

Clinical Geropsychology News
Society of Clinical Geropsychology
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INSIDE*

President’s Column	1
Editor Comments	3
APA Recap: Student Paper	3
GSA-Related Content	4
Full Member Spotlight	6
Student Member Spotlight	7
Announcements & Member News	9
Student Voice	11
Research Roundup	12
Committee Updates	13
CONA Update	17
Division 12 Update	18
The Social Justice Corner	19
Call for Student Representatives	19
Did You Know?	20

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

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

President’s Column

Rebecca Allen, PhD, ABPP

Reflections. Nonjudgment. Gratitude. Hope.

Wow. What a year. I feel that I “should” have something much more profound, erudite, and meaningful to say at the beginning of my last Presidential column for our valued Society of Clinical Geropsychology. Some words of wisdom to impart or cohesive and inspirational message to convey. And I come up with “Wow. What a year.” Yet, as I sit typing these words, I am able to mindfully reflect that the “should” judgment I’m having about my lack of wisdom is just a thought. What is “top of mind/heart” for me right here right now is exactly as profound as “Wow. What a year.”



2021 Reflections. We started with the promise of vaccines to address the COVID-19 pandemic. We are still somewhat isolated and operating in a largely virtual space. Telepsychology, tele-education, and teleconferencing have become normal. Many of our meetings, including the upcoming annual Gerontological Society of America conference, are even still virtual. Although the improvement in vaccination rates and receding impact of the delta variant has

resulted in return to K-12 schools and various work settings as well as the lifting of travel restrictions, COVID-19 has created a different life experience for us. Our lives are forever changed.

Nonjudgment. According to Elder’s life course theory, four principles underlie human development: 1) agency, 2) linked lives, 3) timing in lives, and 4) historical time and place. My goodness how these four principles are on display every day in 2021! There is so much polarization evident in our cultural discourse and daily lives. Individuals cut ties to avoid difficult conversations. Yet our lives are inextricably linked and only through nonjudgmental engagement might we find our way through. The slogan is “Be the change you want to see in the world.” Gandhi’s actual quote is at the end of this column. No matter how old any of us were during 2021, the historical time and context of COVID-19 has provided us with both challenges and opportunities to “be the change.”

Gratitude. Taking a broader perspective on the challenges and opportunities of my career to date, and particularly in the past year, I clearly see Elder’s four principles reflected in my various teams. The sense of isolation that the pandemic has rooted in each of us in some ways cannot negate the fact that all work occurs in team contexts; our lives are linked. My career started at Washington University in St. Louis where I learned the importance of theory and the beauty of the scientific method. For me as a clinical psychologist, for some years my scientific identity was largely in a separate domain from my practice identity. For example, my clinical training to accrue supervised hours for licensure while on my postdoc at Penn State was separate from my research. However, across my professional lifetime and with the help of so, SO many mentors, colleagues, and trainees, my work is now largely based in community implementation science with pragmatic treatment delivery in real-world settings. During 2020 and 2021, our HRSA-funded Graduate Psychology Education team has been able to continue our work in federally qualified health centers with a focus on the prevention, assessment, and treatment of substance use and opioid use disorders. Our work has continued due to the ability to interact with our clinic-based partners and clients via telehealth and telepsychology. Historical time and place brought us the pandemic **and** the technology to keep reaching people across the adult lifespan during a period of isolation, providing services to those in need. Through our community-based partnerships, we still offer individual and group treatments to cope with psychological pain and reduce reliance on substances. The work has continued. In this historical time and place in the Deep South, our team offers individuals agentic opportunities to change their coping patterns because we have the technological means to meet the challenges of a global pandemic. Notably, older clients have faced compounded challenges because “timing in lives” means these individuals may need help to use technology, such as streaming telehealth sessions. Alternatively, with older clients in rural and underserved areas, treatment may still need to be offered via telephones. Internet access remains a problem in low income and rural areas across our nation, and this issue presents an opportunity for advocacy and intervention.

Hope. So, 2021! Wow. What a year. **Thank you** for the opportunity to have served our Society of Clinical Geropsychology as President. This professional organization has been my professional “home” since its inception in the 1990s, along with CoPGTP and our longstanding APA Division 20. As we look forward to 2022, we continue to face so many challenges. Perhaps like me, you sometimes feel simultaneously overwhelmed with doing so much and also that so much more needs to be done. We are not alone. Our lives are linked. We are at this time in our lives, right here and right now, with both challenges and opportunities for agentic choices. This historical time and place is exactly as it is. And we can, one moment at a time, be the change we want to see in the world.

All the best, Rebecca S. Allen, Ph.D., ABPP

“If we could change ourselves, the tendencies in the world would also change.”
-Mahatma/Mohandes Gandhi

Comments from the Editors: Danielle & Diana



Danielle McDuffie & Diana DiGasbarro

Another Fall newsletter. In the words of our wonderful outgoing Society President, Dr. Rebecca Allen, “wow.” As we approach the end of another year living through the COVID-19 pandemic, we hope that everyone is taking the chance to pour into one another, as we have seen that life in the time of the pandemic is more of a marathon than a sprint. For the fellow students applying to internship (like Danielle), congratulations for passing the first big hurdle! For those who might be struggling to return to a sense of normalcy, we see you, we hear you, and we validate your experience. Hopefully, this edition of the

newsletter gives everyone a nice, brief reprieve from the hardships of life and a hopeful reminder about all the great people and opportunities we have around us as members of this Society

In this issue, we feature a go-to guide for presentations from our members at GSA, a very rich Member News section (our Society members have been busy and productive!), a chance to meet two of our members (both a student and full member), and information about the upcoming virtual Student Social hosted at the upcoming GSA conference by our student representatives. We also continue to highlight the great work of our students through our Research Roundup. Our Social Justice Corner highlights a resource for aiding LGBT older adults. Finally, in this edition we say goodbye to two of our esteemed colleagues who are stepping down from their posts: Dr. Rebecca Allen (President) and Dr. Brian Yochim (Division 12 Representative). As always, rest, take care of yourselves, and continue to pour into both yourself and others.

APA Recap: Student Paper Award

Submitted by Annika Goldman, MA (Congratulations again, Annika!)

Intrusive Thinking in Older Adulthood: The Influence of Subjective Cognitive Concerns

Intrusive thoughts are common across the lifespan, but older adults differ from other age groups in their sense of control over intrusive thoughts, interpretations of these thoughts, and emotional responding. Maladaptive responses to intrusive thoughts are important predictors of generalized anxiety and obsessive-compulsive disorders, particularly damaging for older adult’s health. The current study examines subjective cognitive concerns (SCCs) as a risk factor heightening the likelihood of negative consequences after intrusive thoughts. To evaluate the role of SCCs in older adults’ responding to intrusive thoughts, we used a psychoeducational article to attempt to decrease SCCs. We hypothesized that individuals receiving the psychoeducational article would report less cognitive and emotional difficulties with intrusive thoughts than those in the control condition. No difference was found in SCCs between conditions. Across conditions, fewer interpretations of intrusive thoughts as a sign of cognitive decline mediated the relationship between lower SCCs and less difficulty suppressing intrusive thoughts. However, this pattern did not translate to additional responses. This study clarifies the relationship between SCCs, thought interpretations, and maladaptive cognitive outcomes that partially



underpin late life obsessive-compulsive and anxiety disorders. This study supports SCCs being a crucial risk factor for maladaptive responses to intrusive thoughts requiring novel interventions.

The full paper can be viewed here:

https://etd.ohiolink.edu/apexprod/rws_olink/r/1501/10?clear=10&p10_accession_num=miami1616605499778697

GSA-Related Content

Symposia

Title: Ageism: Outcomes, Interventions, Future

Chair(s)/Author(s): APA CONA

Date: Saturday, November 13, 2021

Time: 10am EST

Title: Disruption to Substance and Opioid Use Disorder: The Deep South Substance and Opioid Use Rural Training Grant (Streaming Symposia)

Chairs: **Allen, R. S., Jacobs, M. L.**

Discussant: Rybarczyk, B.

Symposium First Authors: **Costlow, K.,** Reel, C. D.

Date: Saturday, November 13, 2021

Time: 3:00pm to 4:30pm CST

Poster Presentations

Title: Best Practices for Working in Mental Healthcare with Latinx Older Adults

Author(s): Weber, K. L., & **Stone, L. E.**

Title: Impact of Personality Features and Interpersonal Problems on Anxiety among Older Adults

Author(s): Noel, O. R., **Segal, D. L., Granier, K. L.,** Pifer, M., & **Stone, L. E.**

Title: The Interpersonal Circumplex and the Alternative Model of Personality Disorders: Relationships among Older Adults

Author(s): **Stone, L. E., & Segal, D. L.**

Title: Keep on Keepin' On: Investigating ACES and Positivity among Bereaved Black Middle Aged and Older Adults

Author(s): **McDuffie, D. L.**

Title: Keep Your Hopes Up: An Examination of Racial Differences in the Association Between Hope and Pain

Author(s): **Costlow, K.,** Behrens, E., Smith, D., DeCaro, J., Cox, B., & Parmelee, P. A.

Title: Manifestations of Racial Trauma in Bereaved Middle to Older Aged Black Adults

Author(s): **McDuffie, D. L.**

Title: The Moderating Role of Depression on Momentary Pain-Affect Associations in Osteoarthritis
Author(s): Behrens, E., **Costlow, K.**, Smith, D., DeCaro, J., Cox, B., & Parmelee, P. A.

GSA Virtual Social

Please join us for a virtual social event on **Thursday November 11th at 7:00 PM ET/6:00 CT/5:00 PT.**

This event is open to all students and professionals who are looking to network with others in Geropsychology. During the social, we will split up into four different breakout rooms focused on the following topics: 1) Internship Meet & Greet, 2) Fellowship Meet & Greet/Navigating Professional Transitions in Geropsychology, 3) Blending Research & Practice, and 4) Career Paths in Aging. At the end of the event, there will also be time for students and trainees to network in a more informal setting.

A link to register for the event will be sent out on the SCG listserv. If you have any questions, please contact Kyrsten Hill (kmcostlow@crimson.ua.edu) or Jackie Hogan (Jacqueline.Hogan001@umb.edu).

We look forward to seeing you all there!

Full Member Spotlight



Full Member Spotlight: Reynada Wall, LCSW

Year joined Society of Clinical Geropsychology: 2021

Hometown: McAlester, OK

Current Professional title and affiliation: LCSW

Why did you join the Society for Clinical Geropsychology (Division 12, Section II)?
I joined the Society to build my knowledge base of geropsychology, and to discover additional/new ways to assist the older adult population I see.

How has membership in the Society for Clinical Geropsychology assisted you with your professional activities? The membership has allowed me to find like-minded individuals that are giving of their knowledge and experience to help those (me) who are just starting in this field.

How did you get interested in the field of aging? I became interested in the field of aging when I obtained my LCSW. Having that, I've had a significant increase in older adults in my caseload. There are multiple resources, etc. available for children and adolescents; however, seemingly little related to aging. Because of this, I chose to refocus on aging.

What was your most memorable experience during your graduate studies? My most memorable experience during my graduate studies was conducting case studies in a group setting. It was interesting to see the various ways of thinking and reasoning the group came up with given the facts provided.

Have you had an important mentor in your career? If so, how did he or she make a difference? Dr. Sharolyn Wallace has been an important mentor in my career. She pushed me to be the best clinician I can be, and not limit myself to one particular interest in my field.

What is your current position and what are your key responsibilities? Currently, I'm a Licensed Clinical Social Worker. I'm responsible for individual, family, and group psychotherapy.

Tell us about your most recent activities. Most recently, I am developing a curriculum for older adult group therapy based on Adlerian and positive psychology, as well as ACT and mindfulness.

What has been your most memorable experience in gerontology and aging clinical practice and/or research? My most memorable experience in gerontology and aging practice has been seeing something "click" with a client and normalizing what they are facing.

Do you have any tips for emerging geropsychologists? Don't be afraid to ask questions, especially with patients. Ask them their life experience, and don't be afraid to discuss death and their feelings associated with death (if appropriate).

What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies? When I'm not working, I'm a wife, and current chauffeur for a 14-year-old girl that feels she has to be active in every activity available. I also do quite a bit of reading, I play the piano, and run.

Student Member Spotlight

Student Member Spotlight: Odileibys Garcia, M.S.



Year joined Society of Clinical Geropsychology: 2021

Hometown: Hialeah, Florida

Current academic affiliation: College of Psychology, Nova Southeastern University

Why did you join the Society for Clinical Geropsychology (Division 12, Section II)?

As a doctoral student in a general Clinical Psychology program, being part of a community that helps expand my professional development geared towards my clinical interests is important. I joined the SCG to be part of a community and stay informed with the most recent empirically supported treatments for the older adult population.

How has membership in the Society for Clinical Geropsychology assisted you with your professional development?

Being part of this community has provided me with learning opportunities including webinars and readings that would not have been possible for me to access any other way! I am a better student clinician for this because I have been able to expand my knowledge by being introduced to research that has helped inform my practice with older adults.

How did you get interested in the field of aging?

I was placed in a medical clinic for a practicum rotation whose primary population was older adults. I had only worked with adults prior to this placement, but instantly felt at home. Working with this population was very rewarding because I learned that it is never too late to make positive changes in your life. And this is something I witnessed every day while at this clinic. Seeing the older adult patients learn new skills on how to handle tough situations or seeing them interacting with others when they were formerly isolated is what gives me the inspiration to continue doing this work.

Have you had an important mentor in your career? If so, how did he or she make a difference?

During my academic career, I have been fortunate to work under the guidance of knowledgeable clinicians who have shaped me one way or another. But one clinician stands out. She is the reason I fell in love with older adults! After working under her supervision for a year at a medical clinic for older adults, I can confidently say that I am a better student clinician because of her. She trained me to administer assessments and conduct individual and group psychotherapy using evidence-based treatments within this population, but watching the manner in which she treated the patients, with such warmth, is the reason I

admire her as I do, and I look to her for guidance. I don't think that I could be the student clinician I am today without her guidance throughout my academic career!

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

I think my most memorable experience in gerontology has been seeing the improvement in patients. I know individuals have the capacity to change at any point in their lives, but seeing it evolve right before your eyes is a completely different experience. When I co-led a psychotherapy group for older adults diagnosed with depression, it was an incredible experience to see the power of group therapy and how their interaction with each other was so healing.

Tell us about your most recent activities.

Due to the pandemic, I have been growing more and more comfortable with working from home! It's given me the opportunity to learn the importance of a work/life balance. By giving myself this kind of structure, I have been able to make my self-care a priority while still focusing on my professional development. Also, I recently completed my doctoral major paper on therapeutic interventions for improving quality of life in patients with Alzheimer's disease, and with the guidance of my mentor on this project, I hope to publish my article to give students and early career psychologists a guide on therapeutic interventions available for these individuals.

Looking forward, what are your plans post-graduation?

After graduation, I look forward to continuing to work with patients and applying the concepts I have learned throughout my academic career. Also, one day, I hope to have my own clinical practice and engage in a supervisory role helping students and other clinicians.

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

I love spending time with my family and friends! If I'm not watching true crime documentaries or doing arts and crafts using my Cricut machine, I am most likely cooking for family and friends. I also a big foodie and loving trying out new restaurants!

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.

Announcement

In time to honor and celebrate the 90th birthday of Dr. Larry Thompson, the second editions of the **Treating Later-Life Depression Workbook** and **Clinician Guide** have been published by Oxford University Press, as a part of their *Treatments That Work* series. The primary authors are all SCG members (Ann Steffen, Larry Thompson, Dolores Gallagher-Thompson).

Steffen, A.M., Thompson, L., & Gallagher-Thompson, D. (2022). *Treating Later-Life Depression: A Cognitive Behavioral Approach. Clinician Guide*. 2nd edition. *Treatments that Work Series*; Oxford University Press.

Steffen, A.M., Dick-Siskin, L., Billbrey, A., Thompson, L.W., & Gallagher-Thompson, D. (2022). *Treating Later-Life Depression: A Cognitive Behavioral Approach. Workbook*. 2nd edition. *Treatments that Work Series*; Oxford University Press.

<https://global.oup.com/academic/product/treating-later-life-depression-9780190068394?cc=us&lang=en&>
<https://global.oup.com/academic/product/treating-later-life-depression-9780190068431?cc=us&lang=en&>

Recent Member Books & Publications

Gallego-Alberto, L., Pedroso-Chaparro, M.S., Losada, A., Marquez-Gonzalez, M. Jacobsen, L., & **Hinrichsen, G.A.** (2021). Case-based approaches with older adults using Acceptance and Commitment Therapy, Dialectical Behavior Therapy, and Interpersonal Psychotherapy (pp. 69-95). In **N.E. Pachana, V. Molinari, L.W. Thompson, & D. Gallagher-Thompson** (Eds), *Psychological Assessment and Treatment of Older Adults*. Boston, MA: Hogrefe.

Hinrichsen, G.A. (2019). *Assessment and treatment of older adults: A guide for mental health professionals*. Washington, DC: American Psychological Association.

Hinrichsen, G.A. (2021). Clinical geropsychology: The professional becomes the personal. Commentary on Karlin and Molinari, "Advancing the field and future of clinical geropsychology: Honoring the enduring legacy of Michael Duffy, PhD, ABPP." *Clinical Psychology: Science and Practice*. <https://doi.apa.org/doiLanding?doi=10.1037%2Fcps0000020>

- Hinrichsen, G.A.** & Leipzig, R.M. (2021). Efficacy of cognitive behavioral therapy for insomnia (CBT-I) in geriatric primary care patients. *Journal of the American Geriatrics Society*, 1-3, <https://doi.org/10.1111/jgs.17319>
- Jacobs, M.L.**, & **Mlinac, M.E.** (2021). Healthcare quality improvement competency: A clinical and training imperative for geropsychology. *Journal of Clinical Psychology in Medical Settings*, <https://doi.org/10.1007/s10880-021-09824-x>
- Liu, C., Badana, A. N. S., Burgdorf, J., Fabius, C. D., Roth, D. L., & **Haley, W. E.** (2021). Systematic review and meta-analysis of racial and ethnic differences in dementia caregivers' well-being. *The Gerontologist*, 61, e228-e243. <https://doi.org/10.1093/geront/gnaa028>
- Mann, E., **Hinrichsen, G.A.**, & Baharlou, S. (2020). Depression in older adults: Principles of diagnosis and management (pp. 213-221). In A. Chun (Ed.), *Geriatric practice: A competency based approach to caring for older adults*. New York: Springer.
- Renn, B. N.**, Chu, F., & Zaslavsky, O. (2021). Telemental health after COVID-19: Understanding effectiveness and implementation across patient populations while building provider acceptance are the next steps. *The Journal of Clinical Psychiatry*, 82(5), 211r14037. <https://doi.org/10.4088/JCP.211r14037>
- Renn, B. N.**, Johnson, M., Powers, D. M., Vredevoogd, M., & Unützer, J. (2021). Collaborative care for depression yields similar improvement among older and younger rural adults. *Journal of the American Geriatrics Society*. Advance online publication. <https://doi.org/10.1111/jgs.17457>
- Spalding, R.**, Katz, E., Byers, E.S., & Edelstein, B. (2021). Development and initial validation of the Attitudes toward Older Adult Sexuality in Long-term Care Scale (AOASLC). *Journal of Sex Research*. Advance online publication. <https://doi.org/10.1080/00224499.2021.1975624>
- Spalding-Wilson, K., **Harris, G.**, Windham, V. A., Strutt, A. M., & **Yochim, B. P.** (2021) Detection of Major and Mild Neurocognitive Disorder with the Verbal Naming Test. *Journal of the International Neuropsychological Society*. doi:10.1017/S1355617721000904
- Stone, L.E.**, & **Segal, D.L.** (2021). An empirical evaluation of the DSM-5 Alternative Model of Personality Disorders in later life. *International Journal of Aging and Human Development*, 93, 904-926. <https://doi.org/10.1177%2F0091415020980762>
- Zaslavsky, O., Su, Y., Kim, B., Roopsawang, I., Wu, K. C., & **Renn, B. N.** (2021). Behavior change factors and retention in dietary interventions for older adults: Scoping review. *The Gerontologist*. Advance online publication. <https://doi.org/10.1093/geront/gnab133>

Upcoming Member Conference Presentations

Title: A-148 Executive Dysfunction in Late-Life Depression: Changes and Relationship to Treatment Response in a Clinical Trial (Poster)

Conference: National Academy of Neuropsychology's 41st Annual Conference

Author(s): Schurr, M.S., Alexopoulos, G. S., Areean, P.A., Raue, P. J., & **Renn, B. N.**

The Student Voice

Submitted by Kyrsten Hill, MA and Jackie Hogan, MS

Words of Wisdom on the Internship/Postdoc Application Process

Fall is a time for hayrides, pumpkin patches, getting together with loved ones, and giving thanks. For many, Fall is also application season. The internship/postdoc application process can feel daunting at times, so for this Fall's Student Voice, we decided to compile some advice from professionals in the field.



Kyrsten Hill & Jackie Hogan

These responses are part of a larger "Ask the Experts" survey, which includes common questions about the path to becoming a Geropsychologist and responses from professionals in the field. The full document can be found on our website under the *Training and Lifelong Learning* tab. Good luck to everyone currently completing applications, and don't forget to make time for self-care (including all of your favorite Fall festivities) during the process!

Question: When applying for internship, what advice do you have for students with regards to developing specific training goals and finding internship sites that are a good match/fit?

Highlighted Responses:

"Consider the mix of breadth and depth of training at each site. Even within a specialty such as geropsychology, there is a wide range of settings and specific applications (e.g., inpatient psych, neuropsych, subacute rehab, outpatient mental health, integrated primary care, specialty medical) relevant to older adults. Thus, not all internships with gero rotations will offer you the mix of settings/opportunities you hope to have to round out your training. Consider other "musts" such as research opportunities or availability of a postdoc (if you hope to stay put). Most important, speak with your mentor and other trusted faculty, get a sense of where others from your program have fit well and succeeded, and reach out to students and early-career professionals from your professional societies if you need support."

"Trust your intuition during the interview process: Did you feel comfortable during the interview process? Were they inquisitive about your goals and needs? How are they invested in ensuring that you will find a post-doc or job after training?"

"I recommend thinking about what drives you about psychology and geropsychology. What gets you excited about the field? What do you love to do? What do you value about the field? I find that while my answers to these questions have become more detailed/nuanced over the years, the general themes have remained the same. I would lean into these themes and look for training sites that offer such opportunities. I also recommend asking around to get feedback on various training sites and experiences working there and living in the area. I recommend considering what you want to get out of internship (and postdoc). Internship sites with a gero postdoc are a plus in my mind especially if you like the setting and staff. Applying for their postdoc means you may not need to move again and more importantly, allows you time

to settle into a location, foster relationships with staff, and gain a sense of mastery around a system of care (vs. moving and starting over again).”

“It’s good to have a sense of what interests you, but try to be open to a range of opportunities to learn. One never knows what will spark an interest in you until you’re exposed to it.”

Question: How can trainees market themselves for a geropsychology postdoc if they went to a non-gero or generalist internship?

Highlighted Responses:

“Make specific requests to see as many older adults during internship as possible. Join geropsychology organizations. Volunteer in agencies that serve older populations. Demonstrate how you have tried to include older adults in your training.”

“Highlight how the generalist experiences can be applied to issues in late life. Highlight any research experience (dissertation or other) that involved older adults.”

“I did exactly that and got a gero postdoc. You might have a rotation in gero, or have a majority of clients, or have done a lot of cognitive assessment, etc. It’s all about telling a narrative about your interest/goals and experiences that have informed that.”

“Promote the employment of your basic skills with a gero population, indicate how your interest in gero evolved, and join societies that promote gero interests. Look ahead before the postdoc time frame to see who you might work with and what their skills and interests are.”

Research Roundup

Submitted by Laurie Chin, MA

Köttl, H., Gallistl, V., Rohner, R., Ayalon, L. (2021). “But at the age of 85? Forget it!”: Internalized ageism, a barrier to technology use. *Journal of Aging Studies*, 59, 100971. <https://doi.org/10.1016/j.jaging.2021.1009871>.

Since the dawn of the global COVID-19 pandemic, telehealth has increasingly integrated itself as an acceptable medium for delivering healthcare services. Proponents of telehealth have lauded these virtual communication platforms for how they have opened doors for greater accessibility for medical and behavioral health treatment, which has required ingenuity and flexibility from both patients and providers. However, older adults may be a vital subset of the patient population left out as beneficiaries of these technological advancements. Throughout the pandemic, we have witnessed older adults learn how to use Zoom for the first time. However, we have also encountered older adults who lacked the financial means or consistent access to a caregiver or relative who could properly acclimate them to the technology space. A third variable, one that is commonly discussed in geropsychology, is ageism. Ageism, whether due to beliefs reinforced by society (*externalized ageism*) or due to beliefs held by older adults themselves (*internalized ageism*), may act as a barrier to technology use among older adults. This may have significant implications for older adults’ engagement in healthcare



and social settings, which in turn may impact quality of life and well-being. As clinical geropsychologists, it is imperative to be mindful of the degree to which our older adult patients hold these negative self-stereotypes when it comes to access and delivery of telehealth services.

Köttl and her colleagues (2021) explore how internalized ageism influences the degree to which older adults engage with everyday information and communication technology (EICT) from social media platforms to online errands like shopping, banking, and telehealth visits. Using a qualitative research design, researchers conducted semi-structured interviews with 15 Austrian older adults (age 69-88) who self-identified as “non-users” of EICT and examined what contributed to these older adults’ non-use or lower likelihood of engaging with EICTs.

Following a qualitative content analysis, researchers identified four main themes that contributed to older adults’ non-use of technology: 1) Age-related perceptions of one’s competence and ability to learn, 2) Perceived relevance and use of technology, 3) Lack of age-friendly technology design, and 4) Negative intergenerational interactions (e.g., lack of patience from younger generations). These themes reflected either one’s internalized age-related self-perceptions or cues from one’s psychosocial environment. In some cases, environmental interactions shaped or perpetuated ageist self-stereotypes. These self-stereotypes were associated with decreased self-efficacy, greater devaluation of self, heightened sensitivity to one’s performance, increased feelings of loneliness, and increased beliefs about age-related physical and cognitive decline.

This study reveals the demonstrable impact that ageism has on older adults, particularly with technology that can prove to be beneficial in increasing healthcare and social engagement. For those with ongoing health concerns, virtual healthcare visits may be a suitable option; however, if older adults are not met with the appropriate patience and compassion, the lack of desire to engage in the technology could prove detrimental. This study aims to raise awareness as to how one’s psychosocial environment can impact older adults’ negative self-stereotypes about aging and encourage a more age-friendly approach to aging for all generations.

Committee Updates

Committee on Science and Practice

Submitted by Ann Steffen, PhD, ABPP



We’d like to welcome Ann Pearman to our committee!! This Fall, the Society of Clinical Geropsychology’s Committee on Science and Practice submitted feedback on some of the Implementing Regulations (IRs) for APA’s *Accreditation for Master’s Degree Programs*. 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. We hosted a conversation hour for SCG to discuss APA’s *Guidelines for Psychological Practice with Older Adults*, and then submitted recommendations for the revision committee to consider as they begin their process of updating these guidelines. We are currently reviewing the APA Standards of Accreditation for Health Service Psychology, and welcome comments from SCG members up to **November 28th**.

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:

Annika Goldman, BS
Miami University (of Ohio)

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

Ann Pearman, PhD
Senior Research Scientist, Georgia Institute of Technology

Ron Smith, PhD
Providence VAMC

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

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

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 look, 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.



Twitter:

<https://twitter.com/SGeropsychology>

Facebook:

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

Lifelong Learning Committee

Submitted by Jessica Strong, PhD, ABPP



I feel like I have been providing an update on our gerodiversity survey every newsletter all year. BUT! We are in the final stages of ethics review! As a reminder, we hope to use the data to understand what diversity training opportunities are most needed by members of SCG and curate or create resources to offer those trainings.

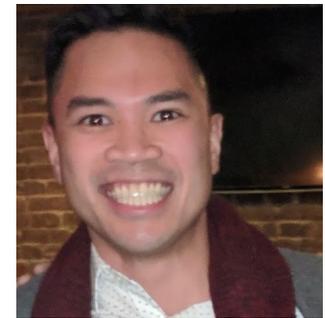
We as a committee have been in ongoing discussion over the last year about our mission. We finally had our mission statement uploaded to the website – check it out when you get a chance! If our work sounds at all interesting to you, please be in touch. We’re always keen to have new people and perspectives.

Finally, we’ve recently started to work on planning a workshop for graduate students who are not in major geropsychology programs to receive training in geropsychological assessment. We’ve started initial discussions and preliminary plans with hopes to hold this workshop in the late spring 2022.

Mentoring Committee

Submitted by Ira Yenko, PsyD

The Society of Clinical Geropsychology’s Mentoring Committee is seeking more respondents for our survey focusing on psychologists in non-traditional roles working with older adults. We recognize that not every psychologist who works with older adults identifies as a geropsychologist. Our goal is to provide trainees and members with greater awareness and resources on non-traditional jobs working with older adults. We also hope to encourage the growth of the field by displaying the many roles and positions that psychologists and geropsychologists can have working with older adults.



Please see the link below to our initial survey with instructions. If you know of any psychologists who may also fit this description, please feel free to pass the survey along. If you have any further questions, please feel free to email drirayenko@gmail.com

https://biolapsy.co1.qualtrics.com/jfe/form/SV_bxSZ1tw4dXPhsBo

Our committee is also working towards increasing interorganizational communication between mentoring committees of different organizations in order to reduce siloing and increase meaningful collaboration. We would also like to thank Angel (Wing Jin) Mak for her service and tenure on the committee. Angel will be rotating off of our committee to begin her new position at the Brooklyn Campus of the VA NY Harbor Healthcare System. We wish her all the best!

Finally, 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 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. This quarter, we’ve interviewed committee member Stacy Yun, M.A., winner of the 2021 Society of Clinical Geropsychology *Todd “TJ” McCallum Student Gerodiversity Award*.

What does mentoring mean to you?

I see mentoring as a two-way relationship where both the mentor and mentee work together to grow, learn, and develop our knowledge, skills, and career. I picture a "good" mentoring relationship as a nurturing relationship between a parent and adult child, rather than an authoritarian relationship between a boss/superior and an employee/inferior.

Where/how did you learn about being a mentor or mentee?

I learned about being a mentee/mentor being a student/trainee myself in different projects, programs, and institutions, and taking on different leadership roles in various organizations and settings. Having the opportunity to be both a mentor and a mentee allowed me to experience the challenges and perspectives of both positions and pushed me to get more involved with the Mentoring Committee to voice student/trainee concerns, learn more about mentoring, and help bridge the disconnect between mentees and mentors.

What would you like to learn more about as a mentor? (e.g., skills? strategies? topics?)

As I am still a student/trainee myself, I would like to learn more foundational skills and strategies of being a mentor as I progress through the program and gain more experience in being a mentor across different situations. Particularly, I am interested in how difficult topics such as diversity, equity, and inclusion can be more deliberately incorporated and discussed between mentors and mentees.

What was your favorite mentoring experience?

I am grateful to say that I have had many wonderful mentors in my life who have provided guidance and wisdom to help me get where I am today. I feel most accomplished in my mentoring relationships when I am able to grow from being a mentee into being a peer colleague with my mentors and pass on the positive knowledge and experiences I gained to other future mentees and mentors.

What were the most challenging aspects of being a mentor or mentee?

The most challenging aspects of being a mentor/mentee for me are finding the right balance between being personable and professional and setting appropriate boundaries and expectations. Mentoring can happen both in formal and informal situations and while we want to be personable, it is also important to understand the purpose of mentoring and remember that these are professional relationships.

What suggestions would you give someone who would like to become a mentor or a mentee?

In order for someone to have a successful mentoring relationship, both the mentor and mentee need to be invested in the relationship and show mutual respect, trust, and engage in open and good communication.

How may organizations support someone who would like to be a mentor or mentee?

Organizations such as the Society of Clinical Geropsychology can provide support to mentors and mentees with resources and information related to mentoring. Specifically, organizations can provide mentors and mentees with networking and professional development opportunities to expand their mentoring relationships outside their own institutions.

SCG Mentoring Committee:

Stephanie Liu, MPH

Cecilia Poon, PhD, ABPP

Heather Smith, PhD, ABPP

Stacy Yun, MA
Ira Yenke, PsyD (Chair)

APA Committee on Aging (CONA) Update

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

The American Psychological Association's Committee on Aging (CONA) has continued to advance our mission and initiatives over the past few months and welcomes the opportunity to share an update!



The APA Annual Convention was in August and CONA had a successful Social Hour! Many old and new friends attended, and it was wonderful to connect and catch up. CONA was honored to present Dr. Douglas Kimmel with the 2021 Award for the Advancement of Psychology and Aging. Dr. Kimmel spent the majority of his career at City College of the City University of New York and was dedicated to addressing the needs of LGBT older adults through research, education, and social service. He was a co-founder of SAGE – Advocacy and Services for Lesbian, Gay, Bisexual, and Transgender Elders. SAGE started as a direct service organization in NYC and has grown into the nation's largest advocacy and service organization dedicated to improving the lives of LGBT older adults. More recently, he co-founded SAGE-Maine with a focus on addressing the needs of older LGBT individuals living in rural Maine. Dr. Kimmel is clearly a deserving recipient of this award, and CONA was honored to recognize his work in this way.

CONA's recent efforts have focused on two broad tracks: 1) CONA initiatives and 2) Navigating transitions at APA. The CONA initiatives are larger projects that have appeared in prior updates and will be ongoing priorities for CONA. CONA continues to build on the APA Resolution on Ageism with multiple projects. We continue 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. This initiative will be rolled out in early 2022 so stay tuned! CONA is also chairing a symposium on ageism at the upcoming conference of the Gerontological Society of America. The symposium is titled, *Ageism: Outcomes, interventions, future directions* and will be presented live on Saturday, November 13th at 10am ET. Recordings of the symposium will also be available. Finally, CONA is preparing a manuscript on the process and impact of the Ageism Resolution. The goal is to highlight the importance and benefit for public statements against ageism.

CONA also continues to build on the new 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>). We are developing a Clinician's Corner to disseminate the information in these guidelines and offer an opportunity for our colleagues to ask questions and learn from each other on this topic. Finally, CONA continues to expand the Careers in Aging Roadmaps. We are partnering with community college educators to identify additions to the Roadmaps that would meet their needs and those of their students. This promises to be a great partnership that will further enhance the longstanding success of the Roadmaps resource.

APA continues to navigate numerous transitions at the organizational level. The implementation of the new Strategic Plan continues along with an increased focus on Diversity, Equity, and Inclusion. APA has also been transitioning to a new platform and workflow designed to reduce redundancy and improve efficiency. These are welcome changes but, as with any change, there are learning curves and growing pains. CONA has been an early adopter of many of these changes and has consistently provided feedback to APA to facilitate these changes. Bringing our voice to the table has been important to ensuring the mission of CONA remains visible across APA. A big thanks to Latrice Vinson, APA Aging Portfolio Director for helping CONA navigate these changes!

CONA greatly appreciates the opportunity to update our colleagues in Division 12/11 on our progress! Collaborating across groups focused on aging is vital to furthering our shared mission of advancing science and practice focused on aging and older adults.

Society of Clinical Psychology (Division 12) Update

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



This will be my last column as our Representative to the larger Society of Clinical Psychology. Serving in this role involves serving on the Board of Directors of the Society of Clinical Psychology in addition to the Executive Committee of SCG. Thus, being elected to one position essentially placed me into two roles. I was rewarded by the opportunity to work with the fun and friendly members of the SCP Board of Directors. The SCP Board of Directors consistently provided a warm welcome and expressed genuine interest in learning more about Clinical Geropsychology. I trust that my replacement, Dr. Amy Fiske, will have the same experience, and I hope she is able to meet with the SCP Board of Directors in person rather than Zoom meetings!

I described the Sections of SCP in a previous column, but I think it is worth mentioning again, to demonstrate our niche in the larger Division. SCP is one of only a few, if not the only, Divisions to have Sections. Other sections include the Society for a Science of Clinical Psychology, the Section on the Clinical Psychology of Women, the Section for the Clinical Psychology of Ethnic Minorities, the Section for Clinical Emergencies and Crises, the Association of Psychologists in Academic Health Centers, the Section on Assessment Psychology, and the Section on Graduate Students and Early Career Psychologists.

There are no longer any Section numbers. We are the Society of Clinical Geropsychology, a Section of the Society of Clinical Psychology (Division 12). **I encourage everyone to retire “12/II” as our name and embrace our abbreviation “SCG”.**

The Call for Proposals for the 2022 APA Convention is now open at <https://convention.apa.org/>. Division program proposals are due on December 17, and Continuing Education Workshop proposals are due January 10. APA is planning to hold the convention in-person. Also, unlike recent years, there is no longer a “collaborative program” proposal option, in which two or more divisions collaborate on a submission.

Other upcoming deadlines of importance:

- Applications to become a Fellow in the Society of Clinical Psychology are due December 1. Information is available at <https://div12.org/fellowship-committee/>.
- Award nominations are due December 1. There are multiple awards for which SCG members are eligible. Information is available at <https://div12.org/awards/>.

In other news, the following psychologists were elected to the following positions within SCP:

- President-Elect: Dr. J. Kim Penberthy
- Representative to APA Council of Representatives: Dr. Lynn H. Collins
- SCP Member-at-Large (also Chair of the Diversity Committee): Dr. Arlene Noriega

I also want to remind everyone that members of SCP receive unlimited FREE Continuing Education (CE) opportunities. Membership for SCP is \$63 annually for Full and Affiliate Members; if you are not a member, one credit hour of CE is \$50.

I want to close my last column by thanking the members of SCG for enabling me to serve in this rewarding role. I encourage other members to run for office; it is fulfilling to provide service to the field, and it has always been fun to work with the members of the SCG Executive Committee!

Social Justice Corner

Submitted by Regina Koepp, PsyD, ABPP

Here is a great new guide on how to be an ally to transgender older adults:

The following link provides access to a new toolkit from The National Resource Center on LGBT Aging and FORGE, which provides education, resources, and practical tips for being an Ally to Transgender Older Adults. I encourage you to share this toolkit with others interested in being an Ally in support of older Transgender family, friends, and community members. Check it out here: <https://forge-forward.org/wp-content/uploads/2021/07/trans-ally-older-adults-english-final.pdf>

Call for Student Representatives

The Society of Clinical Geropsychology (SCG) is looking for one or two new Student Representatives to serve a two-year term starting **January 2022**. Student Representatives are integral members of the SCG leadership team, sharing the perspective of student members and providing input on policies and activities. Student Representatives attend monthly Executive Committee and quarterly Leadership Team conference calls, organize student social events at conferences, and write a student column in the SCG newsletter three times/year. This position is an excellent opportunity to expand your knowledge about SCG, gain leadership experience in a well-organized and respected professional organization, and network with vibrant and supportive colleagues.

We're interested in hearing from any graduate student with a strong commitment to aging and clinical geropsychology. If you'd like to learn more about what Student Representatives do, please contact our two current representatives, Jackie Hogan (jackie@jackiehogan.com) and Kyrsten Hill (kmcostlow@crimson.ua.edu). And if you are interested in nominating yourself for this position, send your CV and a paragraph about your interests in aging to the current SCG President, Rebecca S. Allen, at rsallen@ua.edu.

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](#).