The Clinical Geropsychologist

Society of Clinical Geropsychology

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INSIDE*

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

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President's Column

Shane S. Bush, PhD, ABPP

I am very happy to report that your current SCG leadership continues the tradition of strong commitment to advancing the field of clinical geropsychology, with its focus on fostering the mental health and wellness of older adults through science, practice, education, and advocacy. Following the excellent accomplishments of the prior leadership teams, the current team remains enthusiastic about promoting the Society and the specialty through numerous activities.

As a recent example, one that I can take no credit for, other than being in this position when the project was completed, was the creation of a 19-page report by the SCG *Ad Hoc* Task Force on Cognitive Impairment in Practicing Psychologists. In the report, Drs. Suzanne Meeks, Janet Yang, and Brian Yochim addressed limitations with APA's Advisory Committee on Colleague Assistance (ACCA) toolkit for state Colleague Assistant Programs by offering detailed, evidence-based recommendations. The recommendations involve amending "the current ACCA monograph to incorporate references to cognitive impairment and other problems that are likely to arise in the later years of practice or professional activity." The report includes guidelines for assisting psychologists who are experiencing cognitive impairments, as well as

prevention and self-care strategies. The completed report has been forwarded to ACCA for consideration and, hopefully, adoption of the recommendations.

One of our many SCG activities this year stems from one of the primary purposes of the Society as outlined in our bylaws: "To promote interprofessional awareness of clinical geropsychology." Unfortunately, geropsychology is sometimes overlooked among psychological specialties and interorganizational activities. For example, in December 2017, an interorganizational Summit on Population Health Solutions for Assessing Cognitive Impairment in Geriatric Patients, convened by the National Academy of Neuropsychology (Perry et al., 2018), involved 25 interdisciplinary professional organizations, including the American Association of Geriatric Psychiatry, but, sadly, did not include any geropsychology organizations. Given my history of involvement in multiple psychological specialties (e.g., board certification in geropsychology, neuropsychology, clinical psychology, and rehabilitation psychology), I envisioned my presidency as an opportunity to establish or strengthen relationships between SCG (and geropsychology more broadly) and other specialties, such as neuropsychology, that share a commitment to the care and wellbeing of older adults.

As I noted in my Presidential Candidate Statement when I ran for this office, "If elected, my focus will be on increasing exposure of geropsychology and our many, unique competencies through increased interactions with other psychological specialties as well as our interdisciplinary colleagues. I would continue the work of others to expand inter-specialty and interdisciplinary conference presentations and publications and would strive to increase participation of students and early career geropsychologists throughout these activities. Maintaining, strengthening, and establishing new relationships within psychology and beyond will help strengthen our specialty so that we can best serve older adults and their families. I believe that the diversity of my professional experiences has positioned me well to work with other geropsychology leaders to achieve these goals for our specialty and society." Toward this end, I have reached out to the leaders of six psychological organizations so far. I received enthusiastic responses from five of them (1 has not responded yet), and already have meetings scheduled with two of them, including the National Academy of Neuropsychology. I have been very excited and encouraged by the eagerness for collaboration demonstrated from our colleagues in other organizations. I look forward to developing the relationships between our organizations to produce tangible benefits for geropsychology and older adults.

Please do not hesitate to reach out to me or any other member of the leadership team if you have questions or suggestions. This is your Society!

Comments from the Editors: Diana & Danielle

Diana Hedrick (left)
Danielle McDuffie (right)

Welcome to the Spring 2022 issue of the Society of Clinical Geropsychology Newsletter! In this issue of the newsletter, you will get to know some of our wonderful members. You have already read the introduction from our new President (page 1); we introduce the SCG Leadership Team for 2022 (page 3); and you will find Member and Student Member Spotlights (pages 5-6), an interview with our new Student Representative (page 9) and an interview with one of the Mentoring Committee members (page 13). As newsletter editors for the past two years, we have been lucky to connect with many SCG members, and we are excited for readers of this newsletter to learn more

about some of the impressive psychologists and psychologists-in-training who are working to support older adults in so many incredible ways. We also include two special columns discussing often overlooked issues in geropsychology assessment: a Highlight on receptive language in cognitive assessment (page 11), and a Social Justice Corner column on testing and interpretation when working with transgender and nonbinary older adults (page 16).

As we continue to grapple with many, many challenges in our world, we hope you are all able to create space to rest and care for yourselves. We hope that this newsletter offers some hope and inspiration as you "meet" members of our community doing valuable, thoughtful, and compassionate work.

As always, we'd love to hear any ideas you might have for how we can improve the newsletter. Please feel free to email us at any point: Danielle McDuffie dmcduffie1@crimson.ua.edu or Diana Hedrick (formerly DiGasbarro) diana.digasbarro@louisville.edu.

2022 SCG Leadership

ELECTED OFFICERS

President	Shane S. Bush, PhD, ABPP	New York, NY
President Elect	Kimberly Hiroto, PhD	Palo Alto, CA
Past President	Rebecca S. Allen, PhD, ABPP	Tuscaloosa, AL
Secretary	Patricia M. Bamonti, PhD, ABPP	Boston, MA
Treasurer	Erin Woodhead, PhD	San Jose, CA
Archivist	Sherry Beaudreau, PhD, ABPP	Palo Alto, CA
Division 12 Rep	Amy Fiske, PhD	Morgantown, WV

STANDING COMMITTEES

Awards and Recognition	Kate Hinrichs, PhD, ABPP	Boston, MA
Diversity	Flora Ma, PhD	Long Island, NY
Lifelong Learning	Jessica Strong, PhD, ABPP	Charlottetown, Prince Edward Island, Canada
Nominations/Elections	Rebecca S. Allen, PhD, ABPP	Tuscaloosa, AL
Mentoring	Ira Yenko, PsyD	New York, NY
Science and Practice	Ann Pearman, PhD	Cleveland, OH

COMMUNICATIONS TEAM

Chair and Listserv Manager	Charissa Hosseini, PhD	San Francisco, CA
Social Media	Taylor Loskot, BA	Forest Grove, OR
Newsletter Editors	Danielle McDuffie, MA	Tuscaloosa, AL
	Diana Hedrick, MS	Boston, MA
Website Coordinator	Jennifer Ho, PsyD	Palo Alto, CA

REPRESENTATIVES TO AND FROM 12/II

Student Representatives	Kyrsten C. Hill, MA	Tuscaloosa, AL
	Laurie Chin, MA	Indianapolis, IN

Call for Nominations!

Submitted by Rebecca Allen, PhD, ABPP

Dear SCG Members,

Happy spring! It is that time of year once again for Society of Clinical Geropsychology nominations and elections. As usual every spring, we are seeking nominations for TWO elected leadership positions in SCG this year:

- **President-Elect.** Term begins January 1, 2023. In their first year of office, the President-Elect attends all SCG executive teleconference meetings and organizes a social event for SCG at the APA convention. This term is followed by one year (2024) as President, and responsibilities include overseeing the smooth running of the Society, organizing meetings, chairing the Board and Business meetings at the APA convention, liaising with Committee Chairs and other representatives, and writing columns for three editions of the newsletter throughout the year. Past-President (2025) duties include Chairing the Panel on Nominations and Elections, and attending SCG teleconference meetings.

- **Treasurer.** Term begins January 1, 2023. The Treasurer is elected for a term of three years (2023, 2024, and 2025) and is a voting member of the Executive Committee. During their terms, treasurers shall oversee custody of the membership records and all funds and property of the Society, shall oversee the receipt of all money to the Society, shall direct disbursements as provided under the terms of the Bylaws, shall oversee the keeping of adequate accounts, shall prepare the proposed annual budget in consultation with the President and Executive Committee, shall prepare an annual financial report to the Division and Society in November of each calendar year, and in general shall perform the usual duties of a Treasurer.

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

Please send your nominations to me at rsallen@ua.edu by Friday April 30th. Please also let me know if you have any questions about the positions, roles, and responsibilities.

Thank you for contributing to the continued vibrancy of one of our primary professional organizations, SCG.

Rebecca S. Allen, SCG Past President

Member Spotlight

Full Member Spotlight: Karl Knobler

Year joined Society of Clinical Geropsychology: I became a member of the Society about ten years ago.

Hometown: I live in Berkeley California.

Why did you join the Society for Clinical Geropsychology?
I began in geriatric work after having been licensed as a psychologist for over ten years. I wanted to be in conversation with other clinicians and researchers in part because I was and remain wanting to learn more and I thought this would be a good way to hear from those with greater expertise than me.

How did you get interested in the field of aging?
I began focusing on elders as I dealt with my father's strokes, his death, and wanting to understand what had happened. I began a year-long class in Neuropsychology and soon thereafter I started working in a rehab hospital.

What was your most memorable experience during your graduate studies?
My graduate work was generally with adults and children. I remember that feeling of connecting to another person and that sense of warmth and understanding that brought change for him/her and a great feeling of gratitude for participation in that moment.

Have you had an important mentor in your career? If so, how did he or she make a difference?
My most memorable teacher was Clark Moustakas at The Merrill-Palmer Institute for Family Life. He was a founding member of Humanistic Psychology in the US. He taught me, and I learned as best as I could, that abiding relationships are about the paradox of being one while being two.

Tell us about your most recent activities.
I am moving toward retirement. I have been working in nursing homes, in a private practice setting, with families and individuals. I worked in a rehab hospital dealing with the adjustment challenges that folks have when their lives change quickly and those whose lives have changed slowly and are faced with not being who they always thought they were and needing support and a way to understand the change.

Do you have any tips for emerging geropsychologists?
I think the most important thing that we can do as clinicians is learn to listen, and hear all the different flavors of a person's story, the sweet, the bitter; and with all of that find the ways that we might bring our expertise in understanding the different variables that create that narrative: the personal, the social, the neurobiological, the spiritual dimensions of our lives. We are practitioner/artists. We take what is known and apply it using our own creativity and spirit.

What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies?
I do a lot of politics; I worry about the children and my neighbors. I work for peace and social justice. And I play a lot of banjo and guitar.

Student Member Spotlight

Student Member Spotlight: Shubir Dutt, M.A.

Year joined: 2020

Hometown: Irvine, CA

Current academic affiliation: University of Southern California

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

I was encouraged to join SCG by a faculty advisor due to the multiple opportunities available, including staying up to date on clinical geropsychology news, networking with other professionals in the field, and learning about funding/award opportunities.

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

Through my SCG membership, I have learned about various relevant current issues in the field, such as how recent Alzheimer's drug developments affect our practice and legislation that affects the populations I serve. Additionally, the steady stream of job postings is helpful as I near the end of my PhD and start to consider what type of career I want to pursue. The mailing list has also been a great resource for finding out about recent papers in the field and talks/webinars to attend.

How did you get interested in the field of aging?

When I was younger, I was fortunate enough to spend significant time living and interacting with my grandparents. As I got older, I saw some of my grandparents develop various dementias and I became very interested in studying how and why these diseases unfold. My first job out of college was as a research associate at a memory and aging center, where I gained my first experience working with older adults in a clinical research setting. From there, I knew that I wanted to continue pursuing a career in clinical aging with an emphasis on clinical care and research on Alzheimer's disease and other forms of dementia.

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

I feel very lucky to have received outstanding mentorship throughout my career. Prior to graduate school, I was mentored by Dr. Joel Kramer, who introduced me to the field of cognitive aging and helped me

develop basic clinical skills, as well as Dr. Adam Boxer, who guided my neuroimaging research on rare dementia subtypes. While in graduate school, I am extremely grateful to my primary research mentors, Dr. Dan Nation and Dr. Mara Mather, who have provided invaluable research training, mentorship, and support as I develop my own research program. Additionally, I greatly appreciate the mentorship of Dr. Kathy Tingus, who was my clinical supervisor during my most intensive practicum, and Dr. Chris Beam, who informed me about SCG and who has been an outstanding mentor and resource in clinical aging at my school.

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

My most memorable experience has been my practicum placement at UCLA, where I provided comprehensive neuropsychological assessments for older adults with suspected dementias and neurological diseases. Throughout this placement, I was fascinated by the entire process of learning about someone's personal and medical history, administering tests, and interpreting the findings to provide appropriate recommendations to help aid in the diagnosis and care of my patients.

Tell us about your most recent activities.

After completing my practicum at UCLA, I stayed on for another year in a more supervisory role, and I was able to assist with supervising practicum students, training students on telehealth procedures, and leading didactic sessions on various aging topics. I have also been involved for several years in the Interprofessional Geriatric Curriculum at USC, where I provided informal assessments and supportive therapy for older adults in the community both in-person (pre-pandemic) and virtually. My recent clinical work has also involved individual CBT-focused therapy with older adults at our psychology clinic as well as neuropsychological assessments at the USC Keck School of Medicine. In research, I have been working towards completing my dissertation, which focuses on brainstem contributions to Alzheimer's disease progression, and I am involved in numerous research projects and associated manuscripts at USC and UC Irvine.

Looking forward, what are your plans post-graduation?

I recently matched at the UCSF Clinical Psychology Training Program, where I will start my predoctoral internship in the Clinical Assessment and Interventions cluster this summer, followed by a postdoctoral fellowship in neuropsychological research and assessment. After that, I hope to pursue additional fellowship positions or faculty positions at academic medical institutions or research universities where I can continue providing clinical care for older adults, help supervise and train the next generation of clinical scientists and geropsychologists, and continue to build my research program focused on early detection and prevention of dementia.

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

In my free time, I enjoy spending time with my family, spoiling my dog, attending live concerts (which I greatly missed during the pandemic), learning how to be an amateur DJ, and consuming excessive amounts of basketball-related content.

Announcements and Member News

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

Recent Member Books & Publications

Kaufmann, N.K., **Bush, S.S.,** Schneider, N., & Hicks, S.J. (2022). *Forensic Mental Health Assessment in Criminal Contexts: Key Concepts and Cases*. New York: Routledge/Taylor & Francis.

Bodin, S.D., Stucky, K.J., & **Bush, S.S.** (Eds.) (2022). *Supervision in Neuropsychology: Practical, Ethical, and Theoretical Considerations*. New York: Oxford University Press.

Stone, L. E., & **Segal, D. L**. (2022). Social impairment and personality disorder features among older adults: An application of the circumplex model. *Personality and Mental Health*, *16*(1), 19-29. https://doi.org/10.1002/pmh.1523 \

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

The Student Voice

An Introduction from Laurie Chin

Submitted by Laurie Chin, MA & Kyrsten Hill, MA

I am deeply appreciative and honored to have been selected as the newest Division 12/II Student Representative! Since becoming a member last year, the Society of Clinical Geropsychology has already provided a wealth of information and mentorship from colleagues of diverse backgrounds and trainings. It has been heartwarming to be surrounded by those who share a common goal of improving the quality of life of older adults, providing educational opportunities for trainees and professionals, and combatting systemic ageism. I am eager to represent this upcoming generation of geropsychologists who are passionate about long-term advocacy and patient-centered care for older adults.

About Me

I was born and raised in San Francisco, California and have been wholly embraced by Midwest hospitality as a Hoosier transplant over the past 3 years. I am completing my third year of my Clinical Psychology (Psy.D.) program at the University of Indianapolis. My partner and I had our own real life "meet-cute," where we met living in the same apartment complex my first semester of graduate school. We currently live together with our 3-year-old tabby Taffeta.

Path to Clinical Geropsychology

Being the youngest member of my extended family until I was 16 meant that I was typically surrounded by older family members. I grew up listening to Elvis Presley, The Rolling Stones, and The Beatles. My father was usually about a decade older than my peers' parents and retired the same year I graduated high school. Seeing him struggle with his mental health due to this transition to retirement after focusing tirelessly for 30+ years to provide for his family was the first lightbulb that went off for me that something needed to change. There needed to be policies that advocate for more comprehensive mental health resources for older adults navigating this major life adjustment as the population continues to age. In the Asian community, there are no words that directly translate to "depression," and mental health issues are typically swept under the rug. My dad and I continued to have conversations about his mood as we had our weekly phone calls while I was away for college, and we still do to this day. It is amazing to see him focused on his growth in self-awareness and his mental health during his retirement years.

At 19, I had an existential crisis and decided to drop out of college. I found myself working as a research assistant in the Late Life Depression Lab at UCSF with Dr. Scott Mackin while attending community college as I was figuring out what path I wanted to pursue in life. Interviewing and interacting with older adult participants in this study only affirmed my passion for geropsychology. I ended up transferring to UC Davis where I majored in psychology and minored in adult & aging. During that time, I worked two jobs: 1) conducting psychological assessments at a private practice with a focus on older adult clients and 2) as a private caregiver for an 85-year-old woman taking care of a majority of her IADLs and ADLs (*I'd even sneak in a bottle of Butter Chardonnay from the store on occasion!*). A couple months prior to my

graduation ceremony, she passed away. Her son thanked me for providing such great company to her in her final years. She truly felt like a friend and second grandmother to me.

Last March, my paternal grandmother passed while staying at On Lok, a PACE facility in the heart of San Francisco's Chinatown. The facility was not too far from the single-room occupancy apartment unit where she, my dad, and his siblings lived since the 1950s and where she lived independently until she was 88-years-old. She was cared for as part of On Lok's Adult Memory Care Center in her final years, living with moderate stage dementia. Seeing the care from the social workers and at the facility, along with my clinical experiences, awakened my interest in neuropsychology, specifically focused on the older adult population. In hindsight, it made perfect sense that due to these personal and professional experiences, I would feel so naturally drawn to working with older adults and garnered such a passion for geropsychology, neuropsychology, as well as research interests in aging and public health policy.

Research and Clinical Interests

Clinically, I am interested in becoming a geriatric neuropsychologist as well as engaging in psychotherapy with older adults who are undergoing life transitions, depression, anxiety, as well as grief and loss. Currently, I am at an academic medical center conducting neuropsychological assessments on adults with suspected memory and cognitive concerns (e.g., MCI, dementia, atypical presentations of Alzheimer's and Parkinson's disease) and for pre-surgical evaluations for procedures like deep brain stimulation (DBS) for Parkinson's disease. For my final training year before internship, I will be working as a psychotherapy trainee for the same academic medical center in the psycho-oncology department, utilizing CBT and ACT for cancer patients, cancer survivors with fear of recurrence, and their caregivers. Regardless of the path I end up taking, the core of my clinical work will always be focused on older adults.

From a research perspective, I am interested in cross-cultural experiences and the intersectionality of ageism. There is more than just age that contributes to the difficulties and barriers older adults face as they age, like racism, classism, sexism, etc. My dissertation research examines how internalized ageism and health locus of control, or these beliefs older adults have about themselves and the perceived control over their health outcomes, has an impact on how they cope with life stressors. I'd also be interested to explore how ageism in conjunction with other forms of discrimination, impact older adults' cognitive functioning or resilience in the face of chronic health conditions or neurodegenerative diseases.

Highlight: Receptive Language in Cognitive Assessment

Receptive Language: A Neglected Domain in Cognitive Assessments

Submitted by Sara Brisson, MA, and Shane S. Bush, PhD, ABPP

Introduction

Although expressive language (e.g., confrontation naming, verbal fluency) is routinely assessed as part of cognitive evaluations of older adults, receptive language abilities are often overlooked. Receptive language, also referred to as auditory comprehension, involves basic understanding of information. It can be impacted by various disorders/conditions (e.g., strokes involving the posterior superior temporal gyrus of the left hemisphere, severe TBI, delirium), and performance on receptive language tasks can be affected by hearing loss. Problems with the ability to understand language can include written language as well, but routine cognitive assessments commonly involve verbal questions and instructions, so that it the focus of the present article.

Psychometric assessment of receptive language is critical to understanding other cognitive abilities. For example, if a patient has trouble on a verbal memory task, the problem may be due to impaired ability to understand or process language rather than a problem with memory per se. In addition, difficulty understanding verbal instructions can affect performance on any test. Furthermore, determining whether a patient has the ability to understand information is a key aspect of cognitive capacity assessments. Yet, there are very few tests of auditory comprehension, and even those are rarely used. Thus, clinicians commonly are left unaware that poor performance on a test may be due to a problem understanding language, possibly resulting in misdiagnosis and potentially unhelpful or harmful recommendations.

Measures of Receptive Language

Any measure that relies on presenting information verbally requires a patient to access and utilize their receptive language abilities. Among the very few measures used by psychologists that are dedicated to assessing receptive language are the Token Test (De Renzi & Vignolo, 1962) and Complex Ideational Material (originally a subtest of the Boston Diagnostic Aphasia Exam; Borod et al., 1980). In most versions, the Token Test contains 20 plastic token stimuli of different sizes, shapes, and colors. The test has multiple sections that increase in sentence length and linguistic complexity (e.g., from “Point to a circle” to “Put the small blue square on the large red circle”).

In contrast, the Complex Ideational Material consists of two parts. The first few questions ask the patient to answer *yes* or *no* to questions that nearly all people with intact language skills will answer correctly (e.g., “Is a hammer good for cutting wood?”). The second component involves the examiner reading brief paragraphs to the patient, and the patient responding *yes* or *no* to very basic questions about the content of the paragraphs.

In addition to these two tests, there are items included in some cognitive screening measures that also evaluate receptive language. For example, on the Mini-Mental State Exam (Folstein et al., 1975),

following the 3-stage command and reading and obeying the brief sentence pull for receptive language abilities.

Conclusions and Recommendations

Considering how receptive language can substantially impact a patient's performance on cognitive evaluations, thereby affecting the clinician's understanding of other constructs of interest and ability to address referral questions effectively, it is vital to routinely assess these abilities early in the assessment process. Receptive language measures should be incorporated into the cognitive evaluations of older adults.

If a patient performs poorly on measures of receptive language and/or is hearing impaired, the clinician must consider whether valid assessment of other constructs of interest (e.g., memory) can be achieved. Depending on the degree of difficulty that the patient has with the receptive language task, the clinician may need to discontinue or postpone the evaluation or go to greater lengths to ensure that questions and instructions are understood. For instance, the clinician may choose to incorporate the hearing-impaired version of the MoCA or other non-verbal measures (Lin et al., 2017). Additionally, if working on an interdisciplinary team, it may be beneficial to include an audiology exam to assess a patient's hearing prior to cognitive testing and involve speech-language pathology for a more comprehensive understanding of cognitive-linguistic functioning. Routinely incorporating measures of receptive language into cognitive assessments helps position geropsychologists to answer referral questions and promote the understanding and care of older adults.

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Committee Updates

Lifelong Learning Committee

Submitted by Jessica Strong, PhD, ABPP

We want to welcome Chris Nguyen and Eliza Morgan to the Lifelong Learning Committee! This past March, we finished collecting data in collaboration with the Diversity Committee on SCG members' gerodiversity training experiences. Thanks to everyone who completed the survey. We're hoping to have the data summarized for the next newsletter and we'll begin to curate and create training opportunities for the gaps you have identified. The other big project we're working on is a training workshop on geropsychology assessment for graduate students and others in the field who feel like they don't get this exposure in their training or position. More news and a save the date will be coming soon!

Mentoring Committee

Submitted by Ira Yenko, PsyD

The Society of Clinical Geropsychology's Mentoring Committee has continued to work on increasing collaboration between divisions and address the pipeline problem via mentorship and education. Early this year, our committee met with representatives from Division 20 and PLTC to discuss opportunities for collaboration, identifying ways to potentially broaden SCG's reach with graduate students through the Division 20 mentoring program. We also discussed a cross-division mentor social hour and potential grant writing opportunities for funding of cross Division mentoring activities. We are also actively working with SCG's diversity committee on handouts for mentors regarding critical conversations surrounding DEI topics.

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 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. If you would like to discuss collaboration opportunities or wish to be interviewed, please reach out to our chair, Ira Yenko – irayenko@gmail.com

This quarter, we've interviewed committee member Anna Blanken, who is currently a geropsychology post-doctoral fellow at the San Francisco VA. She completed her doctoral studies at USC.

What does mentoring mean to you?
Mentoring is a multifaceted relationship that helps guide somebody who is early career or a student towards autonomy, towards developing an identity, and understanding their role in the professional world. For example, one of my mentors has helped me better understand my personality and identity and how I interact with the work environment and that there is no one way to be as a professional on a team at a hospital. My mentors have also helped connect me with role models who I identify with.

What do you think makes a good mentor? What makes a good mentee?
My favorite mentors have been flexible and good at identifying where the mentee is in their development A good mentor is supportive and tries to create a safe space for the mentee to grow and to admit vulnerabilities or areas of weakness that would be difficult to express in a professional environment. A good mentee practices self-reflection and is brave in bringing up uncomfortable topics, with the purpose of growing.

Why do you think individuals, especially students and early professionals, should prioritize seeking out mentoring?
I think mentorship is great because it is non evaluative. It is important for somebody to have a place to go to where they don't have to worry about what they talk about showing up on an evaluation form later. I have personally benefited from having many mentors who have different professional styles. I am one of the first people in my family to go into higher education, and neither of my parents have college degrees. So having mentors to fill in the gaps in knowledge, even small things like suggestions for how to dress, has been really helpful.

Do you have a favorite mentoring experience?
Early when I was working with therapy patients, I didn't feel ownership over what was happening in the therapy room. My first gero supervisor, Michelle Feng, was one of the first people to point out to me "these were the interventions you applied in that session. That was all driven by you." That was one of my favorite mentorship experiences because finding autonomy has been important to me and that was one of the first times I thought, "I did do that."

How would you like to grow or develop as a mentor?
I am excited to do some more mentoring. I got interested when I was in high school and was a mentor for middle school age girls. I'd like to see how far I've come from there. I think back then I just tried to be a supportive presence, but I think it would be great to also bring in other things I know such as how to structure the relationship or set expectations at the outset of the relationship. Being able to tailor mentorship to different people is an area of growth for me.

Do you have an area of mentorship in which you would like focus?
I would like to mentor graduate students who are hoping to go into geropsychology because I love helping people find opportunities to find out what their preferences are and what matches their values. I also would really like to mentor high school or college age students who are considering higher education.

Why were you interested in joining the mentoring committee?
I was hoping to be a part of the gero community to connect people to supportive mentors. Now that I have started to attend meetings, I am very interested in helping to create resources for mentors to set up strong relationships with mentees, and for providing structure around addressing topics such as identity, loss, and balancing personal and professional values.

Plug for VA SF gero internship/post-doc:
We have a gero internship and a post-doc position that is likely to become two post-doc positions. There is a lot of room for growth here and a lot of training opportunities. In addition to clinical skills there's also room to gain research skills. It's a wonderful place to bloom and decide what's important to you as a career before you are out on the job market.

SCG Mentoring Committee:

Anna Blanken, PhD
Stephanie Liu, MPH
Cecilia Poon, PhD, ABPP
Heather Smith, PhD, ABPP
Stacy Yun, MA
Ira Yenko, PsyD (Chair)

Communications Committee

Submitted by Charissa Hosseini, PhD

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

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APA Committee on Aging (CONA) Update

Submitted by Karen Fingerman, PhD, Chair of CONA

The American Psychological Association's Committee on Aging (CONA) has remained active over the past few months and is pleased to share an update with our Division 12/II colleagues. An update on the people involved with CONA: We were pleased to welcome two new members. Ann Steffen brings extensive experiences with Division 12/II as well as her clinical and research expertise. Chris Nguyen is an early-stage investigator who brings strong interests in policy and diversity issues. Chris and Ann join Mary Beth Morrissey, Jameca Woody Cooper, Bonnie Sachs and myself as members of CONA. Kelly Trevino and Katherine Ramos cycled off the committee and our gratitude abounds for all they did while serving on CONA. But CONA will not actually lose out on Kelly Trevino's talents. She now serves as the representative from BAPPI (Board for the Advancement of Psychology in the Public Interest), generating continuity in our efforts, and seamless connections to CONA's involvement with the unit we report to.

CONA has been active in many areas and I will highlight a few here. CONA is currently working with the Gerontological Society of America to put together a series of webinars addressing ageism and ways of reframing late life in an aging society. These seminars will occur at 1 pm (ET) on the first Wednesdays of May (May 4th), June (June 10) and July (July 6). The focus of the webinars is on bringing to attention

issues surrounding biases and discrimination against older adults, and to provide psychologists with tools to combat these biases and their effects on older adults. Please be sure to attend and widely spread the word about these webinars. We will include additional information and links to registration soon! The webinars are promising in extending awareness of a key issue affecting the mental health of older adults.

We are working on the larger APA efforts to propel advocacy and combat discrimination at the intersection of race/ethnicity and aging. In this regard, the committee has been discussing and generating ideas for immediate issues that warrant our attention (e.g., culturally sensitive approaches to long term care, issues in the judicial system including care for dementia in prisons). CONA members will be attending advocacy training sessions in May and June to propel these efforts further.

CONA has been working closely with the committee that developed the new guidelines for treatment of dementias. Collectively with CONA members, they are planning a Clinician's Corner with CE credits to introduce these new guidelines. More information will be forthcoming- but we are looking forward to your attendance and participation.

Finally, CONA will be collaborating with Division 20 and your very own Division 12/II to host a happy hour social event at our first in person APA meeting in 3 years. The social event will occur after the Division 20 business meeting and will provide an opportunity to see all of your colleagues with a commitment to older adults' psychological well-being. We hope you will invest in your own well-being and attend!

Social Justice Corner

Assessment of Transgender and Nonbinary Gender Identifying Older Adults

Submitted by Brittany Nickels, MA, and Shane S. Bush, PhD, ABPP

Introduction

The cognitive and emotional assessment of transgender and nonbinary gender-identifying older adults is an opportunity to facilitate the understanding, wellness, and treatment of an important population. But it is fraught with challenges. Because openness about this topic is only recently emerging, the scholarly literature is historically very limited. The purpose of this article is to describe relevant clinical and ethical issues in the context of older adults.

Clinical Considerations

The limitations of the inclusivity of gender diversity in selection norms create a significant barrier for providing gender-affirming care. Within the scarce literature regarding the assessment of transgender and non-binary individuals, Trittschuh et al. (2018) highlighted several areas of consideration for clinicians, which begin with attempting to build a battery of tests that include non-gender normative data; however, this is recognized as not always being a feasible option. Consequently, when devising a battery of tests that includes measures that utilize gender normative data, clinicians are well served by taking time to educate patients about the norming process, highlighting attempts to account for cultural differences (Webb et al., 2016).

Although limited, the literature appears to favor norming test data by both genders to determine potential differences (Keo-Meier & Fitzgerald, 2017; Trittschuh et al., 2018). Due to the neuroanatomical distinctions in transgender individuals that demonstrate similarities to their identified gender, both with and without cross-sex hormonal therapy (Cantor, 2011; Luders et al., 2009; Pol et al., 2006), clinicians may wish to use transitional data gathered in their interview to inform their clinical decision-making (Trittschuh et al., 2018). That is, clinicians may choose to select test norms based on identified gender. Regardless of their approach to the selection of norms, clinicians should be prepared to explain their clinical decision-making to patients, highlighting how their proposed approach ultimately benefits the patient. Furthermore, clinicians should remain mindful of the possibility of frustration and sense of misgendering that may arise due to the limited gender inclusivity in cognitive and psychological assessment (Trittschuh et al., 2018). As psychologists, it is important to allow patients a safe space to process their feelings and concerns about the assessment process, while also maintaining respect of their authentic gender and remaining free of micro-aggressive commentary (Anzani et al., 2019).

Of note, the previously-mentioned clinical considerations are derived from literature primarily focusing on transgender identifying adults. It remains unknown how the cultural influences of nonbinary identification and gender diversity in older adulthood may create unique clinical considerations.

Ethical Issues

In addition to the ethical issues relevant to psychological practice with older adults in general (Bush, Allen, & Molinari, 2017), a number of ethical issues hold particular importance when evaluating transgender or nonbinary older adults. The APA (2017) ethics code states that psychologists have a duty to avoid harm (nonmaleficence) and should practice in the best interest of their patient's welfare (beneficence), which includes respecting cultural diversity. In the context of evaluating transgender or nonbinary older adults, clinicians hold an ethical duty to provide affirmative care related to both gender identity and age. Clinicians should be especially mindful of misgendering through selection of norms or improper use of pronouns, as well as micro-aggressive statements throughout the evaluation that could ultimately harm the well-being of the patient.

Furthermore, APA (2017) Ethical Standard 9 (Assessment) states that clinicians are obligated to explain the process of selection norms to patients. Although this is a general expectation, clinicians evaluating transgender or nonbinary older adults should put aside adequate time to educate patients of the meaning of selection norms and explain binary gender's role in selection of norms and test conceptualization.

Conclusions

Gender inclusivity remains a significant barrier for cognitive and psychological assessment of older adults due to the limited sensitivity to gender diversity in selection norms. Currently, ethical and clinical considerations highlight the importance of patient education regarding choice of norms, particularly when non-gender normative data is unavailable (APA, 2017). No matter the level of patient involvement in the norm selection process, clinicians should demonstrate transparency in their clinical decision-making, as well as create a safe space for patients to express concerns regarding the norm selection process (Trittschuh et al., 2018). Currently, best practices suggest a gender-affirming assessment process to older adults, with future research devoted to the evaluation of transgender and non-binary identifying older adults.

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