychologists who have played important mentorship roles in the clinical and research supervision, or professional development, of psychology graduate students, interns, and/or postdoctoral fellows who are training for careers in Clinical Geropsychology.

Winner:
Kate L.M. Hinrichs, Ph.D. is a Staff Psychologist at the VA Boston Medical Center, and an Assistant Professor in the Department of Psychiatry at Harvard University. As a primary clinical supervisor to 3-4 interns and 1-2 fellows each year (more than 40 to date), Kate has the opportunity to influence the lives of many trainees, focusing on clinical work with older adults. Her CV lists 27 emerging professionals with whom she has had a significant mentorship relationship via co-publication or significant input into their current position or activities (since 2011!). We received letters of support from 10 of these supervisees, who attested to the quality of her supervision, her sense of humor, her support and approachability, and the ongoing relationships she fosters with her mentees. In the words of her nominator, "She excels in preparing trainees for working with medically compromised older adults – when it is common to feel helpless, and when traditional models of mental health care are less applicable…., [and] in teaching others how to work with interprofessional teams. …[S]he has been supportive to trainees during difficult personal challenges that inevitably arise as trainees are navigating their training years. She takes an attentive, personal, and longitudinal interest in each trainee's career – which does not end when they leave VA Boston."

2020 STUDENT PAPER AWARD

Description: This award is for exemplary student research papers. Entries need to be reports of original research with relevance to geropsychology for which the student is the senior author (verified by a letter from the mentor indicating the work was primarily conducted by the student).

Winner: **Rachael Spalding, M.S.**, Doctoral Candidate, West Virginia University
Mentor (and co-author of publication): Barry Edelstein, Ph.D.

Paper title: "Factors predicting collaborative willingness of surrogates making medical decisions on the Physician Order for Scope of Treatment (POST)" Published in *Aging and Mental Health, https://doi.org/10.1080/13607863.2019.1660854*

T.J. MCCALLUM GERODIVERSITY AWARDS

Description: These awards are given to a psychologist and/or psychologist in training who advances clinical practice, training, research, advocacy, and/or public policy for underrepresented older adults including but not limited to ethnic and racial minorities, women, sexual orientation minorities, and older adults living with a disability. Nominees submit a CV along with an essay describing their work to advance these goals.

Winner (Psychologist level):
Martha Regina Crowther, Ph.D., MPH, is Professor in the Departments of Community Medicine and Population Health & Family, Internal and Rural Medicine, at the University of Alabama, Tuscaloosa. She also serves currently as the Associate Dean for Research in the College of Community Health Sciences. She is honored as a Health Disparities Scholar by the National Institute on Minority Health and Health Disparities, which also recognized her in 2012 with a National Role Model Award for faculty members addressing social problems in society. Her research grants and publications demonstrate a career-long dedication to understanding and ameliorating health and mental health disparities, particularly among older African Americans in the Deep South. She has been involved in numerous advocacy efforts on behalf of gerodiversity. Most importantly, through teaching, clinical supervision, and mentoring, she has contributed to the pipeline of gerontologists who are prepared to serve and study diverse older people. Her nominator, a former mentee, emphasized her "outstanding leadership and tireless efforts in addressing and raising awareness about issues of equity, diversity, and inclusion...". It is a tribute to this leadership that Martha's current student is the winner of the Psychologist-in-training level of this award.

Winner (Psychologist-in-training):
Danielle L. McDuffie, M.A., is a doctoral student at the University of Alabama, Tuscaloosa, where she is mentored by Martha Crowther and Becky Allen. Danielle completed a M.A. thesis on the role of religion and spirituality in protecting bereaved African American middle-to-older aged adults from depression, and is currently working on her doctoral dissertation entitled *"The Feasibility of a Positive Psychology-Based Intervention for Grief in a Lifespan Sample of Bereaved African American Adults."* She completed her undergraduate degree at Temple University, where she was an academic peer advisor. Danielle has been actively involved in SCG, currently serving as our newsletter co-editor. At the University of Alabama, she has already been involved in mentoring both within her department and in the graduate school. She serves on her department's diversity committee, and on the diversity committee for SCG's parent organization, Society for a Science of Clinical Psychology. She is an Associate Chair in APA's Division 20 Special Interest Group (SIG) for Race, Ethnicity, and Culture. We expect to be hearing more from Danielle as she progresses towards her degree!

APA Committee on Aging (CONA) Update

Submitted by William E. Haley, Ph.D., Chair of CONA

The Committee on Aging (CONA) https://www.apa.org/pi/aging/cona/ has been active on a number of fronts since our last update to 12-2. In my previous update, I mentioned our efforts to move forward on an update to the 2002 APA Resolution on Ageism. Dr. Kathy Ramos has been the lead member of CONA on this effort, with everyone on CONA pitching in to assist. Once we were satisfied with this Resolution, we submitted the document for review by various APA Boards, Committees, and other groups within APA. We have been very pleased with the comments from our colleagues throughout APA. Thanks to the leadership of 12-2 for offering a ringing endorsement of the Resolution, which has helped us move the Resolution forward. Many from diverse constituencies at APA have complimented the Resolution on its breadth, on the wide range of scholarship cited, and the ways the proposal links ageism to other elements of diversity. In fact, the major substantive comments we have received were to urge us to expand our attention to issues such as double jeopardy and the intersectionality of ageism with issues of race/ethnicity, gender, disability status, and in settings such as problems in the criminal justice system. The proposal was supported by the Board for the Advancement of Psychology in the Public Interest (BAPPI) which has oversight over CONA and will be considered for adoption as APA policy by the Council of Representatives at this year's APA convention. We are optimistic and expect adoption, and then a great deal of subsequent publicity both within Psychology and to the public about the problem of ageism and the importance of fighting bias and discrimination against older adults.

CONA hopes to use the momentum provided by the expected adoption of the Resolution on Ageism to press a further agenda about addressing ageism. We have planned a Conversation Hour in collaboration with the Gerontological Society of America on "Engaging Psychology in the Reframing Aging Initiative" on Saturday, August 8, 5-6:15 PM. Please participate, and register in advance for this free session at https://tinyurl.com/y8tme8jc We plan to discuss ways that APA can engage our diverse membership, including organizations like 12-2 who are already heavily committed to fighting ageism, but also other APA groups that can help to stand up for dignity and fairness for older adults in their teaching, practice, and other work. This activity does not require registration for the APA convention, please join us.

We also hope you will take a look at two CONA sessions scheduled for the online 2020 APA Convention, including a CONA-led symposium on "*Addressing the Psychosocial Needs of Underrepresented People with Serious Life-Limited Illness,*" and a Pre-Convention Workshop on "*What Psychologists Should Know about Working with 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, Ph.D., ABPP
SCG Representative to the Society of Clinical Psychology

The Society of Clinical Psychology (SCP) Diversity Committee and Board of Directors put forth a statement about the recent and past killings of Black individuals by police officers and expressed solidarity with the Black Lives Matter movement. This statement is on the front page of our website, www.Div12.org.

Division 12 is working to put together a schedule of programming for the APA virtual conference. The virtual nature of this conference means programming will not be limited to the four typical days of the convention. All Division 12 presentations will be between August and early December. Some of it will be recorded and available for viewing up to 12 months afterward. Dr. Peter Lichtenberg will be giving a presentation related to his receiving the 2019 M. Powell Lawton Award for Distinguished Contributions to Clinical Geropsychology. Stay tuned for information on when this presentation will be scheduled! This will be announced over our email listserv.

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). The journal is now available at over 5,600 institutions worldwide. Dr. Erin Emery-Tiburcio recently sent out a call for papers for a special issue on Foundational Knowledge Competencies in Geropsychology. SCP is inviting psychologists to write an overview paper on each of the recommended five foundational knowledge areas outlined in the Pikes Model for Training in Geropsychology. Further details about the call for papers is available in the original announcement emailed to our listserv on June 30, and Dr. Erin Emery-Tiburcio (Erin_EmeryTiburcio@rush.edu) and Dr. Greg Hinrichsen (drgreghinrichsen@gmail.com) can be contacted for further questions.

As a reminder, 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. Two SCG members have started working on books on Clinical Geropsychology topics, and Hogrefe would welcome additional book ideas. This is one way to be productive while quarantining during the COVID-19 pandemic. If you have interest in authoring a book on Clinical Geropsychology topics, please contact me.

Wishing you good health during this time, Brian

The Social Justice Corner

Submitted by Danielle McDuffie, M.A. and Diana DiGasbarro, M.S.
Newsletter Editors

To be candid, it is a difficult time to be Black in America. Black people in America are being disproportionately disadvantaged by a global health pandemic and a pandemic that is more insidious: racism. The culmination of COVID and racial injustice, not only presently, but also the racial inequality that has been pervasive for centuries, has led to the loss of a stunningly high number of Black bodies. Historically, there is evidence of mistreatment of Black Americans across multiple domains including, but not limited to: health care, mental health, the housing market, and financial domains. COVID, while treacherous for all groups, has placed a spotlight on the cracks in the system that coincide with structural inequality and the systemic manifestations of racism against Black people living in America. Across all age groups, the number of Black people dying supersedes that of the two other dominant racial/ethnic groups in the CDC data: White people and persons of Hispanic/Latinx descent. This is particularly apparent in an age group that is expressly relevant to our Society: older adults. In older adults aged 65 and older, Black people account for far larger amounts of those dying from COVID than the other two racial/ethnic groups (*for a graphic showcasing this data, please see the Diversity Committee's column in this newsletter*).

The main contributing factors to the COVID-related disparities include poor access to healthcare and higher comorbid health conditions among Black people living in America. Both of these factors are direct results of systemic racism, highlighting factors such as limited healthcare providers in predominantly Black areas, the prevalence of food deserts in primarily Black neighborhoods, and the lack of generational wealth among Black people living in America that, among other things, causes Black people to live in more highly concentrated conditions. Additionally, the impact of COVID and its resulting deaths on Black people living in America can have deleterious effects on their mental health. This was a topic covered in the webinar: "*African American Older Adults and COVID-19: Addressing Mental Health Needs, Supporting Strengths*" sponsored on July 8 by the APA Office on Aging and the National Caucus & Center for Black Aging (*for more information, please contact Deborah DiGilio*).

So why are we saying all this? What can we do? Where do we go from here?

We would like to solicit your help in a new column we would like to introduce to the Newsletter. This column would be focused specifically on social justice/ diversity issues as they relate to geropsychology (intersectional geropsychology, if you will). It will be titled, **The Social Justice Corner**.

As geropsychologists, it is imperative that we are prepared to work with and advocate for a rapidly diversifying population of older adults (American Psychological Association, Committee on Aging, 2009). While COVID-19 disparities and recent racial injustices have highlighted the urgent need to do more to discuss, advocate, and amplify the voices of BIPOC, we envision this column becoming an integral part of our newsletter moving forward. We expect **The Social Justice Corner** to be fluid relative to the style and topics it will address. For example, while one edition of the column may include a *list of researchers who are doing work with/focused on advocating for diverse groups of older adults* (and accompanying publications, if applicable), another edition may include *a "Research Roundup" style summary on research related to social justice and advocacy as relevant to populations of diverse older*

adults. Additionally, editions of the column will provide the space to amplify BIPOC voices through *interviews with BIPOC members of the Society doing research, clinical work, and/or advocacy related to diversity and social justice in geropsychology*.

We are excited about the possibilities of this column, and hope you are as well! If you are interested in contributing to this column, please email either Danielle McDuffie (dmcduffie1@crimson.ua.edu) or Diana DiGasbarro (diana.digasbarro@louisville.edu). If multiple submissions are received, we will randomly choose a contribution for the present newsletter, and then compile a list of ongoing contributions for the column. We hope to hear from you moving forward!

References

American Psychological Association, Committee on Aging. (2009*). Multicultural Competency in Geropsychology.* Washington, DC: American Psychological Association.

Update to the SCG Bylaws

Submitted by Brian Yochim, Ph.D., ABPP

Please be on the lookout for an email to the Division 12 Section 2 listserv containing information about recent additions to the Society bylaws consistent with requests from Division 12. The Executive Committee is putting together a draft of these changes for Society approval. Further information to come soon via the listserv. Thank you for your consideration.

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.