

Clinical Geropsychology News

Society of Clinical Geropsychology

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

President’s Column

Rebecca Allen, PhD, ABPP

What I Learned from Dr. Kadija N. Williams (April 3, 1970 – July 17, 2021)

Mentorship. The Merriam-Webster definition is “the influence, guidance, or direction given by a trusted counselor or guide”. In typical usage within academia, mentorship involves the relationship that develops between a person seeking expert training and experience from a person who has acquired that desired training and experience. Mentoring relationships are reciprocal, yet there is an expectation that one member of the dyad has greater wisdom and experience to impart to the other member. I got my Ph.D. from Washington University in St. Louis in 1994, working with Dr. Martha Storandt (and secondarily Dave Balota). I did my internship at the University of Alabama at Birmingham Consortium working primarily with Bill Haley, who was there at the time. I then completed a NIMH-funded postdoc at The Pennsylvania State University working with Steve Zarit, Sherry Willis, and Warner Schae (and a little bit with Mick Smyer). I’ve been in the geropsychology business “a minute”, and I



have been fortunate to have truly outstanding mentors. **Dr. Kadija N. Williams also was my mentor,**

although she had not “been in the business” of clinical geropsychology as long as me. Let me tell you why and how I now carry “the influence, guidance, or direction given by a trusted counselor or guide” as a part of Dr. Williams’ life and legacy.

I first met Kadija Williams when she visited The University of Alabama (UA) campus as part of our Early Career Minority Scholars Program, started by Dr. Martha Crowther and managed by our Diversity, Equity, and Inclusion (DEI) committee to form relationships with talented people of color in training with the goal of eventually recruiting them into faculty positions in our department. Kadija was still a graduate student at University of Colorado-Colorado Springs at that time. Even back then I was so impressed with Kadija, her work/mission, her power, and her presence. Recruiting her to a position at UA was not to be, but I had the opportunity to reconnect with her this past year as part of the Building Bridges Conference Planning Committee (thanks for starting this conference, Jenny Moye and Brian Carpenter – the work continues). Kadija was organizing DEI programming efforts for the conference, among other important work at VA Boston. As Interim Chair of our Psychology Department during the global pandemic, or I mean 2020-2021 academic year, one of my own missions was to address climate, equity, and inclusivity issues within our faculty, students, and staff. So, Kadija and I had a lot to talk about. And we did. And not nearly as long or as often as I would have liked. Here are just a few of the takeaways I learned from her on which I have been reflecting since learning of her death on July 17.

Meaningful, strong, important, challenging, motivating messages are best delivered with a quiet voice. Kadija had a lot of life experience to share, and a purpose-driven mission to share it. She was a true scientist-practitioner and her research was clinically meaningful. But more than that, I never left a conversation with Kadija without learning something about how to better enact cultural humility, how to be more inclusive, or the difference between equality (everyone gets the same tools) and true equity (everyone gets the tools they actually need to start from a near-same baseline). Interactions with Kadija were warm, inclusive, honest/real, and challenging. She spoke the truth to everyone, whether in a position of power, a peer, or a person in need of her expert guidance. She helped me confront my privilege and understand on a deeper level how I, myself, with my majority cultural imprinting and working-class background, committed microaggressions against people of color. There is a difference between asking for cultural guidance while doing your own work to learn and behave more equitably versus throwing off all responsibility to do one’s own work while asking for a person from any underrepresented background to shoulder the responsibility of teaching/training you (and your other trainees). Kadija pushed and guided me in doing the former, despite it being so easy to do the latter. And Kadija’s most powerful messages were delivered softly, often when she lowered her head just a bit.

Make yourself available, present, vulnerable and listen to others who are different than you. The Imposter Syndrome is real and no matter how long you’re “in the business” it does not fully go away. So, a part of me will likely always be concerned (sometimes worried) about impression management, my use of grammar, whether I’m taken seriously and understood. That means, sometimes, thinking of how to get my own point across. Bulls in China shops often break important things. Kadija helped teach me that being quietly present and often not saying a thing, just listening, was the best path.

Choose and extend Grace. Kadija found the good in people and in situations. Like, always. Sometimes that is a very active choice. It is easy to give into the automatic pilot rush to return loud for loud, anger for anger. To choose sides, go to your team’s corner, and come out fighting. The answer, of course, is to meet at the center of the ring and extend an elbow bump. Then leave the ring. Because any true issue is not about “the ring” or that little patch of surface issue or “need” that demands action and attention now. We

are in a Walk Across a Lifetime in a 3D world. And rather than choosing sides we can choose Grace. Inclusivity. Equity. Common humanity. Kadija did this. I've seen her do it. I remember... Goodbye, Dr. Kadija Williams. We will miss you, mentor. And we will not forget your lessons.

IN OTHER NEWS: We welcome with great enthusiasm this year's newly elected officers, Kimberly Hiroto as President and Amy Fiske as Division 12 Representative. Thank you to everyone who generously stepped up to run. We have work for you! Please join us at the upcoming virtual APA Convention for the SCG Business Meeting Thursday, August 12 at 4 pm Central (look for the zoom coming through the listserv). Then you will surely want to stay on for an online version of the annual M. Powell Lawton Award address, this year given by Dr. Nancy Pachana. Looking forward to "seeing" you then and there!

Comments from the Editors: Diana & Danielle



Diana DiGasbarro & Danielle McDuffie

Welcome to the Summer 2021 issue of the Society for Clinical Geropsychology Newsletter. In this issue, we have a guide of programming at the APA 2021 Convention presented by our accomplished members (pgs. 4-5). We are also excited to congratulate our newly elected President-Elect, Dr. Kimberly Hiroto, and SCG Representative to APA Division 12, Dr. Amy Fiske (see pgs. 18-19 for bios), as well as our annual award winners (page 4).

We dedicate this issue of the newsletter to Dr. Kadija Williams who passed away in July. We have compiled tributes from colleagues to honor her memory and legacy (pgs. 6-12), including a personal essay written by Danielle reflecting upon Dr. Williams' life and death in our Social Justice Corner (page 25). As we continue to mourn the loss of Dr. Williams, let us think deeply upon Danielle's call to action and take steps each day to honor the legacy of Dr. Williams.

Please feel free to email us at any point with suggestions or feedback about the newsletter: Diana DiGasbarro diana.digasbarro@louisville.edu or Danielle McDuffie dmcduffie1@crimson.ua.edu. We hope you and your loved ones are remaining safe and healthy!

Congratulations New Board Members!

President-Elect



Kimberly Hiroto, Ph.D.

SCG Representative to APA Division 12



Amy Fiske, Ph.D.

Congratulations to the 2021 SCG Award Winners!

M. Powell Lawton Award for Distinguished Contributions to Clinical Geropsychology
Dr. Thomas Hadjistavropoulos

Distinguished Clinical Mentorship Award
Dr. Kimberly Hiroto

Todd "TJ" McCallum Professional Gerodiversity Award
Dr. Kimberly Hiroto

Todd "TJ" McCallum Student Gerodiversity Award
Stacy Yun

Student Paper Award
Annika Sophia Goldman

Please join the SCG Business Meeting on Thursday, August 12 at 4pm Central/5pm Eastern for the presentation of these awards. A Zoom invitation will be sent shortly. You **do not have to be registered** for the APA Convention to join this session. Our next edition of the newsletter will include coverage of the awards ceremony, so stay tuned!

APA 2021 Convention SCG Content

The APA 2021 Convention takes place from August 12-14, with CE Sessions August 9-13.

Keep an eye on our Twitter, as we will be live tweeting many events throughout the conference!
[@SGeropsychology](#)

SCG Events

Thursday, August 12

SCG Business Meeting

Time: 4pm CT/5pm ET/7am Friday in Brisbane

Zoom link will be sent out shortly. Our SCG Award Winners will be recognized during this event!

M. Powell Lawton Award Address

Speaker: **Nancy A. Pachana, Ph.D., FAPS, FASSA**

Time: 5pm CT/6pm ET/8am Friday in Brisbane

Zoom link will be sent out shortly.

Sessions and Symposia

Wednesday, August 11

Workshop: Culturally Responsive CBT for Later Life Depression: Tips and Strategies for Practice

Leader: **Dr. Ann M. Steffen, ABPP**

Time: Aug 11, 2021, 12:00 PM EDT (2.5 hours/CEs)

Type: CE Session

This intermediate workshop is aimed at practitioners familiar with cognitive behavioral therapy (CBT) who want to increase their effectiveness with culturally diverse depressed clients in the second half of life. APA workforce predictions show a shortage of psychologists prepared for work with older adults. CBT for depression is effective across the lifespan and other facets of diversity when clinicians employ key strategies. This workshop trains clinicians to identify and respond to age-related challenges in CBT for depression and provides resources for provision of services via telehealth. Suggestions are made on ways to advance professional development in clinical geropsychology.

Friday, August 13

Clinical Assessment of Older Adults who Identify as Deaf or Disabled

Co-chairs: **Dr. Lynn Schaefer, ABPP-CN** and Dr. Lawrence Pick, ABPP

Time: Aug 13, 2021, 03:00 PM Eastern Time (US and Canada)

Type: Skill-building session

This skill-building session will introduce common issues that may arise for psychologists engaging in clinical assessment work with older adults who identify as Deaf or disabled. Participants will learn how to identify the individual needs of the client and collaborate with the older adult to provide accessible and inclusive assessment services.

Join Zoom Meeting

<https://gallaudet.zoom.us/j/83222205826?pwd=dmdZMlEwZFZtalBraUNxREswYXErdz09>

Meeting ID: 832 2220 5826

Passcode: 435906

On Demand

Health Disparities among Older Adults during COVID: Research, Clinical, and Training Considerations

Chair: **Dr. Kate Hinrichs**

Discussant: Dr. William Gibson

Participants: **Jacqueline Hogan**, Katherine Ramos, Lina Travis, Vonetta M. Dotson

Type: Collaborative symposia

Poster Presentations

On Demand

Impact of Self-Reported Cognition on the Alternative Model of Personality Disorders among Older Adults

Authors: **Lisa E. Stone & Daniel L. Segal**

Type: Poster presentation

Special Column: Tribute to Dr. Kadija Williams

*Compiled by Danielle McDuffie, MA
Thank you to all who contributed, noted in bold throughout the
column*

The Trainees at VA Boston

Patricia M. Bamonti, PhD., ABPP with contributions from **Martina Azar, M.S.** Psychology Intern, **Hannah Bashian, M.Ed.**, Psychology Intern, **Julie Boyle, PsyD**, Psychology Fellow, **Sarah Stoycos, M.S.**, Psychology Intern, and **Cindy Woolverton, PhD**, Psychology Fellow.



On behalf of the trainees at VA Boston Healthcare System and as Track Coordinator of the Geropsychology Training Program, I submit this reflection on Dr. Williams contributions during her time at VA Boston. Dr. Williams joined the staff of VA Boston in the Outpatient Geriatric Mental Health Clinic in the summer of 2020 where she served as a staff psychologist. During my early meetings with Dr. Williams, I recognized her passion for a career devoted to educating, training, and mentoring students in geropsychology. As an early career psychologist, having recently completed fellowship at the Orlando VA, she was eager to contribute to the field and mentor trainees along their career path. As noted in other memorials, I also recognized Dr. Williams' commitment to diversity, equity, and inclusion (DEI) and was thrilled when she was selected to serve the Diversity Chair of the Council of Professional Geropsychology Training Program.

Trainees reflected on Dr. Williams' commitment to DEI and how this positively impacted their training experience. In particular, trainees remarked how they learned through modeling how to address microaggressions in the workplace. Sarah Stoycos remarked:

“She was a fierce advocate for culturally-competent and patient-centered care, including modeling how to communicate directly but with kindness (especially as it pertains to advocating within and across clinics to enhance Veteran care), how to skillfully address microaggressions and calling-in with clients and colleagues in real-time in a way that inspired growth instead of defensiveness, and how to ensure our data and interpretations were rooted in careful consideration of the individual’s culture and appropriate norms. I single-handedly attribute my ability to address microaggressions to Kadija’s willingness to model and teach it and I will forever remember and honor her memory and work by continuing to address microaggressions in both my personal and professional life.”

Moreover, we learned and grew from Dr. Williams' commitment to culturally-sensitive treatment. Martina Azar stated this best:

“She was a thoughtful advocate for marginalized communities and cared for her patients, supervisees, and colleagues and displayed this in thoughtful conversations, large or small.”

Dr. Williams was also committed to working with trainees to educate them on diversity topics. Hannah Bashian discussed her experience co-presenting with Dr. Williams in the Geriatric Mental Health

Seminar:

“I was lucky enough to create a presentation with Kadija about ageism and microaggressions- topics we are both passionate about. Collaborating with Kadija was educational, humbling, and fun! She was blunt (she is from New York City!) and to the point and I loved that about her. Our presentation was something I am very proud of because we did not skirt around difficult topics. We challenged people to reflect and hopefully helped some people become more aware.”

In group supervision, we were all impressed by Dr. Williams’ eloquent case conceptualizations. Dr. Williams’ beautifully conceptualized her patients. It was like watching the heavy lifting of clinical work suddenly become weightless as she described her thinking on a case- everything just fit together and told a story of her patients based on their lived experience. I valued the questions she offered trainees that challenged them to flex their conceptualizations of their patients. Martina Azar commented on her experience in group supervision with Dr. Williams:

“Kadija had an endless repertoire of tools for every complex patient interaction and her skillful additions to case conceptualization were admired.”

Similarly, Julie Boyle remarked:

“In group supervision, she would utilize every opportunity to provide education and insight into these topics while encouraging us to think critically. We became better clinicians and people for it.”

Trainees were moved by Dr. Williams’ presence and availability for questions. Cindy Woolverton remarked on the impact Dr. Williams had while she navigated applying to staff psychology jobs. She stated:

“Kadija was always present and willing to be available to provide me/us support around professional development, clinical questions and/or to process a recent meeting or clinical interaction. During my job search process, Kadija was a lifeline for me. I knew I could share with her all my billion questions and thoughts about the interview and she was there to listen.”

Moreover, Dr. Williams was noted to put trainees at ease. During her first week at VA Boston, Hannah Bashian remembered a poignant memory of Dr. Williams, she stated:

“One of the first memories I have with Kadija was on that first day. I was calling my first client to schedule an appointment and had Kadija and my supervisor Patty listen in to make sure I did it correctly. Once I hung up the phone, Kadija immediately started cheering me on for doing such a good job. I was so nervous, wanting to show that I deserved to be here and I needed that positive reinforcement more than I even realized. It truly filled me up with happiness and even made me laugh- releasing tension I did not know I was holding. It is an example of the type of person she was, ready to support another person and lift those around her up.”

Beyond these memories, Dr. Williams was recognized for her compassion, kindness, dedication to training and education, cultural humility and passion for marginalized and underserved communities, and her ability to connect with others. We are still grasping the loss of her presence at VA Boston and in our clinic. I hope this piece reflects her legacy and impact on our trainees during her short time at VA Boston.

Dan L. Segal, PhD

Let me start by saying that I loved Kadija and I'm so sorry for this devastating loss. I'd like to express my deepest condolences to the entire Williams family and to all who knew and loved Kadija.

Kadija was an intelligent, kind, compassionate, caring, intuitive, perceptive, giving, and truly beautiful person. She had goodness in her heart. She radiated more light, loving, and kindness than most. I liked her the moment I met her during Interview Day at UCCS in 2013. She carried herself with a bright and positive energy that were hallmarks of her presence here. Her smile lit up any room she entered. I consider myself privileged to have worked with her so closely through her PhD program, as her research mentor. We had drastically different workstyles, yet we were able to forge a strong and collaborative partnership that I truly valued. We met weekly for the better part of 5 years, during which time our conversations ranged from topics big and small, professional and personal. Kadija was a big picture thinker and a great writer. We disagreed about the Oxford comma (I was in favor, she was opposed!). I was her mentor, but also her friend.



Kadija overcame significant barriers to achieve all that she achieved here, and after she graduated. Her personal resilience was remarkable, and I admired her for that. On several occasions when Kadija was grappling with particularly difficult hurdles to completing the PhD program, she expressed to me her unwavering drive, commitment, and perseverance by stating "I might fall over the finish line, but I'll make it one way or another." Well, you did make it Kadija. And I could not have been more proud of you. I will forever cherish the memory of hooding you at your graduation ceremony and sharing your joy with your lovely parents who were there to support you.

Kadija was a staunch and reliable advocate for the inclusion and careful consideration of diversity issues while she was a trainee in our program and afterwards as a consultant to our program and to other groups. She had a knack for raising awareness about these important issues in a way that was neither judgmental nor shaming. The world was a better place because Kadija was in it. Rest in peace Kadija and may your memory forever be a blessing. I already miss you very much.

Jenny Moya, PhD

When a young person dies at the precipice of a promising career it is deeply challenging to our thoughts and feelings. Like many smart professionals, Kadija assembled a choir of mentors. I had the honor of being one of those mentors as she joined VA Boston. My role was to supervise her clinical work until she was licensed and to be a sounding board and cheer leader as she worked to define and build her professional career.

I found Kadija to be a wise and compassionate clinician whose warmth and intelligence were deeply valued by her clients. Her commitment to social justice was on display in the therapy room and to the larger community as she bravely challenged each of us to examine our own assumptions and frailties. She was still finding her way and at the same time she was already a leader supporting us to better achieve diversity, equity, and inclusion. Along with Flora Ma she led the effort to address diversity within our

recent “Building Bridges” national geropsychology training conference, where we all experienced her courage and poise. Her death is gravely unfair to Kadija and her family and is a tragic loss to our field. I hope we can, inspired by her example, uplift each other to do more to meet one another with grace and to heal racial injustice.

Sara Qualls, PhD

Kadija Williams was a rising star, a bright light shining truth and insight at such an opportune moment as eyes, minds, and hearts were opening due to social changes. Adding training as a psychologist to her experience in the social justice trenches, she had rich perspectives to share and the wisdom to do so effectively. I was privileged to train her, and train with her. I will miss her deeply. Our field is poorer without her.

Kimberly Hiroto, PhD & Nicole Torrence, PhD

Dr. Kadija Ny’Omi Williams accomplished so much in her 51 years of life, and yet her accomplishments do not adequately capture what makes her so special: her warmth, compassion, and determination to see the best in people. Despite facing a lifetime’s worth of racism and oppression, rather than turning away from those who harmed her, she turned toward them in an effort to understand their perspective and share her own. Despite being harmed by systems that may not have wanted to hear her powerful truths, she maintained her integrity and rose above the tension of their unease. Kadija – Dr. Williams – fought against oppression, reminded us to raise up the voices of those silenced, and most of all she recognized the humanity in us all. She challenged herself and reached out to the institutions and communities who harmed her to offer another way of being. She was, and will always be, magnificent, beautiful, and powerful.

Remembrance by **Kimberly Hiroto**: Despite multiple brief encounters, my friendship with Kadija started this past year when we connected through our board membership on the Council of Professional Geropsychology Training Programs (CoPGTP). She served as member-at-large for Diversity, Equity and Inclusion and I for postdoc programs. We were giddy with joy at finally getting to work closely with each other after years of brief interactions as UCCS alum. We connected instantly. We spoke for hours by phone or video (on average 4-6hrs, with a record 8hrs one night!). Our conversations initially focused on themes of EDI (as she reminded me, Equity comes first), anti-oppression, and our respective experiences of racism. Soon our talks extended to family, friendship, losses, careers, and our plans for ourselves in the years ahead. We shared tears, laughter, anger, and heartache, and through this developed a kinship that I cherish. She taught me about courage, resilience, compassion, and vulnerability. Among our many conversations, the most impactful was our last: she called me from the hospital to share news of her illness. She remained her calm, poised self except for a moment of tearfulness. I remained in disbelief. We ended this final call with “I love you”.

As I grapple with the reality of her death and question how I’ll continue her legacy devoid of her guidance, I take comfort holding tightly to the memories we shared, the sound of her voice, and the many ways she helped me become a better person. Kadija, thank you for always reminding me to turn my anger and frustration into compassion. In your honor, I vow to continue your work toward justice, equity, and inclusion.

Remembrance by **Nicole Torrence**: I first met Kadija when she interviewed for our PhD program at UCCS. Although we did not share classes or cohort bonds because I was on my way to internship, we stayed connected as a support line for one another, given the dearth of women of color in our program and the field. I was honored to mentor her regarding pragmatic career choices during internship, postdoc, and adjusting to her new staff psychologist position at the Boston VA. But she also mentored me and graced my life with wisdom. She was my cheerleader, promoter, and friend. We supported one another with navigating the challenges of being a woman of color in Geropsychology. She provided me with comfort and support when I felt alone and like I did not belong. She helped me think about leadership in psychology and how I could build my own table if there were no space for me to have a seat at The Table.

I have fond memories of our phone calls often serving as a treat after a long day at work. Similar to Kim, they lasted for hours - although we never hit a record of 8 hours. During these conversations, we talked

about everything: family, friends, challenges, and hopes. Over the past few months, our conversations were spent discussing ways she could balance work and life while plotting how she, Kimberly, and I could change the world.



I miss my friend deeply, and I am honored to be among the many whose life has been touched by Kadija. Her life and death are a reminder to me to spread light, love, and connection; to hold tight to my loved ones and treasure every moment with the people who matter most; to not shy away from expressing myself and shining my light. So, I will take up the mantle in Kadija's memory.

Internship class and training director at Orlando VA:

We heard the news of Kadija's passing on Monday morning. Within minutes, the whole intern class and TD had come together to mourn, support each other, and share memories. Again and again, her friends/classmates described Kadija as compassionate, intelligent, intentional, hard-working, inspiring, supportive, and connected on a deep level. They recalled how she taught us so much and pushed us to understand ourselves, our patients, and each other more deeply and genuinely. This is some of what was shared:

Kadija had a magical way of making people feel heard and understood and shared her points in a way that always conveyed gentle compassion.

One word to describe the wonderful Kadija is unforgettable. Once you meet with her, interact with her, something about it stays with you forever. Kadija will be remembered as one of the most compassionate, empathetic, and most intelligent human beings I've ever had the pleasure of getting to know. She pushed

me to think critically about everything; she brought up perspectives, and ways of approaching things I had never thought of. Everything she did and said was so well thought out and intentional. One thing I will always remember about her is the look she gave through the top of her glasses as they hung down near the bridge of her nose. Her all-seeing/all-knowing gaze told me 'I got you/I see you.' I recall fondly our dissertation writing days where we would stay at the VA after everyone left and discuss research, our ideas, and give each other pep talks sometimes until 9pm. Run-ins with the cleaning staff after hours were common and Kadija quickly befriended them too. I remember our Panera days-we would set up camp on a Saturday at 9am and write, and analyze data, and support one another throughout until the shop closed. Other times, the three of us would write our dissertation edits together in my apartment conference room, rain or shine. She was so hardworking and never settled for anything less than excellent. Whether it was in her work with patients, her research, or as a friend. Kadija, you will be missed, and never forgotten.

She worked so incredibly hard to get where she wanted to go in life. She just landed that instructor position at Harvard too. Such a good person and so incredibly brilliant.

When I think of my dear friend Kadija, I think of a brilliant mind and a beautiful soul. She was a true and loyal friend that could always be counted on. I always knew I could depend on her to offer the most stellar advice, a witty comment to make me laugh, or some profound insight that wouldn't have ever come into my own mind. She was astoundingly smart and kind, and a remarkably empathetic person. I will sincerely miss our hours-long conversations and cherish the memories of our time spend studying, dining, and celebrating together. There were countless nights we closed out our favorite restaurant after losing track of time after talking for hours. I'm so proud to have the privilege to call Kadija my friend. I'll forever cherish the time we had together on our journey together.

Kadija touched so many lives in such an incredible way. The world feels so much darker without her in it.

When I think of Kadija, the first thing that comes to mind is her warm, empathetic smile. I left each conversation with her feeling better and cared for. It was undoubtably something that served her well with her patients and allowed to her build a quick rapport with patients and colleagues alike. Kadija inspired me through her own tenacity and drive to serve others. She had made a drastic career change later in life and preserved through school, internship, and fellowship to land her dream position at the Boston VA. She didn't let anything hold her back. She inspired me to also go after my dreams. Whenever I needed advice or comfort though my own journey, Kadija was there with a listening ear and sound advice. She took the time to talk no matter what she had going on and offered guidance through her warm and compassionate heart. I learned how to be a better person and a better psychologist from Kadija through every interaction with her.

I dreamed about Kadija they day after I learned she passed. She was the one comforting me! That's so much like her!! Words don't seem enough to describe her amazingness.

Dr. Kadija Williams was awe-inspiring. No other word comes close to describing her. Defined as arousing awe through being impressive, formidable, or magnificent, Kadija was all of the above and more. Kadija inspired me to never give up, to try harder, to challenge myself, while all at the same time make room for self-care, friends, and family. She achieved this in many ways, so she believed that anybody else could too with a little extra support and encouragement, which she gave freely and without expectations. Although we were training to be therapists and researchers together, I would always think that she knew more than anyone I knew and that I wished she was training me. I learned so much from

her, it's hard to describe. From statistical analyses and how to adjust therapy for individuals suffering from cognitive impairment, to how to communicate with the human resource office and find enjoyment out of the little things in life like silly jokes in the office. I am saddened for her family, friends, and the field of psychology for this incredible loss. There is no replacing Dr. Kadija Williams and the best we can do is take what we learned from her to help others and try to make the world as bright as it was when she was with us.

Kadija will always be remembered by her intelligence, kindness, drive, and compassion. She was truly a superstar in Orlando and we are so proud to list her as one of our own. We miss her already.

Kadija was a very close friend. We spent a lot of time together. I adored time with her. When I think of Kadija, the first thing that comes to mind is her sheer brilliance. She was able to understand the world around her on levels that I had not realized was possible, until she taught me. There were uncountable times when I would listen to Kadija speak and be in absolute awe. Kadija taught me about awareness. She was constantly aware and connected with her surroundings. Observing that connection taught me so much about compassion, justice, love, emotion, and much more. When I was with Kadija I always felt this immense feeling of wanting the absolute best for her, and for her to be happy. I know Kadija knew I felt that way, and that gives me a warmth inside, that she felt my love and respect for her. I have never met anyone like Kadija. I never will meet anyone like Kadija. She will be in my mind and heart, always.

Indeed, Kadija will remain in our hearts, always.

Member Spotlight



Student Member Spotlight: Amanda Salmon, BPsychSc

Year joined: 2019

Hometown: Brisbane (Qld, Australia)

Current academic affiliation: The University of Queensland

Why did you join the Society for Clinical Geropsychology (Division 12, Section II)? It came highly recommended by my supervisor, and I wanted to learn more about the area from people in the field, as well as other students.

How has membership in the Society for Clinical Geropsychology assisted you with your professional development? It has given me great insight into the day-to-day issues experienced by geropsychologists, as well as kept my finger on the pulse of great publications and changes in the field.

How did you get interested in the field of aging? During my undergrad I volunteered at an aged care facility visiting a woman with dementia who received few visitors. I loved hearing her reminisce, but at the same time felt sad she received no psychological support. This inspired me to focus on working with older adults to make a difference in their lives.

Have you had an important mentor in your career? If so, how did he or she make a difference? My supervisor, Professor Nancy Pachana, saw me through my undergraduate honours project, and now my PhD. She is such an inspiring champion for older adults, and we have bonded over our mutual love of animals. Nancy is my greatest cheerleader during tough times, always supportive and encouraging, and is helping me set myself up for a great career.

What has been your most memorable experience in gerontology and aging clinical practice and/or research? Collecting data for my honors thesis gave me the opportunity to work with the RSPCA and have a group of older adults from an aged care facility engage with rescued animals. Seeing the joy on their faces as they interacted with the dogs, kittens, and even chickens was unforgettable.

Tell us about your most recent activities. I am currently completing the concurrent Master of Clinical Psychology and PhD programs. The Master has allowed me to work with older adults and further cement my passion for helping them improve their wellbeing. My PhD is on the benefits of assistance animal acquisition for older adults. I am currently writing a systematic review, but very much looking forward to data collection and seeing the benefits firsthand.

Looking forward, what are your plans post-graduation? I plan to establish a career in academia with geropsychological and animal-based research to help people on a larger scale, while also practicing as a clinical psychologist assisting older adults one-on-one.

What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies? When I am not working, you will usually find me practicing the violin or reading with my cat Lilly for company. I have also recently taken up bird watching and aspire to one day travel the world to see all the weird and wonderful birds.

Announcements and Member News

This section of the newsletter highlights announcements relevant to the membership and the accomplishments of the Section's members. If you have received any local or national awards, or want to let the Section know about recently accepted publications, or recently published books, please email updates to Danielle McDuffie at dmcduffie1@crimson.ua.edu and/or Diana DiGasbarro at diana.digasbarro@louisville.edu.

Member News & Awards

Jacqueline Hogan received a grant from UMass Boston to complete the Mindfulness-Based Stress Reduction training at the UMass Medical School Center for Mindfulness.

Diana DiGasbarro will be beginning her pre-doctoral clinical internship in the Geropsychology track at the Edith Nourse Rogers Memorial Veterans Hospital in Bedford, Massachusetts this September.

Follow this link to view an interview with **Dr. Nancy Pachana** discussing her new book, *Psychological Assessment and Treatment of Older Adults*, released in 2021 with coauthors Victor Molinari, Larry W. Thompson, and Dolores Gallagher-Thompson. Publication information is on the next page of the newsletter. https://www.youtube.com/watch?v=MIsO_y9bsr0

Recent Member Books & Publications

Bhar, S., Koder, D., Jayaram, H., Davison, T., **Knights, B.**, & Laidlaw, K. (in press). Innovative approaches for long term care. In G.S. Asmundson (Ed.), *Comprehensive Clinical Psychology*, 2nd ed. London: Elsevier

Byrne, G.J.A. & **Pachana, N.A.** (editors). (2021). *Anxiety in older people: Clinical and research perspectives*. Cambridge, UK: Cambridge University Press.

Hinrichs, K., Dotson, V., Ramos, K., Travis, L., **Hogan, J.**, (accepted 2021). *Health Disparities among Older Adults during COVID: Research, Clinical, and Training Considerations*. American Psychological Association Annual Conference, Collaborative Symposium, virtual format.

Knights, B.G. (in press) Older adult couples. In D.K. Snyder & J.L. Lebow (Eds), *Clinical Handbook of Couple Therapy* (6th ed.). New York: Guilford.

Leeman, T. M., **Knights, B. G.**, Fein, E. C., Winterbotham, S; & Webster, J. D. (2021). An evaluation of the factor structure of the Self-Assessed Wisdom Scale (SAWS) and the creation of the SAWS-15 as a short measure for personal wisdom. *International Psychogeriatrics*, 1–11. <https://doi.org/10.1017/S1041610220004202>

Mast, B. T., Molony, S. L., Nicholson, N., Keefe, C. K., **DiGasbarro, D.** (2021). Person-centered assessment of people living with dementia: Review of existing measures. *Alzheimer's & Dementia: Translational Research and Clinical Interventions*.

Pachana, N.A., Molinari, V., Thompson, L.W., & Gallagher-Thompson, D. (editors). (2021). *Psychological assessment and treatment of older adults*. Göttingen, DR: Hogrefe.

Sams, N., Fisher, D. M., Mata-Greve, F., Johnson, M., Pullmann, M. D., Raue, P. J., **Renn, B. N.,** Duffy, J., Darnell, D., Fillipo, I. G., Allred, R., Huynh, K., Friedman, E., & Areán, P. A. (online first). Understanding psychological distress and protective factors amongst older adults during the COVID-19 pandemic. *The American Journal of Geriatric Psychiatry*. <https://doi.org/10.1016/j.jagp.2021.03.005>

*Shea, A., Woolverton, C., *Biccum, K., *Yu, A., & **Strong, J. V.** (Accepted 29 June 2021). Students' attitudes and intention to work with older adults in the era of COVID-19. *The Journal of Gerontopsychology and Geriatric Psychiatry*

Stone, L. E., Segal, D. L., & Krus, G. C. (2021). Relationships between pathological narcissism and maladaptive personality traits among older adults. *Aging & Mental Health*, 25(5), 930-935. <https://doi.org/10.1080/13607863.2020.172580>

Strong, J. V., Plys, E., **Hinrichs, K. L. M.,** Hartmann, C., & McCullough, M. (In Press). Music for your mental health? The development and evaluation of a group mental health intervention in subacute rehabilitation. *Aging and Mental Health*

Announcement

Advancing Age Inclusivity in Psychology - A Virtual Teaching Conference will be held on **August 20, 1:00-3:00 EST**. Please see more complete details in the SCG Spring 2021 newsletter sent out in April.

The Student Voice

Reflections on Graduate Student Burnout and Mental Health

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

At the start of each semester, I review my academic schedule and reflect on ways to incorporate self-care activities into my routine. I write down personal goals in my planner alongside my academic ones, all with the goal of achieving work-life balance. However, I often find that this balance is easier to achieve on paper than in practice. In the new world of Zoom meetings and telehealth, I've found that "work" and "life" seem to blend more easily, making a balanced lifestyle all the more difficult to attain.



Kyrsten Costlow & Jackie Hogan

With the topic of self-care on my mind as we head towards the fall semester, I was intrigued when I saw several of my fellow graduate students sharing a research article on their social media accounts about the mental health of Ph.D. students. In the article, Satinsky and colleagues (2021) describe a systematic review and meta-analysis of depression, anxiety, and suicidal ideation among Ph.D. students. The authors conclude that depression and anxiety are highly prevalent among Ph.D. students, showing rates of clinically significant symptoms greater than those found among young adults in the general population (Satinsky et al., 2021).

The authors also note several correlates of these mental health problems, such as financial stressors, stress about productivity, supervisor-related issues, and difficulties with work-life balance (Satinsky et al., 2021). These stressors may be magnified for Ph.D. students from marginalized or underrepresented groups. Outside of depressive and anxiety symptoms, graduate students are also found to be more susceptible to burnout and emotional exhaustion (Rigg, Day, & Adler, 2013). Both structural- and individual-level interventions are needed to address these concerns. Studies have shown low rates of help-seeking among Ph.D. students (Lipson et al., 2016), which leads me back to the question of how to balance self-care with the demands of graduate school.

Although stress management and self-care look different for everyone, here are some of the strategies that have worked for me and for others.

- Schedule time for hobbies and pleasurable activities
- Prioritize healthy eating, regular exercise, and getting enough sleep
- Reach out for social support from close friends and family members
- Practice stress management techniques, such as mindfulness/breathing techniques, journaling, going for walks, etc.
- Develop SMART goals (i.e., specific, measurable, achievable, relevant, time-bound) and create to-do lists to facilitate time management
- Reach out for help from others! Take advantage of any services or resources available through your university or outside professional help when needed

For any graduate students reading this column and experiencing feelings of stress and burn-out, know that you are not alone and that there are networks of support within the Division 12/II community and beyond. I hope that this column can inspire self-reflection and promote self-care as we move towards the Fall semester.

References

Lipson, S. K., Zhou, S., Wagner, B. III., Beck, K. & Eisenberg, D. (2016). Major differences: Variations in undergraduate and graduate student mental health and treatment utilization across academic disciplines. *Journal of College Student Psychotherapy*, 30, 23–41.

Rigg, J., Day, J., & Adler, H. (2013). Emotional exhaustion in graduate students: The role of engagement, self-efficacy and social support. *Journal of Educational and Developmental Psychology*, 3(2), 138.

Satinsky, E. N., Kimura, T., Kiang, M. V., Abebe, R., Cunningham, S., Lee, H., . . . Tsai, A. C. (2021). Systematic review and meta-analysis of depression, anxiety, and suicidal ideation among Ph.D. students. *Scientific Reports*, 11(1), 14370. doi:10.1038/s41598-021-93687-7

Diversity Committee Column

Intergenerational Creative Narrative

Written by Charissa Hosseini, PhD

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

My mother, at the age of 14 years old immigrated to Monterey, California at the height of 1979 Iranian Revolution. She was accompanied by her mother and two brothers. Whereas, my father entered the United States under refugee status in 1983 at the age of 19. He traveled alone but was welcomed by his two siblings who were awaiting his arrival in Sherman, Oklahoma. My mother and father had different experiences entering the United States, however their rationale for entering was the same. My parents both identify as Baha'is. In Iran Baha'is were and are heavily persecuted. Currently it is illegal for Baha'is in Iran to own property, own a business, or receive an education. Any transgression could result in imprisonment or death. Thus, making it the only option for many to leave.

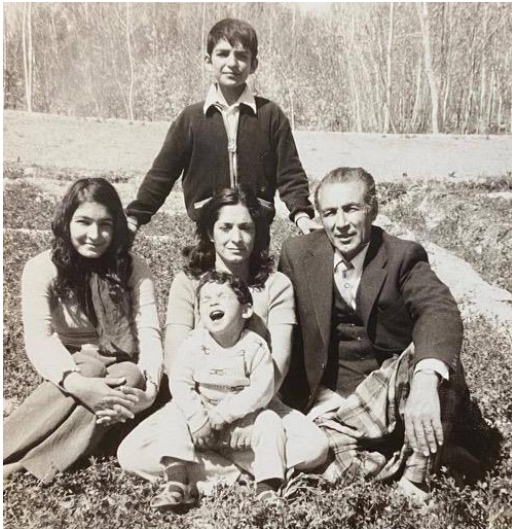


Once my parents experienced the trauma of leaving the only place they knew as “home”, they were embraced with picket signs of “Iranians go home” and “deport all Iranians”. I recall my mother mentioning “I used to lie and say I was Greek...but it was too late they all knew”. My father reflected “They kept calling me a camel jockey but the funny thing was I had never seen a camel in my life...I didn't really get it at the time but I knew it was directed at me and then on top of it my professors would find reasons to give us a hard time or fail us so we would have to retake courses.”



The trauma related to leaving Iran, immigration, and racism impacted their perspective and understanding of the world. For example, they developed an anxious catastrophizing thinking pattern around many activities along with increased worries around safety and lack of trust of others. These cognitions are reflective to their respective traumas and have become reinforced by others within the community. Growing up my sister and I unconsciously integrated some of these perspectives into our understanding of the world and others. We now as adults work actively work towards unraveling and navigating through these beliefs as well as increasing our own insight

into how these events shaped our community at large.



Images of the author's father's immediate family members in Iran prior to the 1979 Revolution.

Message to all SCG members: The SCG Diversity Committee would like to invite you to share your personal intergenerational creative narrative related to your cultural background. The narrative may highlight the generational impacts that your grandparents and/or parents may have on your family. We hope that through these narratives there may be opportunities to bring light to moments of injustice that others may not know about. If you are interested, we encourage you to reach out to the Diversity Committee Chair, Dr. Flora Ma (fma@paloalto.edu), who would be more than happy to work with you on your personal narrative.

Committee Updates

Elections Committee

Submitted by Brian Carpenter, PhD



First, an enthusiastic thank you is due to all of the candidates who were willing to run in this year's election. SCG's vitality arises from the generosity of our members who are willing to share their time and expertise for the good of the organization.

We're pleased to announce the following winners, followed by an excerpt from their original candidate statements:

President-Elect – Kim Hiroto

“Kimberly Hiroto, Ph.D. is a clinical geropsychologist at the VA Palo Alto (VAPA) Hospice and Palliative Care Center. Throughout her career she's been dedicated to advocating for geropsychology at both the local and national levels. Within APA, she advocated for older adults through service on the workgroup to



update the Guidelines for Psychological Practice with Older Adults (2012), the Committee on Aging (2013-15) and as Treasurer for SCG (2015-18). Currently she serves as Member-at-Large for Postdoctoral Programs on CoPGTP and is finishing her tenure on the Board for Advancing Psychology in the Public Interest (BAPPI), which focuses on social justice advocacy. Within the VA she serves as co-chair of the Palliative Care Psychology workgroup focused on advocating for mental health and training in palliative care and geropsychology. She's also a member of the Psychology Training Council's Diversity Committee and serves as co-chair for her local VAPA Psychology Service Diversity Committee. Her decision to run for President-Elect coincides with a cultural awakening to the ways systemic oppression affects our lives, our profession and our future. Geropsychology is rooted in advocacy for the underserved and the disenfranchised. The pandemic and the social uprisings of 2020 and now 2021 reveal with brutal clarity the vulnerable state of many older adults, the pervasiveness of ageism, and the intergenerational trauma of historic racism and oppression. This is our time to speak up and amplify the voices of those rendered invisible and continue inviting diverse perspectives reflecting the populations we serve."

SCG Representative to Division 12 – Amy Fiske



"I see the Division 12 Representative position as an opportunity to do something I am passionate about—to advocate for aging within the field of clinical psychology. This is critically important, as the need for clinical psychologists who are competent in serving older adults continues to grow with the aging of the population. I have served as President of SCG as well as Chair of the Mentoring Committee. I am currently an Associate Professor and the Director of Clinical Training in the Psychology Department at West Virginia University. I received my Ph.D. in psychology (clinical-aging) from the University of Southern California and completed my internship at the Palo Alto VA Medical Center. My research program focuses on depression and suicide in late life. I also supervise a team of graduate students who provide clinical services to older adults in a skilled nursing facility. I

will dedicate myself to ensuring that aging is considered in all of the activities of Division 12. I will also keep you well informed of developments and opportunities within the Division."

Both will take office in January. On behalf of the entire Society, welcome and thank you!

Awards Committee

Submitted by William E. Haley, PhD

This year's 12-2 Awards Committee members include me as Chair, Suzanne Meeks as Past-Chair, and Kate Hinrichs as Chair-Elect. As always, we received a number of strong nominees for all of the awards. This year we were able to unanimously select some truly outstanding winners for our awards.

Winners are:

Dr. Thomas Hadjistavropoulos: *M. Powell Lawton Award for Distinguished Contributions to Clinical Geropsychology*

Dr. Kimberly Hiroto: *Distinguished Clinical Mentorship Award*



Dr. Kimberly Hiroto: *Todd "TJ" McCallum Professional Gerodiversity Award*

Stacy Yun: *Todd "TJ" McCallum Student Gerodiversity Award*

Annika Sophia Goldman: *Student Paper Award*

We will present these awards at the upcoming SCG Business meeting Thursday, August 12 at 4 pm Central/5 Eastern. President Becky Allen previously sent all 12-2 members an announcement about this meeting, with a Zoom invitation coming soon. Note that you do not have to be registered for or pay for the APA Convention to participate in this session, although we encourage everyone to participate fully in the convention.

We are looking forward to a joyful and productive Business Meeting and an opportunity to honor our outstanding members!

Lifelong Learning Committee *Submitted by Jessica Strong, PhD, ABPP*



The Lifelong Learning Committee has been working on our mission statement! We are committed to promoting training in geropsychology across the lifespan of SCG members and future members. In that vein, we are discussing partnerships that will promote geropsychology training to undergraduate students in efforts to bolster the workforce pipeline and recently have started to work on ways that we can coordinate with other groups to provide specific trainings to graduate students in geropsychology competencies.

We continue to work with the Diversity Committee on a study of gerodiversity training experiences in graduate school and beyond. The survey is being piloted by committee members currently and is under ethics review. We hope to go live in September, so keep an eye on your inbox and the website. As a reminder, we are planning to use the data to understand what diversity training opportunities are most needed for the members of SCG and curate resources to offer those training opportunities.

Mentoring Committee *Submitted by Ira Yenko, PsyD*

The SCG Mentoring Committee recognizes that mentorship takes many forms. Our committee is dedicated to serving the needs of mentors and mentees at all stages in their training and career. We strive to affect meaningful change in the present and future of our field by:

- Reducing barriers to access through education and advocacy
- Facilitating connections between mentors/mentees
- Providing resources to increase the effectiveness of both mentors and mentees
- Empowering mentors and mentees to effectively navigate ruptures and challenges



- Acting with speed and agility to address the ever-evolving needs of Geropsychology mentors and mentees

We are actively recruiting new members to serve on our committee and are always looking for individuals to serve as mentors. If you or someone you know has an interest in mentorship and would like to meaningfully contribute to the growth of our field on a national level or have interest in collaborating with the mentoring committee, please reach out to our committee chair, Ira Yenko (irayenko@gmail.com).

We would also like to thank Rachael Spalding for her service and tenure on the committee. Rachael will be rotating off of our committee to begin her internship at the Milwaukee VA Medical Center. We wish her all the best!

In order to take advantage of the wealth of mentoring experience across the field of psychology and among our fellow members of SCG, our committee will also publish brief interviews or responses to questions about mentoring. We hope to provide accessible and timely information and highlight individuals who have a passion for mentoring. In order to get to know some of our team, we asked our committee members: “What sparked your interest in mentoring?”

Cecilia Poon, Ph.D., ABPP: My mentors kept some doors open for me as I navigated complex and at times frustrating systems as an international student years ago. Mentoring deeply appeals to my desire to connect people, resources, and opportunities. I believe it is one way to support a vibrant and healthy workforce that can meet the needs of our increasingly diverse older adult population.

Heather Smith, Ph.D., ABPP: My professional mentors have been instrumental throughout my training and career, providing the right amount of support, challenge, and growth opportunities. In turn, I find serving as a mentor to be an essential aspect of my role in promoting the development of current and future geropsychologists.

Stephanie Liu, M.P.H.: As a student at the beginning of my training, I knew that mentorship would be key to navigating the process of becoming a geropsychologist. I have really benefited from the mentorship opportunities provided through SCG, and I hope to find ways to foster those connections for others.

Stacy Yun, M.A.: I am very fortunate to say that I had great mentors to look up to and learn from. When I found out that not all of my peers and colleagues have positive mentorship experiences, I wanted to share what has worked particularly well for me and continue the legacy of good mentorships I have received over the years. Additionally, as a BIPOC, I wanted to share and explore unique challenges related to culturally competent mentorship.

Communications Committee

Submitted by Charissa Hosseini, PhD



Our Website Coordinator, Jennifer Ho has updated and redesigned the Div12/2 website. If you have not taken a peek, please be sure to scroll through.

As a friendly reminder, we have a Facebook page and a Twitter account and need your help to grow our voice. Please follow, like, retweet, share, etc. using the links below. If you have any ideas for content to post, please don't hesitate to email Taylor directly. Tag @SGeropsychology in your tweets and she will do her best to retweet you! She is happy to promote recent publications, upcoming events, rock stars in the field, and anything else relevant to geropsych. We will be live tweeting during the 2021 APA Conference!

Twitter:

<https://twitter.com/SGeropsychology>

Facebook:

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

Committee on Science and Practice

Submitted by Ann Steffen, PhD, ABPP

This June, the Society of Clinical Geropsychology's Committee on Science and Practice submitted feedback on the APA Committee on Accreditation's (CoA) Implementing Regulations (IRs) C-8 D, C-8 I, C-9 P, D.4-7(b), and E.1-3 related to specialty postdoctoral training in clinical geropsychology.

Some of the Implementing Regulations (IRs) for APA's Accreditation for Health Service Psychology, Master's Degree Programs are now open for comment. Implementing Regulations (IRs) are official policy documents that "elucidate, interpret and operationally define" the Commission on Accreditation's (CoA) policies and procedures. IRs are divided into several different sections (A through E), which are subject to regular review and revision by the CoA. While the IRs for doctoral, internship, and postdoctoral residency programs are already developed, the CoA, through the CoA Master's Work Group, is currently drafting the Section C IRs for Master's programs, with eleven of these Section C IRs approved by the CoA to put forward for public comment:



[https://apps.apa.org/AccredComment/attachments/Master's%20Accreditation%20IRs%20\(Section%20C\).pdf](https://apps.apa.org/AccredComment/attachments/Master's%20Accreditation%20IRs%20(Section%20C).pdf)

The 60-day public comment period ends October 5, 2021. SCG members are welcome to post feedback to the listserv and/or send backchannel to our committee no later than September 1st. This gives the SCG Committee on Science and Practice time to pull together feedback and share with SCG leadership for their review. The remaining Section C IRs, the AOP for master's level programs, and IRs for master's programs in Sections D and E are still under development and will be put forth for public comment at a future date.

Our committee would like to invite any SCG members who become aware of proposed psychological professional training, assessment and treatment guidelines that are relevant for clinical geropsychology to share on the listserv and/or contact us, via email to the committee chair (steffena@umsystem.edu). We are trying to track all relevant practice and professional training guideline developments/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.

Committee Members:

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

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

Ron Smith, PhD
Research Officer, Macquarie University

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

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

APA Committee on Aging (CONA) Update

Submitted by Kelly M. Trevino, PhD, Chair of CONA

The American Psychological Association's Committee on Aging (CONA) wishes everyone a relaxing summer! Hopefully, you are able to spend time with family and friends in ways we could not in the summer of 2020. CONA has a few updates we are excited to share.



As many of you know, APA has hired Dr. Latrice Vinson as the new Aging Portfolio Director! We are so glad to have her on-board and look forward to working with her on our various initiatives. Latrice has extensive experience in psychology and aging including her most recent role with the Veteran's Health Administration as the Director of the Care for Patients with Complex Problems Program, which focused on providing safe and effective care for older Veterans with comorbid medical, mental health, cognitive, and behavioral needs. Latrice received her undergraduate degree from Clark Atlanta University. She completed a dual degree program where she earned a doctorate in Clinical Psychology from The University of Alabama with a concentration in geropsychology and a Master of Public Health in Health Care Organization from The University of Alabama at Birmingham. Latrice has clinical and research experience in the field of long-term care for older adults and has worked on several projects focused on improving quality of life and access to care for residents in long-term care settings. She was a 2015

Health and Aging Policy fellow where she worked to conduct a national needs assessment of Veterans with complex care needs as well as plan and host a VA-CMS Measurement Alignment Summit. She brings important and valuable experiences, expertise, and enthusiasm to this new role and will be a great advocate for older adults within APA.

In May 2021, CONA had the opportunity to meet with Dr. Mitch Prinstein, the new APA Chief Science Officer. The meeting focused on ways to expand the reach and visibility of APA's journals and the development of research training opportunities for APA members. Dr. Prinstein emphasized APA's commitment to addressing bias, discrimination, and stigma, including toward older adults and to increasing diversity and inclusion. The meeting was positive and productive and CONA looks forward to ongoing collaborations with the Science Directorate.

CONA members continue to be engaged in APA's Equity Flattens the Curve (EFTC) initiative which focuses on reducing disparities that were highlighted by the COVID-19 pandemic. CONA member, Mary Beth Morrissey is CONA's liaison to this initiative and has been active in ensuring the intersection of aging with other marginalized identifies is recognized and considered within EFTC. The EFTC initiative has a monthly webinar during which they highlight an APA member working to reduce COVID-related disparities. These 30-minute webinars are a great way to learn about psychologists' work in this important area. You can find more information about the initiative, including the webinars and Slack group here: <https://pages.apa.org/equity-flattens-the-curve/>

CONA also continues to plan the Psychologists against Ageism program, a collaboration with the Gerontological Society of America to reduce ageism within the field of psychology and broader society. CONA will be planning three monthly webinars with information on ageism and strategies for reducing ageism with the first to be scheduled in September 2021. These webinars will be the first phase of the program with additional materials and resources to be made available in 2022. CONA will keep you updated as the planning for this program unfolds. In addition, CONA is working on a manuscript for publication informed by the 2020 APA Resolution on Ageism. We will provide more information on this manuscript as the process unfolds.

In February 2021, APA approved the APA Guidelines for the Evaluation of Dementia and Age-Related Cognitive Change (<https://www.apa.org/practice/guidelines/guidelines-dementia-age-related-cognitive-change.pdf>). CONA is working on a Clinician's Corner webinar informed by these guidelines. Stay tuned for more information on this CE opportunity!

On behalf of CONA, we wish everyone a safe and relaxing summer. While we continue to recover from the pandemic and remember all who were lost, let us also be grateful for what we have and continue to work together to improve the lives of older adults.

Social Justice Corner

Remembrance and Action

Submitted by Danielle McDuffie, MA

One of my favorite things about Dr. Kadija Williams is that she treated me like a colleague despite my younger age and lower level of experience. For a young Black woman in higher ed, the Imposter Syndrome is often merciless. I spend endless days deferring to those in positions of higher power and authority, but Dr. Williams never made me feel like I had to do that (and often discouraged me from doing so). I met Dr. Williams when I was still in the first year of my PhD program. My mentor, Dr. Martha Crowther, called me and told me that there was this exceptional young minority scholar coming to visit campus and if there's one thing I needed to do, it was to put myself on her meeting schedule. Naturally, that's exactly what I did and my experience with Dr. Williams was so exceptionally warm and genuine. That was another one of my favorite things about Dr. Williams: she was SO genuine. We spoke about the things others often feel are taboo (i.e. "how have you been treated as a Black woman in Alabama? In this city? On this campus?"). On that same hot afternoon (because 'hot' is Tuscaloosa's only mode from about March until October), Dr. Williams and I trekked across campus and despite the heat and the walk, she remained endlessly gracious (which is quite the feat in the Alabama heat).

Dr. Williams and I reconnected this past year when my other mentor, Dr. Rebecca Allen, asked me to share some of our department's DEI work with Dr. Williams. Dr. Williams and I subsequently sat on Zoom for at least two hours discussing not just her plans for the Building Bridges conference, but also the trends we were seeing in the field and her experiences navigating those trends and experiences. Even in this meeting, Dr. Williams asked my opinion, insight, and perspective. She treated me like an equal and to some extent, an expert in my own right.

While I will miss Dr. Williams as someone to look up to and aspire to work and create with, her passing has also resonated deeply with the DEI advocate that resides inside of me (which would probably please Dr. Williams greatly). As noted earlier, the Imposter Syndrome among marginalized populations is astronomically high. While I was not privy to Dr. Williams' final moments, I'm struck by the notion that women of color, especially Black women, work ourselves literally to "death". In Black culture, we have something called "Black tax". The distilled version of this saying is that Black people have to work twice as hard to get half as far as our White counterparts. Through Dr. Williams' passing and all of the wonderful things she was aspiring to do, I wonder if this is something that was ringing in her mind. I also wonder about/reflect on the struggles that Dr. Williams encountered in her effort to get to where she ended up professionally. The "Strong Black Woman" is praised in society for her resilience and perseverance, but what society doesn't spend time thinking about is what is necessitating the Black woman to be so strong, rather than her being allowed to live an easier life. The studies are abundant that document the effects of chronic stress on the health of Black people. Our shortened lifespans. Our worsen prognoses. And so, in mourning Dr. Williams, I challenge this Society and the field at large with this: what are YOU doing to ease the burden of the "Dr. Williamses" in your programs/workplaces? Are you contributing to our deadly chronic stress? We're at the point where not being a direct offender is not sufficient. Are you actively helping your marginalized students/colleagues/mentees? Dr. Williams' life and death is more than just a sad occurrence, it's a call to action. Will you just mourn and move on, or will you act?

Dr. Williams, thank you for your belief in me, for all you were, and all you are.

Did You Know...

- The Society has a [Facebook page](#) for all members? We also now have a [Twitter](#) handle. Follow us on Twitter @SGeropsychology
- 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 [Danielle](#) or [Diana](#).