

The Clinical Geropsychologist

Society of Clinical Geropsychology

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

President’s Column

Shane S. Bush, PhD, ABPP

The President’s Column: Becoming Extinct?

The Society of Clinical Geropsychology is a strong organization, with productive activities, consistent membership growth, and financial stability. Through our numerous activities and the efforts of many colleagues, trainees, and students, the Society continues to advance the field of clinical geropsychology and promote the understanding, care, and wellbeing of older adults and their caregivers. However, as members of the leadership team complete their terms, it is becoming increasingly difficult to find others to replace them. Although it is preferable to have multiple candidates for each leadership position, recent elections have found candidates running for office unopposed, and it is sometimes difficult to entice even one candidate to run for each office. This situation is not specific to our Society; other organizations have been confronting the same challenge, and for some time. So, I have been wondering about this issue. Is volunteerism and participation in leadership less important now than in the past? If so, why? I can speculate.

Service requires sacrifice. There can be financial loss from devoting time to nonpaying professional activities. There is also time away from family, hobbies, and other meaningful aspects of life.

It may be that, with rising inflation, a shifting of values to a better work-personal life balance, and the advent of Netflix, volunteerism is simply less practical or appealing these days than it was in the past. Also, some employers may be providing less support, in terms of time or financial support for travel, or placing less value on such activities, compared to billable treatment hours, than in the past. A shifting away of support from employers means more personal sacrifice for volunteer activities, which is not appealing for many people.

Despite the drawbacks, I will argue that the benefits are worth the sacrifice. I will (a) describe my experiences to help illustrate why I have valued my volunteer work throughout my career, (b) offer some thoughts about why things have changed recently, and (c) encourage folks to serve the profession in this way. Four general topics are covered here: Personal benefits, professional benefits, moral obligation, and the role of technology.

My volunteer service began in the National Academy of Neuropsychology in 1999, a couple years after I became licensed, when I served as a program committee member for the annual conference and became editor of the Grand Rounds section of the *NAN Bulletin*. In 2003, I became chair of the Education Committee, and then, after serving in a variety of other positions, became President of NAN in 2010. I have also volunteered and served in leadership roles in rehabilitation psychology and other geropsychology organizations (e.g., President of ABGERO). I have volunteered in one organization or another every year since 1999. To think how much money I would have made if I had spent that time flipping burgers... So, while I work with my analyst to explore the unconscious reasons for my devotion to volunteerism (only half joking), I can speak to the obvious benefits I have received.

Of course, *promoting the missions* of the organizations is essential. I believe in what the organizations do and find personal satisfaction in supporting those missions. I find that to be a valuable use of my time.

In addition, there have been meaningful *professional benefits*. Although it is difficult to determine how many patients have been referred to me or positions I have gotten as a result of my service activity, the record of having served professional organizations and the relationships established through volunteering have definitely been beneficial in these ways. Additionally, of the more than 20 books I have published, almost all have emerged in one way or another from my professional service. Many of my co-authors/editors are people I met through volunteer service. The ideas for books often came while chatting with other volunteers during breaks or socializing after meetings. The same is true for other scholarly projects. And, connections with publishers are often made through such colleagues or while attending conferences in a leadership capacity. Depending on one's practice, such publications can lead to other tangible benefits.

Perhaps the greatest benefit has been the people I have met and *the friendships* I have made. The best and longest lasting friendships of my life are with people I met through my professional service activities. They make it a joy to attend meetings (otherwise sometimes on the boring side) and conferences, as well as getting together outside of professional contexts. Speaking of conferences, I have enjoyed *traveling* throughout the country, sometimes with family members, often supported entirely or in part by the organization I am serving. Going to in-person board meetings and annual conferences often involved two or three trips per year, allowing me to visit places and do things that I would not have done or been able to do otherwise.

I am not going to say too much about a *moral obligation* to serve the profession through volunteerism. Some people may feel they have such a duty, others not. Some may feel the obligation, but life practicalities do not allow for time to be spent in such ways. Being a dues-paying member of the organization certainly demonstrates support by itself. Being a caring, ethical practitioner promotes the specialty and reflects well on the organizations in which one holds memberships. Any obligations that one feels about serving the profession or an organization may be met in these ways.

Finally, I suspect that *increased use of technology*, which exploded with the emergence of the COVID-19 pandemic, has had a negative impact on volunteerism and interest in serving in leadership positions. Many of the aspects of volunteerism and leadership that I described as appealing are lost or greatly diminished because of technology. Although platforms such as Zoom allow us to see each other and hold meetings much more frequently than we used to, the nature of the interactions has changed. The meetings tend to be limited to business matters. Lost are the informal discussions, the getting to know each other - the personal connections that make such activities so rewarding and that have people wanting to remain involved. Lost is the travel. Lost is the organization treating us to a meal for all of the work performed throughout the year. Yes, there are many advantages of meeting remotely, but lost, in my opinion, is the heart and soul of serving with colleagues (friends) to support the organizations that promote the wellbeing of our patients. I hope that in making decisions about whether to meet in person or remotely, the richness of in-person meetings is not entirely sacrificed for the convenience of the technology option.

Granted, the reasons that I have found service to professional organization to be rewarding over the past two decades might be becoming archaic in the changing landscape of increasing technology use and changing personal and institutional values. If that is the case, then I encourage others to find and share new benefits of volunteerism.

It is understood that the desire to serve in a leadership position or other role and the practical feasibility of serving are very personal things. By choice or circumstance, volunteering is not for everyone. However, the sustainability of our organizations in general, and this Society specifically, depends on the willingness (eagerness?) of members to serve. If you have interest or are on the fence, I hope you will consider reaching out to volunteer or will say “yes” when approached to serve. If you have any questions about such service or any of the leadership positions, please contact me or any other member of the leadership team.

Shane

Shane S. Bush, Ph.D., ABPP
President, Society of Clinical Geropsychology

Comments from the Editors: Danielle & Diana



Danielle McDuffie & Diana Hedrick

Happy Summer, SCG! We hope everyone has been holding up well throughout this tumultuous year (or let's be honest, last few years) and finding the time and space to love on your people and yourselves (while still social distancing and wearing masks of course, as COVID is still present and also now some Monkeypox to add a little spice to our lives?). We're coming to you this edition, right at the advent of the first in-person APA Convention in 3 years, with a jam-packed issue. Heading this issue is a poignant Presidential Column from Dr. Shane Bush. We also use some well-deserved space to introduce the

wonderful faces of the individuals joining our leadership and carrying on the legacies of our esteemed society awards (our new leaders and award winners are pictured below and read on later in the newsletter for more information about them!). We also include a guide of SCG- and aging-related programming at the APA 2022 Convention (pgs. 6-8).

An additional component making this edition just a *touch* longer than usual are all of our wonderful contributions from faces *older* and new. Be sure to check out the Member News and Announcements section to see all the wonderful things our colleagues are doing (people have had a productive start to 2022!). Also, we had **3** of our wonderful student members reach out to contribute reviews of relevant research being published currently in the field (see the "Research Roundup" section), as well as a review of a survey of training issues in gerodiversity and EDI by our Diversity and Lifelong Learning Committee Chairs. We close the issue with a timely Social Justice Corner that begins to explore the topic of the intersections between racism and aging.

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

Congratulations New Board Members!

President-Elect



M. Lindsey Jacobs, Ph.D., MSPH, ABPP

Treasurer



Brenna Renn, Ph.D.

Congratulations to the 2022 SCG Award Winners!

M. Powell Lawton Award for Distinguished Contributions to Clinical Geropsychology

Dr. Jennifer Moye



Distinguished Clinical Mentorship Award

Dr. Ann M. Steffen



Todd "TJ" McCallum Gerodiversity Award (Psychologist)

Dr. Veronica L. Shead



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

Carmen M. Tyler



Student Paper Award

Matthew C. Picchiello



Student Paper Award

Lisa Stone



APA 2022 Convention Content

SCG Events

Friday, August 5

M. Powell Lawton Award Address & SCG Award Presentations

This meeting will be held both virtually and in-person

Speaker: Thomas Hadjistavropolous, PhD, ABPP

Session Description: Pain in people with limited ability to communicate due to dementia is common but often undertreated. Developments in observational approaches to pain assessment and solutions for overcoming gaps in clinician continuing education will be reviewed.

Time: 3:00-3:50 PM CT

In-Person Location: Minneapolis Convention Center, Level Two, Room 200B

Virtual Information:

<https://harvard.zoom.us/j/94532271347?pwd=TXhKVVRlQ3pQWDJHdlpZb0ZwYk0vUT09>

Meeting ID: 945 3227 1347

Password: 432052

Join by telephone (use any number to dial in)

+1 312 626 6799

+1 646 931 3860

+1 929 436 2866

+1 301 715 8592

+1 346 248 7799

+1 669 444 9171

+1 669 900 6833

+1 253 215 8782

Aging-Related Content

If you go on the APA Conversion site, a few programs under Division 20 involve current SCG members: <https://app.core-apps.com/apa2022/events/tracks/Track?tracks=&type=>. Also, there are a number of aging-related offerings at the upcoming APA 2022 Convention in Minneapolis this August 3-6th. A full listing will be sent out via the SCG listserv later in July, with Division 20's summary now available online.

We are especially pleased that 2 separate full-day workshops will be offered by members of SCG; these are both cosponsored by the APA Committee on Aging and the APA Aging Portfolio (*CE credits available*):

Wednesday August 3

Foundational Knowledge Competencies in Geropsychology: Review and Practical Implications

<https://convention.apa.org/ce/cew/106>

Speakers:

-Lisa M. Lind, PhD, Deer Oaks Behavioral Health, San Antonio, TX

- Erin Emery-Tiburcio, PhD, Rush University Medical Center, Chicago, IL
- Christina Garrison-Diehn, PhD, VA Eastern Colorado Health Care System, Aurora
- Mary Lindsey Jacobs, PhD, Tuscaloosa VA Medical Center, AL
- Erin L. Woodhead, PhD, San Jose State University
- Gregory Hinrichsen, PhD, Icahn School of Medicine at Mount Sinai
- Amy Fiske, PhD, West Virginia University

Thursday, August 4

CBT for Depression in the Second Half of Life: Personalized Treatment Approaches

<https://convention.apa.org/ce/cew/205>

Speakers:

- Ann M. Steffen, PhD, University of Missouri-St. Louis
- Suzann M. Ogland-Hand, PhD, Ogland-Hand Consulting, LLC, Grand Rapids, MI

Member Presentations

- Stone, L.E., Premovich, A.M., & Segal, D.L.** (2022, August). *Preliminary evidence for age and gender bias on the Alternative Model of Personality Disorders*. Poster will be presented at the meeting of the American Psychological Association, Minneapolis, MN.
- Stone, L.E., Mock, C., Barboza, G., & Segal, D.L.** (2022, August). *Late life anxiety and the Alternative Model of Personality Disorders: A network analysis*. Poster will be presented at the meeting of the American Psychological Association, Minneapolis, MN.

**Joint Social Hour Co-Hosted by Division 12/2, Division 20, CoPGTP, CONA, and the
APA Aging Portfolio**



THE SOCIAL FOR THE AGES

Friday, August 5 5:00-6:50pm

Nicollet Ballroom D1 & D2, Main Level

Hyatt Regency Minneapolis

*Please join the Gero community for a social hour. Enjoy networking with colleagues. Free hors d'oeuvres will be served. Drinks will be available for purchase, and students will receive one complimentary drink ticket. **Please RSVP by July 15.** We look forward to seeing you there!*

RSVP HERE

CO-SPONSORED BY:

Division 20 - Adult Development and Aging

Division 12-II – Society of Clinical Geropsychology

CoPGTP - Council of Professional Geropsychology Training Programs

CONA - Committee on Aging

APA Aging Portfolio

2022

Member Spotlight

Member Spotlight: Momoko Takanashi-Buerle, Ph.D.



Year joined: Beginning of 2022

Hometown: Westchester, NY

Current affiliation: CHE Behavioral Health

Why did you join the Society for Clinical Geropsychology (Division 12, Section II)? I have been working with and providing psychotherapy services for the geriatric population since my PhD in Clinical Psychology internship year. I joined this division to help increase my learning opportunity and enhance my knowledge in working with this particular population. In addition, joining the Society for Clinical Geropsychology keeps me informed about the newest research field and clinical approaches, and also introduces me to other clinicians working with this population.

How has membership in the Society for Clinical Geropsychology assisted you with your professional activities? It is particularly helpful in keeping me informed about what is new in the clinical field while working with this population.

How did you get interested in the field of aging? My interest in working with this population began during my internship year about 3 years ago; I was an intern at a city hospital in NYC and had an opportunity to have an experience at a geriatric psychiatric inpatient unit. My interest in working with the geriatric population has continued through post-doctoral training and my current role as a staff psychologist at skilled nursing facilities. Through these experiences I began to learn to work with older individuals whose clinical presentations are also impacted by declined health/functioning, many more losses in their lives, and issues related to end stage of life.

Also, I have been interested in issues related to dying, living, one's meaning in life, and making sense of one's own life, which often become central themes in working with this particular population. These interests were significantly influenced by my dissertation project which focused on Japanese survivors of atomic bombs (i.e., Hiroshima and Nagasaki) who currently reside in the US. These survivors that I based my dissertation on were in their 70s and 80s at the time I conducted this research.

What was your most memorable experience during your graduate studies? One of the most memorable experiences was being supervised by incredible clinicians during the years of my graduate training through externships, clinical work at the psychology center run by our graduate program, and my internship experiences. Other memorable experiences which have had an important impact on my training included having wonderful fellow colleagues during my internship year, who I greatly admire as clinicians, scholars, and dear friends.

Have you had an important mentor in your career? If so, how did he or she make a difference? An important mentor in my career was my academic supervisor/dissertation chair, Dr. Michael O'Loughlin, who had a significant impact on my learning in understanding, listening, and bearing witness to human

suffering, which I continue to learn and benefit from as a clinician today. He really helped to open up research opportunities for me to work with survivors of atomic bombs.

What is your current position and what are your key responsibilities? My currently work is as a staff psychologist at two skilled nursing facilities in the NY metropolitan area. My key responsibilities are to provide individual psychotherapy for long-term and short-term(rehabilitation) residents in these facilities.

What has been your most memorable experience in gerontology and aging clinical practice and/or research? One of the most memorable experiences in my clinical work with the geriatric population is that patients share their life stories- often they have gone through many losses, suffering, and joys in life. In addition, they share with me their intimate feelings/thoughts about living and dying and how they make sense of their lives----- I am incredibly honored to be able to listen to their stories and to help them.

Do you have any tips for emerging geropsychologists? It is important to have a support system and work within an environment that you can continue to learn and grow within, including having engaged supervisors, mentors, peer supervisors, and having colleagues you can consult with.

What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies? When I am not working with older adults, I like to practice Yoga and enjoy wonderful movies, TV series, Art, nature, and cooking with my husband. I am recently learning how to drive, which has been a new experience for me.

Student Member Spotlight

Student Member Spotlight: Kseniya Katsman



Year joined: 2020

Hometown: Kursk, Russia / Haifa, Israel

Current academic affiliation: Fordham University

Why did you join the Society for Clinical Geropsychology (Division 12, Section II)? I joined the Society for Clinical Geropsychology to learn more about working with older adults. At the time, I had just become interested in working with this population and wanted to gather as much information and resources as possible to make informed educational, clinical, and research decisions during my graduate school and beyond. Since joining, I have been impressed by the wealth and depth of knowledge Division 12/II offers and the warm, inclusive environment it provides for trainees' development.

How has membership in the Society for Clinical Geropsychology assisted you with your professional development? My Division 12/II membership has expanded my research and clinical horizons. Since joining the Society for Clinical Geropsychology, I quickly learned the specific opportunities and challenges in this field. The webinars and materials offered by Division 12/II led to

developing my research apprenticeship project (and likely dissertation in the future). I also gained a better grasp of potential career paths in working with older adults and began exploring training opportunities. In particular, the Building Bridges conference, followed by the excellent Career Pathways in Aging webinar series, have been invaluable to my development as a psychology graduate student interested in working with older adults. Finally, the Mentor Matching program allowed me to connect with esteemed senior colleagues in the field and gain their perspectives on my current and future professional goals. This is an invaluable service provided by the Society for Clinical Geropsychology, and it is all the more appreciated by students like myself who may not be familiar with career opportunities working with older adults in the United States.

How did you get interested in the field of aging? Looking back, older adults have always been my favorite population to spend time with. During my childhood in Russia, I couldn't wait to spend summers with my grandparents and their friends, greedily absorbing their wisdom, songs, and tales. When I moved to Israel at 13, one of my first friends was an older woman who rented an apartment next door. We instantly connected due to our shared humor and love for literature, and this connection facilitated my integration into the new country. In my work as a customer service representative and photo editor, working with older clients was the most enjoyable. However, once I began studying psychology, I have not encountered the topic of working with older adults even once, apart from brief acknowledgments that this population exists. While I knew that I prefer to work with adult clients in the future, the direction was vague, and it did not cross my mind that I could focus on older clients. It was not until my last application cycle to doctoral programs that I had a discussion with a professor working on interactive applications for the older population. I clearly remember that as an "Aha!" moment when it clicked for me that this is indeed the population I would be happy working with. After being admitted to Fordham University's counseling psychology Ph.D. program, I leaned into the program's focus on social justice and came to learn how underserved and underrepresented older clients truly are in the mental health field. The more I learned, the more this field felt right for me. In my work, I hope to provide service to older adult clients and address the need for more mental health professionals to work with the older population.

Have you had an important mentor in your career? If so, how did he or she make a difference? I was fortunate to have encountered several mentors in my career. Two of them stand out: Dr. Elizabeth L. Jeglic and Dr. Margo A. Jackson.

- I met Dr. Jeglic during my Master's degree at John Jay College of Criminal Justice. Dr. Jeglic did not hesitate to take a chance on an international student and generously provided me with multiple research opportunities and mentorship. Through my work with Dr. Jeglic, I discovered my love for research and began to understand the process of conceptualizing a research project, carrying it out, writing the manuscript, and later publishing and presenting my work. Dr. Jeglic has also been very encouraging in my journey as a Master's student and as a current doctoral student. I am deeply grateful to Dr. Jeglic for her unwavering support!
- I met Dr. Jackson when I applied for a doctoral program at Fordham University. Dr. Jackson was immediately curious and supportive of my research ideas and clinical interests, which led me to choose her as my research advisor. Throughout our work together, I am continuously impressed with and grateful for Dr. Jackson's scientific curiosity, creative brainstorming, and commitment to ethical research and clinical practice. I look forward to our continued work together!

What has been your most memorable experience in gerontology and aging clinical practice and/or research? One of my most memorable experiences that directly impacted my research and clinical interests was attending a presentation by Division 12/II's member, Jacqueline S. Hogan, on increasing the

representation of older adults in training curricula in 2020. This presentation was a part of Division 12's Continuing the [APA 2020] Convention series, "Cultural Competence in Training." Jacqueline's presentation resonated deeply with me, and I can identify this as a moment where I started to seriously consider ageism among mental health professionals as my research interest. I was struck by both research and personal information Jacqueline introduced, which made me think about a combination of potential intervention paths. As luck had it, during the same month, I attended an event hosted by the Society for the Exploration of Psychotherapy Integration that invited psychotherapists who are Holocaust survivors to speak on their professional and personal experiences. This was such a rich and profoundly inspirational event. I was particularly amazed by Dr. Anna Ornstein's presence, impact, and life story. After reading her memoir, *My Mother's Eyes*, I was convinced to include an oral history component in my research and started conceptualizing the research questions and design. I am thus indebted to Jacqueline Hogan and Dr. Anna Ornstein for inspiring me to pursue this research direction and igniting my interest in motivating others to see how wonderful this field is.

Tell us about your most recent activities. I will begin my third year as a counseling psychology Ph.D. student in the Fall. I am currently finalizing my research apprenticeship manuscript on evaluating narrative persuasion interventions for mitigating ageist bias in graduate mental health students. This project involved a mixed methods research design that included two video stimuli to see if ageist bias, among other variables, could be lowered and interest in working with older adults could be increased. I was particularly interested in participants' voices since I wanted to hear directly from my peers their thoughts on working with older adults and what they think could be helpful to increase interest in the field of aging. I have also begun my second year-long practicum at Weill Cornell Medicine, Department of Neurological Surgery as a neuropsychology extern, where I will conduct pre-, post-, and intra-operative neuropsychological assessment and cognitive remediation. I am excited about the upcoming academic year and hope to continue expanding my knowledge and interest in working with older adults.

Looking forward, what are your plans post-graduation? I am trying to keep an open mind! Ideally, I would like to be involved in assessment and intervention for older adults. I am also interested in continuing my work to get more people interested in the field of aging. Additionally, I want to explore the area of caregivers' well-being and ways to support them. My post-graduation plans will become clearer as I progress in the graduate program. Right now, my goal is to remain curious and enthusiastic about helping my clients and making meaningful contributions to the field.

What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies? These days, I don't seem to have enough hours in a day. I enjoy hiking and spending time in nature or near any large body of water. This year, I am trying to practice what we as a field collectively tend to tell our clients and build a healthy work-life balance. I am slowly progressing in learning Japanese (my favorite language since middle school) and making even slower progress in practicing archery (very meditative). This summer, I have also returned to reading fiction – a hobby I have neglected for the past two years, filled with research and practice. As far as my non-professional aspiration go, I would like to have a balanced life filled with adventures and discoveries, both personal and professional. Interacting and working with older adults is incredibly fulfilling and meaningful, and I hope to further increase my competence in the field through academic training, research, and practice.

Research Roundup

A Single Question Assessment of Loneliness in Older Adults During the COVID-19 Pandemic: A Review

Submitted by Branden Schaff, BA



Loneliness, often defined as the subjective feeling of lacking the appropriate number of quality relationships, has become of great concern to professionals who have learned of its deleterious effects on both physical and mental health. A series of recent meta-analyses assessing loneliness have found that loneliness increases one's risk of premature mortality by 26% (Holt-Lunstad et al., 2015) and all-cause mortality by 22% (Rico-Urbe et al., 2018). Older adults are at greater risk of experiencing loneliness due to losing loved ones, increased physical and cognitive impairments, and geographical relocation. Furthermore, loneliness persists in larger numbers of older adults as a continuing consequence of the pandemic. The pandemic has disproportionately affected our most vulnerable; those in older age with complicating physical factors have needed to sacrifice mental health for physical safety by continuing isolation practices. Thus, a significant responsibility has presented itself to assess loneliness in various settings. We now know that identifying individuals at risk for loneliness is key to administering a wide range of safe and efficacious protocols. One such study regarding the assessment of loneliness is presented below.

The 3-item UCLA loneliness scale is the gold standard for detecting loneliness in clinical and research settings. This scale and longer loneliness scales are popular despite being more time intensive and unfamiliar to many clinicians. A more direct, single-item measure presents a more accessible way to identify loneliness, but sensitivity or stigma surrounding self-identifying as “lonely” has largely prevented adaptation. Kotwal et al. opted to test this; they wondered how well asking the question, “how often are you lonely — Often/always, Some of the time, Occasionally, Hardly ever, Never” compares in capturing loneliness against the UCLA loneliness scale. Using the nationally-representative National Social Life Health and Aging Project (NSHAP), participants were interviewed during pre-pandemic times in 2015-2016 and re-interviewed during COVID-19 (September 2020 - January 2021) for a total sample of 2,168 community-dwelling older adults. Other demographic information and health measures were administered with the loneliness scales.

Results showed promising data to support the use of the one-item scale. First, as expected, health measures, including depression, happiness, and self-rated health, were strongly correlated and at a similar magnitude to both loneliness assessments. This suggests construct validity and that both scales can provide important clinical insight into psychological well-being. Additionally, the single question (using some of the time as a cutoff) had 90% sensitivity and 83% specificity for identifying individuals scoring ≥ 6 points on the UCLA scale. The single question misclassified only 3% of those identified as lonely by the longer measure during COVID-19. A greater difference of false negatives existed for the single item in the pre-pandemic data (10%), which authors attribute to COVID-19 reducing stigma surrounding loneliness, allowing for a more direct measure. Further research should attempt to validate the item in clinical settings. However, these results suggest that the single question can be a reasonable alternative to longer measures and a quick loneliness measure that any clinician can keep in their back pocket.

Primary Reference

Kotwal, A. A. (2022). A single question assessment of loneliness in older adults during the COVID-19 pandemic: A nationally representative study. *Journal of the American Geriatrics Society*, 70, 1342-1351.



Sensory Disabilities and Social Isolation Among Hispanic Older Adults: Toward Culturally Sensitive Measurement of Social Isolation

Submitted by Taylor Loskot, BA

The field of psychology has a history of neglecting the importance of diverse perspectives in research and practice. Many measures are “validated” with majority White participants and many psychotherapies build their “evidence-base” with research involving majority White samples. Older adults make up the fastest growing age group in the world and each generation is more diverse than the last; moreover, the most populous racial minority in the U.S. is Hispanic, drawing attention to the importance of research informed by Hispanic cultural values. Multicultural sensitivity in psychological measures is necessary to meet the needs of diverse older adults.

“Hispanic” encompasses individuals with Latin American or Spanish ancestry, and while this group is diverse, many cultural values are shared across Hispanic communities. *Familismo* represents strong family-tied values among Hispanics, where the priority is the strength of the familial bond and family is central in decision-making, attitudes, and behaviors. Cultural sensitivity involves the reexamination of well-established associations, such as that between social isolation and decreased physical and mental wellbeing.

Trujillo Tanner and colleagues (2022) set out to examine the relationship between sensory disabilities and social isolation within a sample of Hispanic and non-Hispanic White older adults. Researchers began by establishing that individuals with sensory disabilities have an increased risk of social isolation, and thus also have an increased risk of negative health outcomes. The study had three aims: 1) to examine whether trajectories of social isolation differ between cultural groups, 2) to examine the same question with a more culturally sensitive measure of social isolation, and 3) to explore whether the relationship between sensory disability and social isolation differs between Hispanic and non-Hispanic White respondents. Using structural equation modeling, researchers analyzed 8-year trajectories of social isolation. In order to examine whether the measure of social isolation introduced bias, researchers also used a modified version that incorporated *familismo*. Results highlight the importance of cultural adaptation – when using the original social isolation measure, which assessed social support in terms of support from outside the home (i.e., friends), Hispanics appeared more socially isolated than non-Hispanic Whites; however, with the modified social isolation measure that included *familismo*, social isolation levels did not differ between groups. Measuring social isolation with social support outside the home may not accurately capture social support for Hispanic populations unless the measure is inclusive of social support from *inside* the home (i.e., family). Without this cultural adaptation, outcomes for Hispanic respondents may be reflecting the cultural tendency towards family-based social support rather than a true disparity in social isolation.

This study highlights the intersection of race, health, and aging. Considering COVID-19, older adults are at higher risk of social isolation, and older adults and minority populations are disproportionately experiencing the physical and mental health consequences of the pandemic. In the movement towards effective and accessible mental healthcare for historically underserved and underrepresented groups,

multicultural sensitivity and consideration of biases must be at the forefront of our research as clinical geropsychologists.

Primary Reference

Trujillo Tanner, C., Yorgason, J. B., Richardson, S., Redelfs, A. H., Serrao Hill, M. M., White, A., ... & Markides, K. S. (2022). Sensory disabilities and social isolation among Hispanic older adults: Toward culturally sensitive measurement of social isolation. *The Journals of Gerontology: Series B*. ([full text](#))

Aging Attitudes and Changes in the Costs of Cognitive Engagement in Older Adults Over 5 Years *Submitted by Alyssa M. Premovich, BA, and Lisa E. Stone, MA*

Research has increasingly recognized the importance of participating in activities that promote an active lifestyle to maintain cognitive health across the lifespan. The extent to which individuals engage in activities that support cognitive health seems to depend on a cost-benefit analysis of engaging in that activity: individuals will engage in activities that support health only when they perceive the benefits of engaging in those activities as outweighing the costs (Inzlicht et al., 2018).

One factor that may impact older adults' willingness to put effort towards activities that promote cognitive health is negative attitudes towards aging. Older adults who inaccurately believe that cognitive decline is an inevitable part of aging may perceive engaging in activities promoting cognitive health as not worth the effort they would require. As such, Hess, Neupert, and Lothary (2022) examined relationships between aging attitudes and costs to engagement in cognitively challenging tasks.



Alyssa Premovich & Lisa Stone

Hess et al. (2022) conducted a 5-year longitudinal study with three measurement points. Participants included 133 community-dwelling older adults. Measures included participants' aging attitudes, perceived costs of cognitive tasks, and effort expenditure during a memory task (measured via blood pressure). Perceived costs were measured through a computer-administered version of a memory-scan task. This task asked participants to identify if a particular consonant was present in a list of consonants previously shown on the screen, continuously increasing in difficulty across four levels. After completing the task, participants were asked how difficult the task was perceived to be and how much effort was required to complete it. Participants completed these measures three times across five years.

Hess et al. (2022) conducted multilevel modeling to examine relationships between perceived cost to engagement and effort towards engagement over time. Results indicate that both perceived costs of cognitive engagement and effort towards completing a cognitively challenging task increased over time. The authors suggest an increase in the perceived costs of an activity that may benefit cognitive health may decrease the likelihood the individual will use the necessary resources for engaging in that activity. They suggest this could be one mechanism by which older adults reduce effort towards activities that could maintain cognitive health.

Hess et al. (2022) also conducted moderation analyses to examine whether aging attitudes moderated relationships between perceived cost to and efforts towards a task and performance on that task. They

found that relationships between effort and perceived costs with performance were significantly moderated by attitudes towards aging. Specifically, more negative aging attitudes was related to lower effort and higher perceived costs to engagement, both negatively impacting performance. This finding suggests that negative aging attitudes may lead older adults to reduce their participation in tasks that are perceived as having higher demands. Long-term, this reduced engagement in challenging activities may negatively impact health, due to decreased engagement in activities that may be beneficial. This study highlights the need to promote more realistic, positive attitudes about aging to increase the likelihood that older adults will continue to engage in activities that can benefit their health.

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Announcements and Member News

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

Member News & Awards

Rebecca S. Allen has been chosen as the recipient of the 2022 APA Division 20 Mentorship Award. Congratulations Becky!

Patricia Bamonti has been awarded the following funding:

The Development of an Integrated Physical Activity and Mental Health Intervention for Veterans with COPD, Emotion Distress, and Low Physical Activity

VA Office of Research and Development (ORD) Rehabilitation Research & Development Service (RR&D)

Role: PI (\$1,069,823)

11/1/2021-11/1/2026

*This CDA-II will develop an integrated physical activity and mental health intervention to improve disability in Veterans with COPD and significant emotional distress. It will also support the research career development of this applicant.



Jon Rose is happy to announce his retirement on June 30 after nearly 37 mostly wonderful years at the Palo Alto VA. He will remain on the Academy of Spinal Cord Professionals Psychology, Social Work and Counseling Section Board and he will present at their conference this September on the Voices of Experience video series for people who are newly paralyzed. He will also maintain his small private practice in Geropsychology. His new contact info is: JonRose@Yahoo.com

Congratulations to our SCG colleague **Ann Pearman**, who has been named a Behavioral and Social Sciences (BSS) Fellow of GSA!

Cecilia Poon has recently been appointed to serve on APPIC's DEI Committee for a 3-year term through December 2025.

Recent Member Books & Publications

A Casebook of Mental Capacity in US Legislation: Assessment and Legal Commentary, **Lynn A. Schaefer** & Thomas J Farrer (Eds), published by Routledge.

Albright, A.E., Cui, R., **Allen, R. S.** (2022). Pet ownership and mental and physical health in older White and Black males and females. *International Journal of Environmental Research and Public Health*, 19(9), 5655. <https://doi.org/10.3390/ijerph19095655>.

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Bamonti, P. M., **Moye, J.**, **Harris, R.**, Kallmi, S., Kelly, C. A., Middleton, A., & Bean, J. F. (2022). The development of a coaching protocol to enhance self-efficacy within outpatient physical therapy. *Archives of Rehabilitation Research and Clinical Translation*. Epub ahead of print. <https://doi.org/10.1016/j.arrct.2022.100198>.

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Moore, T., Payne-Foster, P., Oliver, J.S., Spears, E.G., Spencer, C.H., Maye, J., & **Allen, R.S.** (2022). Community perspectives and environmental justice issues in an unincorporated Black township. *International Journal of Environmental Research and Public Health, 19*, <https://doi.org/10.3390/xxxxx>.

Noel, O. R., **Segal, D. L.**, & **Granier, K. L.** (in press). Personality, interpersonal problems, and anxiety among older adults. *Psychological Reports*. <https://doi.org/10.1177%2F003329412111061697>

Plys, E., **Jacobs, M.L.**, **Allen, R. S.**, & Arch, J. (2022). Psychological flexibility and psychological suffering in older adulthood: A scoping review. *Aging and Mental Health*. Advance online publication. <https://doi.org/10.1080/13607863.2022.2036948>

Reel, C., **Allen, R. S.**, Lanai, B., Yuk, M., & Potts, D. (2022). Bringing Art to Life: Social and activity engagement through art in persons living with dementia. *Clinical Gerontologist, 45*(2), 327-337. <https://doi.org/10.1080/07317115.2021.1878404>

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Upcoming Member Presentations

Hoffnung, D.S., **Schaefer, L.A.**, & Tussey, C.M. (2022, October). Ethical issues and practical strategies to assess and enhance decisional capacity in older adults. Continuing education workshop accepted for presentation at the *Annual Meeting of the National Academy of Neuropsychology*, Denver, CO.

The Student Voice

*Submitted by Laurie Chin, MA, and Kyrsten Hill, MA
Interview by Laurie Chin, MA*

Dr. Latrice Vinson, PhD, MPH currently serves as the Director for the APA Aging Portfolio and APA Staff Liaison to the APA’s Committee on Aging (CONA). She was a 2015-2016 Health and Aging Policy Fellow and was interviewed about her experience and provides general information about the structure and benefits of the fellowship.



Laurie Chin & Kyrsten Hill

Laurie: Hi Latrice, thank you for taking the time to have a conversation with me about your experience with the Health and Aging Policy Fellowship. Before we dive into talking about the Fellowship, can you tell me a bit about yourself and your career path in aging?

Dr. Latrice Vinson: I'm a proud HBCU graduate from Clark Atlanta University. I attended the University of Alabama (Roll Tide!!!) for graduate school. I completed a dual degree program where I received a doctorate in clinical psychology and a master's in public health. When I began at UA, I found it to be one of the epicenters for geropsychology training, and I was quickly immersed into working with older adults. I fell in love with working in long-term care settings, and along the way I had opportunities to work in several facilities, including working alongside a nursing home administrator at a continuing care retirement community for my MPH internship. After completing my clinical internship at the North Florida South Georgia VA Healthcare System and my postdoc at the Washington D.C. VA Medical Center, I became keenly aware of the systemic issues that plague many long-term care settings, including high turnover, poor quality of care, and challenging behavioral issues. I decided I needed more applied training in public health to figure out how I could address some of the challenges I encountered working in long-term care. This led me to the Health and Aging Policy Fellowship. I was a 2015-2016 HAPF fellow, and I completed my placement in the Office of Geriatrics and Extended Care (GEC), which eventually led to a permanent position as a Psychologist Clinician Investigator with the VISN 5 Mental Illness Research, Education, Clinical Center (MIRECC) and the Director of the Care for Patients with Complex Problems (CP)² Program through the VHA Office of Mental Health and Suicide Prevention (OMHSP). I also worked part-time providing therapy services to residents in community long-term care facilities to keep up my skills. In 2021, I transitioned from the VA to the American Psychological Association (APA) where I currently direct the Aging Portfolio and am the staff Liaison to the APA Committee on Aging. Outside of my aging work, my interests include finding new books to read and games to play with my husband and kids and exploring local trails as a novice cyclist.

Laurie: Those all sound like wonderful experiences that built your career in aging. What is the Health and Aging Policy Fellowship and who is it designed for?

Dr. Vinson: The Health and Aging Policy Fellowship is an immersive training program that allows you to learn more about how to influence healthcare policy. The program emphasizes developing skills in leadership, communication, and networking, with a goal of building a network of professionals who can

influence policy to promote healthy and productive aging for all. The fellowship is designed for individuals at any career-stage or discipline who have the passion and potential for improving the health and well-being of older adults through health policy.

Laurie: What are you expected to do as a HAPF fellow and what is the general timeline of the fellowship?

Dr. Vinson: Each fellow tailors their fellowship year based on their own needs and goals that are outlined in their individualized learning objectives and plan. However, the HAPF program includes the following components:

1. **Orientation and placement interviews (Oct – Nov/Dec)** – Fellows spend approximately six weeks in Washington, DC to attend a Health Policy Orientation sponsored by AcademyHealth, the American Political Science Association (APSA) Congressional Fellowship Program Orientation, and the Aging Policy Orientation conducted by the HAPF National Program Office. The orientations include in-depth introductions to policymaking, legislation, and current policy issues affecting older adults. There are also “field trips” all around D.C. including the Hill, Supreme Court, Library of Congress, newsrooms, and think tanks. During this time, you’re also interviewing with potential placement sites.
2. **Policy placement (Dec/Jan – Sept)** – Each fellow selects a placement site for the year where they work alongside staff at their site to complete their policy project and other initiatives and duties, as assigned. While many fellows identify placements in agencies in or around D.C., opportunities can also be sought out at the global, federal, state, or community level.
3. **Workshops/Team Projects (throughout the year)** – Throughout the year there are workshops and seminars hosted by APSA and HAPF, including a communications workshop that the fellows attend and a spring symposium that is planned and hosted by the current fellows. Additionally, each cohort will identify at least one team project that they work on as a group. Fellows also have the opportunity to travel to the Canadian Parliament and also host the Canadian Congressional Fellows during their visit to the US.
4. **Mentorship (throughout the year)**– Fellows are encouraged to seek out multiple mentors for their fellowship year, including inside and outside of their placement site.
5. **Capstone Presentation (Sept)**– The year culminates with a two-day meeting of alumni, current, and incoming fellows with presentations by the current fellows and their mentors. “Friends” of the fellowship are also invited to this event. It’s a very energetic and informative meeting full of discovery, fellowship, and networking!

Laurie: For someone who is considering applying for the fellowship, at what point in one’s career would be the “best time” to apply for HAPF?

Dr. Vinson: Individuals have been accepted to the fellowship at just about any career stage. Some people may be just getting started—like me. Others may be mid-to late-career and looking to enhance their current work or even make a career change. What matters most is that your interests and goals align with those of the HAPF Program and that you will be able to carve out the time to fully engage in the fellowship year. Therefore, my advice is to apply when the timing feels right for you.

Laurie: What advice would you give someone who is about to start the fellowship or younger Latrice prior to starting the fellowship?

Dr. Vinson: I was reading Shonda Rhimes’ book, “Year of Yes,” at the beginning of the fellowship. I decided to take her approach to saying YES to every opportunity that was presented to me during my fellowship year. Fun fact: the very first meeting I said yes to was an invitation by my current predecessor

at APA to a coalition meeting hosted at the APA headquarters building. Little did I know I would get to take on her position as director when she retired! So, my advice to someone starting the fellowship would be to say yes to everything during the year. That means every meeting, every coffee/tea, happy hour or networking event, every workshop or seminar, every travel opportunity (Go to Canada!), every invitation to present, publish, or collaborate—literally everything.

Since networking is such a huge component of the fellowship, I also set a goal to meet someone new at least once a week (at the advice of someone I met during a networking event 😊), even if it was striking up a random conversation with a stranger at a coffee shop. Although I accomplished this goal, I think I would still tell the younger Latrice to meet even more people because the networks you make and the opportunities and skills that follow are invaluable!

Want to learn more information about how to apply for the Health and Aging Policy Fellowship?

<https://www.healthandagingpolicy.org/>

For a full copy of the interview with Dr. Latrice Vinson, please email Laurie Chin at chinl@uindy.edu.

Diversity Committee Column

Researcher Spotlight

Written by Taylor Loskot, BA on behalf of the Diversity Committee

Introducing a new column from the Diversity Committee where we highlight important research from investigators focusing their work on the intersectionality within geropsychology. To launch our column, we interviewed Dr. Patricia Areán. Dr. Areán is a professor at the University of Washington and a licensed psychologist. Her research focuses on the recognition and treatment of mental health disorders in older adults and minority populations. Dr. Areán contributed to [Multicultural Competency in Geropsychology](#), a report from the APA Committee on Aging. Dr. Areán graciously shared her wisdom with us...



Taylor Loskot

Loskot: Tell me how you first got involved in or first became interested in research with older adult and minority populations.

Areán: I became interested in this area of research while I was in graduate school, working with Art Nezu. Prior to graduate school, I had co-lead support groups for older adults at Goldwater Memorial Hospital at Roosevelt Island NY, a publicly funded rehabilitation hospital and assisted living facility. When I started graduate school, I found myself once again conducting therapy groups with older adults, this time using Problem Solving Treatment (PST), and I was really impressed with how effective this treatment was in helping older people with their mood. I decided to turn this experience into my dissertation, comparing PST to the therapy I used while at Goldwater, with Art and Michael Perri's (co-mentor) support. While writing that dissertation, I was amazed at how little work was happening in late life mental health, finding that Dolores Gallagher was the only person looking into psychotherapy for older adults. My interest in the intersection of late life and disparities research happened while I was doing my internship at Bellevue Hospital in NYC, and then solidified while doing my postdoctoral fellowship at UCSF, with Jeanne

Miranda. The application of psychotherapy combined with interventions that addressed the social determinants of health in those who live in poverty was very compelling, and once again, I found myself looking to the literature and finding almost nothing about effective treatments or strategies for older people living in poverty or for BIPOC older adults.

Loskot: What advice would you give to junior investigators who hope to conduct geropsychology research with minority older adult populations?

Areán: I really want to encourage junior investigators to pursue this area of research. It is one that needs more people thinking about how to solve the problem we have in the US where there are many evidence-based practices available to older adults from many cultures, but they rarely become standard care. To best address this challenge I would recommend the following:

1. Think beyond the walls of psychology, or even mental health research, and listen to people from other fields. We have been drawing within the lines for decades and making some headway, but not quite enough. All the work that I've done that had a lasting impact was based on a Team Science approach, where I collaborated with people who work with older adults and historically underserved populations in different contexts, such as social work, nursing, community action research, human factors, etc.
2. Learn about community-based participatory research methods. This is a relationship building process where the community is involved in decisions about what the major challenges are, the best way to ask questions, and culturally appropriate research methods. For example, when I approached a Federally Qualified Health Center serving older adults in San Francisco about a research idea I had regarding the rates of mental health problems in older adults living in poverty, the chief medical officer was enthusiastic, but asked if this data could be used for him to fundraise and lobby the county for more resources. This meant collecting additional bits of data that he could use to support his community and sharing with him before publishing the findings. Not only did it help the organization, but this work led to a 20+ year research relationship between my team and community mental health in San Francisco, Marin, and Alameda counties.
3. Get started early in making relationships with the communities you want to work with. I used to give presentations to community center staff and residential facilities serving low-income older populations about the latest information about optimal mental health and healthy aging. My lab still provides these services to the community.
4. Seek out mentorship from people who do this work. We are always looking for the next generation of researchers in this area.

Loskot: The U.S. older adult population is growing more diverse each year. What sort of changes, if any, have you noticed over the course of your career, in regards to barriers surrounding your field of research?

Areán: The intersection of minority mental health and aging is a pretty special place to be, and there are not many people in the research field who do both. That was certainly true very early on in my career and while I see this field growing, there are still more opportunities for scientific inquiry than there are people who study older adults from historically under-represented communities. Historically, the challenges have been firmly in the funding opportunities. Most aging research focuses on diseases of the brain or health conditions, but investment in mental health has been low. When I was first receiving funds from NIMH and SAMHSA, there were specific divisions within those agencies that funded aging mental health research. That is no longer true, and hasn't been true for decades. I am heartened to see that NIH has now

required that investigators submitting proposals justify why they exclude people over the age of 65. But we have been asking investigators to justify the demographics of their proposed samples (ethnicity, race, and gender) for decades, and while samples are becoming more diverse as a result, specific studies in these historically underserved populations are still a smaller sector of awarded proposals.

Loskot: If you had unlimited time and funding, what research question would you design a study to answer?

Areán: I would love to fund a body of science that would get teams of investigators from different disciplines and fields of science and technology to: 1) determine what interventions are most effective for settings serving older adults from historically underserved communities, 2) engage with clinicians and representative older adults around what needs these interventions should address, and 3) then co-design the interventions and implementation strategies that would ensure these interventions become standard practice.

Loskot: Is there anything else you would like to share with the Society of Clinical Geropsychology?

Areán: Let's keep lobbying for more research funding in this area of mental health, diversity, and aging.

Thank you so much to Dr. Areán for helping us kick off this column. To learn more about Dr. Areán's research, visit <https://www.researchgate.net/profile/Patricia-Arean>.

Highlight: Diversity & Lifelong Learning Committee Joint Column

*Written by Flora Ma, PhD, and Jessica Strong, PhD, ABPP
Submitted on behalf of the Diversity and Lifelong Learning Committees*



Flora Ma & Jessica Strong

Purpose and Demographics

The Diversity and Lifelong Learning Committees of SCG created a survey with the goal of understanding training in issues relevant to gerodiversity and EDI. Thanks to everyone who completed it!

Forty-nine individuals completed the survey, with a mean age of 44.6 (range 25-76; median 39). Graduation year ranged from 1975 - 2025. Race and Gender were open ended items. Twenty-seven individuals identified as non-Hispanic W, two as Hispanic W, one as W Appalachian, two as Asian, two as Black, and one as Middle

Eastern. Twenty-eight people identified as female, six as male, one as gay, and one as heterosexual.

We defined “gerodiversity” as:

- “...the multicultural approach to issues of aging which encompasses the ecological context of older adults’ cultural identity and heritage, social system, and historical dynamics of privilege and inequality” and
- “...aspects of older adults’ race, ethnicity, language, gender identity, socioeconomic status, physical ability or disability, sexual orientation, level of education, country of origin, location of residence, and religion or spirituality.”

And EDI as:

- Equity: the promotion of fairness and justice within procedures, processes, and systems, particularly when it comes to older adults.
- Diversity: differences, including age, race, gender, sexual orientation, ethnicity, language, socioeconomic status, political orientation, religion, nationality, or (dis)ability.
- Inclusion: ensuring that diverse individuals feel welcome and included.”

Data Summary

When asked how important their graduate training program viewed EDI, respondents largely endorsed very or somewhat important. Nine respondents indicated that EDI issues were of little or no importance to their graduate training programs. The average number of students in respondents’ graduate training programs who identified as part of a marginalized group was 13.2 (SD 17, median 7). Only 16 (33%) indicated that their current program/position offered gerodiversity training in the past year, with quality rated as 5.75 (of 0-10).

We pulled items relevant to diversity from Pikes’ Peak Competency. Respondents felt most proficient in knowledge of diversity of the older adult population and least proficient in knowledge of diversity in ethnic, cultural, and spiritual beliefs or rituals involved in death and dying. Knowledge of the unique experience of each individual – based on demographic, sociocultural, and life experiences had the most variance or spread across levels of perceived competency.

Qualitative Data

When asked why graduate training program should consider EDI as important, about 44% of respondents indicated that it was to meet the needs of patient care and for treatment efficacy. Some respondents mentioned that EDI was not important, while others reported that EDI is not only part of the values of social justice in programs but is also necessary for a culturally competent workforce. The majority of respondents stated that graduate training did not or had limited support for marginalized students. The recommendations from respondents on ways to improve EDI training mainly focused on integrating into existing course work and curriculum with discussions, presentations, and educational materials for students and faculty. In addition, respondents highlighted the importance of clinical experience to practice gerodiversity in patient care. One specific suggestion as a launching point for gerodiversity training was the decolonizing psychology training from Columbia (<https://www.tc.columbia.edu/decolonizing-psychology-conference/>).

Next steps

We are planning further qualitative and quantitative analyses and preparing a brief report for submission for publication. Additionally, we will be meeting with our committees to decide next steps in creating and curating training resources for you! For example, it looks like resources on bereavement, death, and dying across cultures may be one area that members have identified having less knowledge. The qualitative data also suggests that while training may be integrated into clinical/patient care, it is less present in the classroom, so we could consider recommendations of materials for professors and others in academia on how to integrate these concepts into their courses. These are just a couple preliminary ideas!

Committee Updates

Elections Committee

Submitted by Rebecca S. Allen, PhD, ABPP



By affirmation, our new Executive Board members are as follows:

1. **Dr. M. Lindsey Jacobs** has been affirmed as our President-Elect.
2. **Dr. Brenna Renn** has been affirmed as our new Treasurer.

Included below is information about our candidates as well as their Candidate Statements. Congratulations to both Dr. Jacobs and Dr. Renn!

M. Lindsey Jacobs, PhD, MSPH, ABPP, is a licensed clinical psychologist with board certification in Geropsychology. She received her doctoral degree in clinical psychology, with a geropsychology emphasis, at The University of Alabama (UA), and a Master of Science in Public Health degree in healthcare organization and policy at the University of Alabama at Birmingham. Over the past eight years, Dr. Jacobs has worked in the Veterans Health Administration and has held several local leadership roles, including Geropsychology Training Coordinator for VA Boston Healthcare System's psychology internship and fellowship programs, and Preventive Ethics Coordinator at the Tuscaloosa VA Medical Center. Her national leadership roles have included serving as Chair for the Council of Professional Geropsychology Training Programs and Lead Convener for the Gerontological Society of America's Mental Health Practice and Aging Interest Group. Currently, Dr. Jacobs is an Early Career Member at Large on the Executive Council of the American Board of Geropsychology. She works at the Tuscaloosa VA Medical Center as a Clinical Research Psychologist and at The University of Alabama (UA) as a Research Associate and Instructor for basic and advanced geropsychology practicum. In August, she will begin her full-time career in academia as an Associate Professor and Director of Clinical Training in the Department of Psychology at UA. Dr. Jacobs' research focuses on competency-based geropsychology training and development and clinical implementation of mental and behavioral health interventions for underserved older adults. Her work is funded through a VA VISN 7 Research Development Award and grants from the Department of Defense, VA Rehabilitation Research and Development, and the Deep South Resource Center for Minority Aging Research.



Candidate Statement: I am honored to have been nominated for the SCG President-Elect position. Throughout my career, service to the field of geropsychology has been a central focus. I have served as Convener (2012-2015) for GSA's Mental Health Practice and Aging Interest Group, Student Representative (2013-2015) and Research Committee Member (2014-2020) for PLTC, and Secretary (2016-2018) and Chair (2019-2021) for CoPGTP. In 2020, I was a member of the Diversifying Health Service Psychology Pipeline Workgroup for the Council of Chairs of Training Councils and assisted with the development of the Social Responsiveness in Health Service Psychology Education and Training Toolkit. In 2021, as the Past Chair of CoPGTP, I assisted with revising the Geropsychology Taxonomy Grid for the Council of Specialties in Professional Psychology. Currently, I am a member of two CoPGTP

workgroups focused on developing performance-based competency assessment toolkits, and I serve on the Executive Council of ABGERO as the Early Career Member at Large (2021-2023). These experiences have afforded me the opportunity to collaborate with a diverse group of professionals on topics I am deeply passionate about: promoting excellence in geropsychology training, enhancing the geropsychology pipeline, and furthering the scientific study of mental health of older adults and geropsychology education and training. If elected President-Elect, I will bring the knowledge and skills from my past leadership roles to further SCG's work on centering equity, diversity, and inclusiveness in all endeavors; promoting excellence in clinical geropsychology practice and training; strengthening the geropsychology pipeline; and supporting geropsychology trainees and geropsychologists through mentorship and celebration of achievements.



Brenna Renn, PhD (she/her/hers) is an assistant professor of psychology at the University of Nevada, Las Vegas (UNLV) and affiliate researcher with the Department of Psychiatry and Behavioral Sciences at the University of Washington (UW). Brenna is a clinical geropsychologist and health services researcher who specializes in behavioral interventions for older adults, particularly in the context of depression, chronic disease, health promotion, and in integrated primary care behavioral health. She earned her PhD in clinical psychology with a curricular emphasis in geropsychology at the University of Colorado, Colorado Springs (UCCS) followed by predoctoral internship in geriatric mental health and health psychology at the Baylor College of Medicine in Houston, TX and a two-year T32 fellowship in geriatric mental health services research at the UW School

of Medicine. She is now core faculty in the APA-accredited Clinical Psychology PhD program at UNLV; as such, she teaches foundational courses, provides clinical supervision, and mentors PhD students as director of the UNLV TREATment lab. Her current research aims to improve access to and utilization of care, particularly for older adults, by 1) investigating interventions for depression, and 2) expanding the reach of evidence-based psychological treatments, such as through digital platforms and novel strategies for improving the capacity of the behavioral health workforce. Her more than 35 publications include those appearing in *The Gerontologist*, *Journal of the American Geriatrics Society*, *Aging and Mental Health*, and the *American Journal of Geriatric Psychiatry*, and her nine book chapters span topics of aging and mental health. She is broadly interested in training the next generation of geropsychologists and other mental health care providers, particularly in interprofessional team and integrated care settings. As such, she is active as an interprofessional education consultant on a HRSA Geriatrics Workforce Enhancement Program grant and co-leads a university-wide annual training in interprofessional education and practice for graduate students across nine healthcare disciplines at UNLV. She is also the mother of two young children and strives to model work-life fit for her students and end the epidemic of “secret parenting” among working parents.

Candidate Statement: I am honored to be considered for the position of SCG Treasurer. First, I look forward to furthering my service to SCG. I have been a member of SCG for over a decade and previously served as the SCG Student Representative (2014-2016), followed by a three-year term as SCG Newsletter Co-Editor (2017-2019) and simultaneous membership on the SCG Mentorship Committee (2019). During my service on the Mentorship Committee, I co-developed a national survey exploring job selection and career mentoring among trainees and professionals in geropsychology and led the subsequent manuscript (Renn, Spalding, Allen, Edelstein, & Birdsall, 2022, TEPP). Being a member of the Executive Board is a natural next step to further my involvement in SCG as an early career professional. Secondly, I view my participation in the Executive Board as a way to extend the influence of SCG as I work to build a

geropsychology concentration here in our generalist program at UNLV and attract students to our subspecialty. Third, I respect the diversity of voices and orientations among SCG leadership and members, from practitioners to academics, established professionals to trainees. I would bring a collaborative orientation to our Executive Board and the broader SCG community as we work to strengthen the presence of geropsychology amidst issues such as an insufficient workforce pipeline, dwindling academic geropsychologists, and broad issues of equity, diversity, inclusiveness, and representation. I look forward to taking a more active role within the society that is such a central part of my identity as a geropsychologist. I would be honored to serve our membership as Treasurer. Thank you for your consideration.

Awards Committee

Submitted by Kate Hinrichs, PhD, ABPP

On behalf of the Society for Clinical Geropsychology Awards & Recognition Committee (other members are Bill Haley, Past Chair, and Janet Yang, Chair-Elect), I am pleased to announce the award winners of the 2022 awards. There were wonderful nominees for each category, so the selection was challenging and meaningful. Of note, due to a high volume of impressive papers submitted, we were given special permission to award **two** students with our Student Paper Award this year! Special congratulations to these winners!!



2022 STUDENT PAPER AWARD

Description: This award is for exemplary student research papers. Entries must be reports of original research with relevance to geropsychology for which the student is the senior author.

Winners:

Matthew C. Picchiello, M.A., Doctoral Candidate at Washington University in St. Louis

Mentor: Brian D. Carpenter, Ph.D.

Paper Title: *Prevalence of Reported Dementia and Subjective Cognitive Decline Across U.S. National Surveys*

Lisa Stone, M.A., Doctoral Candidate at University of Colorado at Colorado Springs

Mentor: Daniel L. Segal, Ph.D.

Paper Title: *An Empirical Evaluation of the DSM-5 Alternative Model of Personality Disorders in Later Life*

TODD “TJ” MCCALLUM GERODIVERSITY AWARD

Description: This award is to acknowledge, encourage, and honor psychologists *and* psychologists-in-training in the advancement of clinical practice, training, research, advocacy, and/or public policy for underrepresented older adults including but not limited to people or communities of color, women, LGBTQ+ older adults, and older adults with a disability.

Winners:

Veronica L. Shead, Ph.D., VA St. Louis Health Care System (Psychologist)

Carmen M. Tyler, M.A., MEd, Virginia Commonwealth University (Psychologist-in-training)

DISTINGUISHED CLINICAL MENTORSHIP AWARD

Description: The purpose of the award is to recognize clinical geropsychologists who have played important mentorship roles in the clinical and research supervision, or professional development, of

psychology graduate students, interns, and/or postdoctoral fellows who are training for careers in Clinical Geropsychology.

Winner:

Ann M. Steffen, Ph.D., ABPP is a tenured Professor of Psychological Sciences at the University of Missouri-St. Louis. We received letters of support from 4 of her mentees, who attested to the quality of her supervision, her sense of caring, and her overall embodiment of the role of mentor. In the words of one nominator, she is “a fantastic ambassador and advocate for the field and the profession” and “she works diligently to engage her mentees and help them find their best career path.” Another stated “her passion for geropsychology extends to her students”. When informed that she had been selected for this award, Dr. Steffen noted “my work is easy because I have such great students.”

M. POWELL LAWTON AWARD FOR DISTINGUISHED CONTRIBUTIONS TO CLINICAL GEROPSYCHOLOGY

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

Winner:

Jennifer Moyer, Ph.D., ABPP, is a Professor in the Department of Psychiatry at Harvard Medical School and an Adjunct Professor at the Boston University School of Medicine as well as the Associate Director for Education and Evaluation at the New England Geriatric Research Education and Clinical Center (GRECC). Her nominator shared “Jenny is an esteemed scholar, with an H-index of 37 and nearly 6000 citations of her work. She is well-known for her work on capacity in later life, with her 2003 edited book ‘Evaluating Competencies’ having over 1500 citations. ... her involvement in getting a wide range of disciplines interacting with older adults to understand the complexities of capacity, competency and decision-making has had a major impact in the field.” As well as “her editorship of the *Clinical Gerontologist* has been a blueprint of a senior academic and clinical researcher building a strong legacy. She has encouraged early career clinical researchers to be involved in every aspect of the journal, from reviews to being members of the editorial board. ... And she has widened the mentoring available for these early career contributors, both nationally and internationally.” When informed that she had been selected for this award, Dr. Moyer expressed her deep gratitude to her colleagues in geropsychology for their many years of collaboration and support, and noted she looks forward to a bright future for the field.

Congratulations to the winners, and to all who were nominated. It was a privilege to review these nominations and to be a part of this organization!

Lifelong Learning Committee
Submitted by Jessica Strong, PhD, ABPP



The Lifelong Learning Committee has been busy over the past few months! We hosted a Geropsychology Assessment workshop series for graduate students in late June. A HUGE thank you to all the speakers who donated time over the 4-day series and the trainees and professionals who attended. We’ll be looking through the evaluation data from the workshop over the coming weeks. All session recordings will be posted to the SCG website as soon as we have them edited, so please head over there to view the videos, and use them in your own training/teaching as needed.

Check out our longer column providing you with updates on the gerodiversity survey we conducted with the Diversity Committee. We'll continue to work with the Diversity Committee on analyzing the data and planning our next steps to increase training opportunities around gerodiversity issues.

Mentoring Committee

Submitted by Ira Yenko, PsyD

In reflecting on the recent political and social turmoil in our country, it feels trite to say that “these are trying times.” We return to the idea that psychology is, at its heart, in the service of helping human beings. As such, the SCG Mentoring Committee would be remiss if we did not express our firm belief in and stand up for basic human rights. We strive to promote humane, compassionate thinking and will continue to provide safe spaces to support our mentees, mentors, members, and fellow humans alike. Know that we see you and are here for you.



The SCG mentoring committee continues to coordinate intra and interorganizational efforts, aligning with both the SCG Diversity committee on a brief “core principles” worksheet to provide mentors with resources and foundational skills for safely and effectively discussing DEI topics in the mentorship relationship. With an eye on the pipeline problem in geropsychology, we are also collaborating with Division 20’s mentoring committee to develop mentor-mentee networking events that can expand our respective groups’ reach.

Looking ahead to 2023, the mentoring committee has several members completing their tenure on our committee and are actively seeking new members to rotate onto our team in January 2023. If any members are interested in joining our committee, please reach out to our chair, Ira Yenko at irayenko@gmail.com

The SCG Mentoring Committee:

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

Finally – as a continuation of our mentorship interview series, we highlight Cecilia Poon, PhD, ABPP. A truly valued member of our committee. Cecilia shares her journey as a mentee and mentor; highlighting the importance of representation and support and the idea of time poverty. Because civilization has correlated existence and well-being with selling one’s time, it is all the more necessary to recognize time freedom, ownership, and management as basic human rights.

1. What do you feel are the most important skills for mentees to learn, especially students/early career professionals?

The ability to effectively network and communicate with other professionals and the public; and appreciate how different people and systems operate (e.g., bureaucracy, politics, rules).

2. What do you enjoy about mentoring?

The possibility of connecting people with other people, resources, and ideas.

3. In what ways do you feel like you have grown as a mentor? In what ways are you hoping to grow as a mentor?

I have grown to be much more comfortable with acknowledging my limitations – being able to say no or delegate when I can't help with something. I'd love to receive more mentoring and to grow in my ability to mentor minority women taking on leadership roles. I've had mentoring regarding leadership, but the mentors often don't look like me or if they do look like me, they may be in a completely different role or setting.

4. In what ways have your history and life experiences impacted the way in which you approach mentoring?

I was the first in my undergrad program in Hong Kong to complete a clinical psychology doctoral program in the US, the first (?) in the clinical-aging track to apply for internship as an international student, the first in my fellowship to request an H-1B visa. I had to learn and earn a lot on my own, because even the most well-meaning and well-resourced supervisors and mentors could not give me the specific assistance I needed. Thankfully, I had wonderful mentors every step along the way. I learned that emotional support is just as important as instrumental support in mentoring. I am also mindful that as a mentor I cannot do everything and find all the answers for my mentees, because that can be patronizing.

5. Over the course of your career do you feel like there have been strides made in diversity, equity, and inclusion as it relates to mentoring? What changes would you like to see?

Yes. We are more readily recognizing the impact of implicit bias, oppression, and other diversity factors in mentoring. Some APA-affiliated mentoring programs support individuals from marginalized groups, e.g., the Disability Mentoring Program has existed for 20 years. I'd like to see organizations offer more mentoring on leadership, especially for individuals from marginalized/minoritized groups. I'd like to see more free and/or financially sponsored opportunities for mentors and mentees who have fewer resources. Time poverty is real.

6. If you could go back in time to offer your younger self advice about your career path, what would you say?

Being a psychologist is only one of our many identities. You don't have to hide behind it. Let it be the vessel of your values (e.g., creativity, humor). You may or may not be a psychologist 5-10 years from now, but you'll always be you. Follow up with your mentor(s) if they promised something (e.g., a contact, an article) and you're not hearing back from them within a previously agreed-upon time-frame. Sometimes mentors do forget and it's okay to ask again. :)

Communications Committee

Submitted by Charissa Hosseini, PhD



Taylor Loskot, the social media overseer, has been running SCG's Facebook page and Twitter account for a little over a year. Her goals include both disseminate gero-related research, events, and conversations and to increase SCG reach, awareness, and membership. She is excited to update you all on the status of our social media presence.

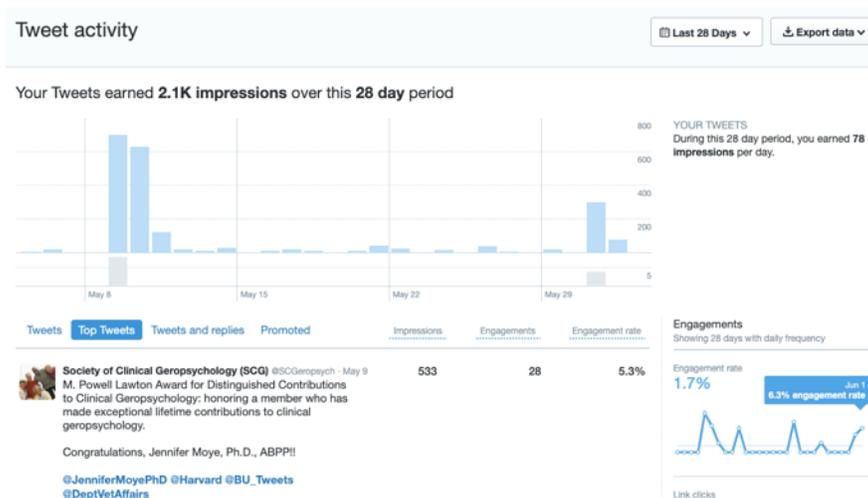
See the following image for a summary of "impressions" (how many people saw our posts) just over a 28-day period. These analytics are especially exciting given our Twitter page had **fewer than 100 followers in March 2021, and now**

we are at 407 followers!

If you aren't already, please follow our Twitter @SCGeropsych and tag the page any time you share something that you'd like me to amplify on our page. Also, please feel free to contact me directly by email if you have something you'd like me to post on our social media. Our Facebook page also serves as a helpful avenue for individuals to learn about SCG - just the other day someone saw our page and messaged me asking how they can become a member, and **over 800 Facebook users** have liked our page!

<https://twitter.com/SCGeropsych>

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



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.

CONA was active in many areas and I will highlight a few here. CONA collaborated with the Gerontological Society of America in a series of webinars addressing ageism, stigmas of late life, and ways of reframing late life in an aging society. Webinars also provided tools for psychologists to combat these biases in working with older and younger adults. The seminars highlighted luminaries in the study of ageism including: Becca Levy (author of *Breaking the Age Code*),



Alan Castel (TED talk *How We Learn as We Age*), Sheri Levy (Expert on reducing ageism and promoting intergenerational relationships), Alana Margaret (World Health Organization *Global Campaign to Combat Ageism*), and Greg Hinrichson (Clinical geropsychologist expert on ageism and psychotherapy treatment for older adults). CONA members (Karen Fingerman, Ann Steffen, Mary Beth Morrissey) moderated and spoke at the webinars. The webinars were conducted in partnership with GSA and included speakers (Trish D'Antonio, Vice President, Policy and Public Affairs, and Peter Lichtenberg, President of GSA) who presented the GSA *Reframing Aging initiative*. The webinars were well-attended, with over 300 people at each one and we received positive feedback from attendees. We are working to post the webinar recordings on the APA website and will provide additional information when they are posted.

CONA is also excited about plans to conduct a Clinicians Corner for CE credit to present an overview of the new guidelines for treatment of dementias. More information will be forthcoming- but we hope you will assist with publicizing these sessions and will attend and participate when that information is available.

Finally, CONA will be collaborating with Division 20 and your very own Division 12/2 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!

Highlight: Check-In from the APA Div. 44 Committee on Aging

Submitted by Braden Berkey, PsyD, and Katie Mendoza, PsyD

Both Braden and Katie have recently stepped into co-chairing roles for the Committee on Aging within Division 44. We look forward to engaging our committee members in providing a voice and perspective on aging LGBTQ+ and collaborating with Division 44 committees and additional APA divisions to further this goal. If you wish to join, have questions, and/or ideas for collaboration please email Braden (bberkey@thechicagoschool.edu) and Katie (katie.mendoza@va.gov).

Braden Berkey, Psy.D., CSE completed his doctoral work in clinical psychology at Wright State University in Dayton, Ohio. He is a licensed clinical psychologist and an Associate Professor in the Clinical Psy.D. Program at the Chicago School of Professional Psychology where his coursework has focused on professional ethics, clinical practice, diversity training and human sexuality since 2008. Dr. Berkey is a past chair of the Chicago campus Faculty Council and the Multicultural and Diversity Affairs Committee. He is a recipient of the university's Distinguished Teaching for Excellence in Multicultural Teaching Award. Prior to his academic appointment, Braden served as the Director of Behavioral Health & Social Services at Howard Brown Health Center, and he created the Sexual Orientation and Gender Identity Institute (SOGI) at Center on Halsted. He has been a consultant on sexual minority health for the Department of Medicine at the University of Chicago and numerous HIV/AIDS organizations. Braden is a member of the American Association of Sex Educator, Counselors and Therapists (AASECT), and he holds a certification as a sexuality educator. He is also the executive



director of Projects Advancing Sexual Diversity (PASD) and a director of the Multiplicity of the Erotic (MOTE) Conference. His research lab focuses on sexual, gender and relationship minority issues across the lifespan and their intersections with other marginalized statuses.



Katie C. Mendoza, Psy.D. Pronouns: she/her/hers/ella. Katie received her bachelor's in Psychology from the University of California, Los Angeles and earned her master's in Clinical Psychology: Family Psychology and completed her doctorate in Clinical Psychology from Azusa Pacific University. She has provided psychotherapy and neuropsychological assessments in the community and in hospital settings with adults and older adults. Katie's internship year at Heritage Clinic, Pasadena involved providing psychotherapy and conducting neuropsychological assessments with older adults in Los Angeles County. Katie completed her post-doctoral geropsychology residency at the Edith Nourse Rogers

Memorial Veterans Hospital in Bedford, Massachusetts where she provided individual and group-based psychotherapy services to older adult Veterans in an inpatient and outpatient setting. Katie currently works in the VA Boston Healthcare System, Brockton Division as the home-based primary care psychologist for Veterans who are unable to attend visits at VA. She works within an interdisciplinary team in collaboration with Veterans to provide person-centered treatment to improve their quality of life. Katie's goal is to obtain board certification in Geropsychology. She will continue to find opportunities to expound her knowledge in this field, and to help advocate for and promote self-advocacy within her clients.

Social Justice Corner

Addressing Systemic Racism: Where We Are and What Needs to Happen



Submitted by Kristopher C. Kern, PsyD, MSCP – Postdoctoral Fellow, Palliative Care Focus Area, VA Palo Alto

Despite attempts at systemic change (e.g., Civil Rights Acts, Medicare/Medicaid), and empirical evidence of steps taken to minimize its effects, racism continues to impact the overall health of our older adult communities. This brief article will review trends in demographics of older adult populations and current concerns for care due to systemic racism. New perspectives and future directions for research will be presented to continue our work in dismantling structural and systemic processes maintaining racism, which is crucial for improving the lives of older adults.

Research details drastic demographic changes and concerning trends in the care of older adult communities, especially in ethnic/racially diverse communities. The number of older adults aged 65 to 85 will increase to roughly 30 million by 2050. Additionally, for older adults 85 and older, the population is expected to nearly triple, from 6.3 million in 2015 to 19 million in 2050 (Shippee et al., 2022). Insufficient infrastructure to care for older adults remains a prevalent concern. The potential 32% increase in staffing needed to meet the demands of a rising population is a major concern for long term support and services (LTSS), especially when considering that typically most fields of employment increase staffing at a 5% rate (Yearby, 2020; Shippee et al., 2022). Moreover, as the older adult population becomes more

racially and ethnically diverse, health disparities will likely increase. Research has well documented concerns of lower access and poorer quality of care for racial and ethnic minority communities, more so specifically for older adults. One facet of this health disparity that has limited research is the impact of systemic racism on the overall health of historically marginalized communities. As we begin to explore the intersection between LTSS and systemic racism, let's define systemic racism as "a system of structuring opportunity based on race and ethnicity, which disadvantages some individuals and communities and unfairly advantages others" (Jones, 2000; Boyd, et al., 2020; Shane et al., 2021).

The limited research on the intersection between systemic racism and LTSS found that segregation in nursing homes (NH), due to residential segregation in America, contributes to disproportionate care within racial and ethnic minority communities (Shippee et al., 2022). Researchers detail the lower quality of care (e.g., more infections, increase use of antipsychotic medication) received by racial and ethnic minority older adults in comparison to white older adults. Additionally, NHs primarily servicing racial and ethnic minority older adults have high staff turnover rates and for-profit status, influencing how care is provided (Fashaw et al., 2020; Gorges and Konetzka, 2021; Shippee, Ng, and Bowhllis, 2020; Gay, Katz, and Johnson, 2019; Konetzka, et al., 2015; Castle and Ferguson-Rome, 2015). These concerns contribute to racial and ethnic minority older adults having higher incidences of pressure sores, falls, use of physical restraints, rehospitalizations, and use of antipsychotic medications, all of which can impact one's quality of life (Rivera-Hernandez, 2019).

Inadequate or suboptimal policies and procedures, such as Medicare and Medicaid, fail to improve the affordability and access to care for racial and ethnic minority communities. For example, Medicare will not pay for longer-term care interventions therefore limiting what services are available (Shippee et al., 2022). Low reimbursement rates from such social structures as well as generational policies that have benefited white communities (e.g., unionization, paid sick leave, generational wealth) can make paying out of pocket for racial and ethnic minority older adults even more challenging, therefore impacting their quality of life (Sloan et al., 2021, Mor et al., 2004).

Despite larger systemic attempts (e.g., ending Jim Crow laws, enactment of Civil Rights) to minimize the impact of racism on one's overall health, health disparities between white older adults and racial and ethnic minority older adults persist (Yearby, Clark, and Figueroa; 2022). Their research was further supported by the disproportionate ways racial and ethnic minority communities were impacted by the COVID-19 Pandemic, putting a spotlight on the failures of health care policies, social structures that limited access to care, and laws preventing vulnerable communities from receiving care (Yearby, Clark, and Figueroa, 2022; Shippee et al., 2022). Beyond these health-related policies and procedures, in 2003 the Institute of Medicine found that unequal treatment in mortgage lending, employment opportunities, and the criminal justice system for racial and ethnic minority communities contribute to health disparities. These failed attempts at systemic change to end systemic racism perpetuated the overall poorer health and well-being of racial and ethnic minority older adults.

With such dire concern for how to enact or engage in anti-racist work, we need to expand how we analyze and address this problem. Enacting laws on larger American society and developing policies that attempt to decrease the discrepancy in quality of care doesn't seem to be making headway. Instead, it seems to only work in naming institutions or individuals that perpetuate systemic racism without making change (Shippee et al., 2022). If improving care for all is a priority for our geropsychology field, a multi-layered approach in developing anti-racist policies begs to be considered. Bronfenbrenner's ecological systems theory may be a guide in formulating levels of anti-racist work. For example, in the microsystem, we can

analyze unique ways in which systemic racism impacts the individual. Additionally, psychologists, alongside other disciplines, can reflect upon internal and external biases when working with diverse populations of older adults. Constant reflection may improve care for older adults as we prioritize more emic perspectives that honor unique needs rather than more general concerns. On a macrosystem level, psychologists can engage in more values-based changes within the organizations they work for. This could potentially look like preserving a more trauma-informed care model for the clinic or developing policies and procedures that meet the unique needs of varying cultural norms. Knowing that laws and policy changes have failed to address systemic racism, these examples of changes on varying levels could become an alternative framework in which to develop anti-racist work. Preserving a more flexible analysis of health disparities (looking at larger themes as well as individual themes) may then lead to more impactful changes. Further investigation of qualitative and quantitative data capturing the impact of macro and micro level changes may offer providers and organizations, who specialize in working with older adults, more prominent examples to address the complexity of systemic racism and the overall health of all older adults.

Did You Know...

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